

**MUCKAMORE ABBEY HOSPITAL INQUIRY  
WITNESS STATEMENT**

**Statement of Dr Petra Corr**

**Date: 26 January 2023**

---

I, Dr Petra Corr, make the following statement for the purpose of the Muckamore Abbey Hospital (MAH) Inquiry.

The statement is made on behalf of the Northern Health and Social Care Trust (NHSCT) in response to a request for evidence by the Inquiry Panel.

This is my first statement to the Inquiry.

There are no documents with my statement.

**Section 1: Qualifications and position**

**1.1 Qualifications**

Dr Petra Corr CPsychol; BSSc. Hons.; DClinPsych  
HCPC registered Practitioner Psychologist.

Certificate in Health Services Management (UUJ)

Doctorate in Clinical Psychology (QUB)

MSc in Clinical Psychology (QUB)

BSSc. Single Hons. Psychology (QUB)

**1.2 Position:** Director of Mental Health, Learning Disability and Community Wellbeing within the Northern Health and Social Care Trust

## **Section 2: Modules to be addressed**

Module 2: Health Care Structures and Governance, points (g) and (i).

## **Section 3: Module 2g (Interrelationship between Trusts re patients admitted to Muckamore)**

### **3.1**

In 2007, the legacy United Hospital Trust, Causeway Trust and Homefirst Community Trust merged to form the Northern Health and Social Care Trust (NHSCT). This statement is made on behalf of NHSCT.

### **3.2**

Adults admitted to Muckamore Abbey Hospital (MAH) from legacy Causeway and Homefirst Trusts were managed through Care Management procedures. This process continued when the Trusts were amalgamated to the Northern Health & Social Care Trust (NHSCT). The Care Management procedure requires the allocation of a Named Worker from the Community Learning Disability Team (CLDT). A Community Named Worker is the most involved professional aligned to the service user, often a Registered Nurse or Social Worker. Care planning meetings were typically organised by MAH; and the Community Named Worker was invited to attend. There were a number of meetings (e.g. Post Admission, safeguarding, multi-disciplinary and discharge meeting) routinely held regarding each patient. The NHSCT Named worker coordinated with other services from NHSCT where appropriate to attend these meetings, e.g. Day Services, Psychology, Occupational Therapy (OT), Positive Behaviour Support Service (PBSS), Speech and Language Therapy (SLT) or Nursing. The Named Worker also discussed patient care; this required effective interface between services through telephone conversations with ward staff and ward visits outside of ward meetings. NHSCT professionals also had contact with their Belfast Health and Social Care Trust (BHSCT) professional counterparts outside of these meetings to coordinate assessment, treatment and support e.g. OT to OT, Psychologist to Psychologist. Incidents of concern occurring within MAH (such as safeguarding) were reviewed by the MAH team in keeping with policy.

### **3.3**

When NHSCT was formed there was an existing Project Lead post for resettlement. Their role was to liaise with ward staff, families and providers to seek appropriate accommodation for those patients within MAH who were classed as being a delayed in their discharge or requiring resettlement. The NHSCT progressed to establish a full resettlement team in 2014, which consisted of Social Work, Nursing and OT. This Team had regular contact with MAH staff through formal meetings as described above and contact through ward visits and telephone conversations with hospital multidisciplinary team members.

### **3.4**

In 2015, NHSCT initiated Muckamore Admission and Discharge Meetings, which were a formal interface meeting to discuss the progress of patients who had been admitted to hospital. This forum enabled NHSCT to consider supports or alternative placements required to facilitate timely discharge. The meetings were held in MAH and were chaired by the Head of Psychological Services or the Assistant Director for Learning Disability Services from NHSCT. Meetings were attended by NHSCT Community Learning Disability Team Managers, alongside NHSCT staff from Clinical Psychology, Positive Behaviour Support Services, Promote Services (Specialist LD Forensic and Mental Health Services), BHSCT Hospital Senior Managers, MAH Ward Staff and Psychiatry from BHSCT who at that time provided medical cover for both inpatients and community patients from the NHSCT.

### **3.5**

Members of NHSCT senior management team also attended regional adult resettlement meetings held by MAH within the hospital. The focus of these meetings was to review the progress of all Trusts in relation to resettlement and delayed discharge and to support discharge.

### **3.6**

Members of the senior management team also attended performance management meetings held by the Department of Health Social Services & Public Safety (DHSSPS) to review progress against Priorities for Action (PFA) targets.

### **3.7**

Children from NHST were admitted to Conicar within Muckamore by the Consultant Psychiatrist from BHSCT who provided services to the children and adults of NHST area. The community Social Worker remained involved and linked to the hospital Social Work team, the ward and the family. The Social Worker also attended ward rounds. A Discharge Protocol was implemented and Social Workers developed supports to facilitate timely discharge.

## **Section 4: Module 2i. Outline of provision for community-based services**

### **4.1 Community Teams**

#### **4.1.1**

April 2007– 31 March 2008: The NHST was formed. There were 3 Community Learning Disability Teams (CLDTs) with 1416 service users open to the teams. The 3 CLDTs covered the following geographical areas:

- Antrim, Magherafelt and Cookstown
- Ballymena, Coleraine, Ballymoney and Moyle
- Larne, Carrick and Newtownabbey.

The CLDTs consisted of 3 Team Managers, 29 Social Workers, 22 Community Learning Disability Nurse and 6 Occupational Therapists. There were 4 Children's Disability SW Teams who provided SW support to children with learning disabilities. The registered nurses from CLDT worked predominantly with adults but provided a limited service to children. At the formation of Northern Health and Social Care Trust in 2007, a clinical psychologist was aligned with each Community LD Team. Consultant Psychiatrists, employed by Belfast Trust, provided psychiatry services to NHST area as part of the LD commissioning arrangements.

#### **4.1.2**

31 March 2010: 1609 service users were open to the 3 CLD Teams. The Teams consisted of 3 Team Managers, 37 SW, 25 Community Learning Disability Nurses (all registered nurses) and 6 OT staff.

### 4.1.3

The Children's Disability Social Work Teams continued to provide social work support to children with learning disabilities. Families were supported via a range of respite services including Whitehaven, a dedicated respite unit for children with LD, alongside a short break service, Sharing the Care. This provided a cohort of volunteer carers who provided short breaks to children and young people. In addition, NHSCT contracted with Praxis to establish Rainbow Lodge – at that time providing 4 residential beds and 4 short break beds.

To further augment support to families, in 2005 Homefirst Community Trust had established the Children's Challenging Behaviour Service (subsequently renamed the Dual Agency Behaviour Support Service) in partnership with North Eastern Education and Library Board. When NHSCT was established, this service provided specialist services across all parts of the Trust geography.

The interface between Children's Services and Muckamore ended in 2010 as Iveagh (assessment and treatment service for children with learning disabilities) was opened by BHSCT and no further children were admitted to MAH.

### 4.1.4

In December 2017, NHSCT took over managerial responsibility for psychiatry services for NHSCT population from BHSCT. At this point, NHSCT employed 3.6wte Consultant Psychiatrists. Psychiatrists within NHSCT are now a core member of each of the Community Learning Disability Teams and provide specialist input into the Community Assessment and Treatment Services.

### 4.1.4

In 2018, a fourth CLDT was created within the NHSCT to better match the synergy and flow of local geography. Teams covered the following geographical sectors:

- Antrim and Ballymena
- Magherafelt and Cookstown
- Coleraine, Ballymoney and Moyle
- Larne, Carrick and Newtownabbey.

**4.1.5**

In 2021, the Teams consisted of 3 Team Managers, 35 SW, 21 Community Learning Disability Nurses and 11 OT staff. Each of the 4 CLDTs had a Clinical Psychologist within their teams, in addition to support from an Assistant Psychologist. Each Team has a Consultant Psychiatrist. While Allied Health Professionals were not operationally managed in Community Learning Disability services, they worked closely with and were often co-located with CLDTs. These Allied Health Professionals have specialist skills and training to meet the needs of Learning Disability population.

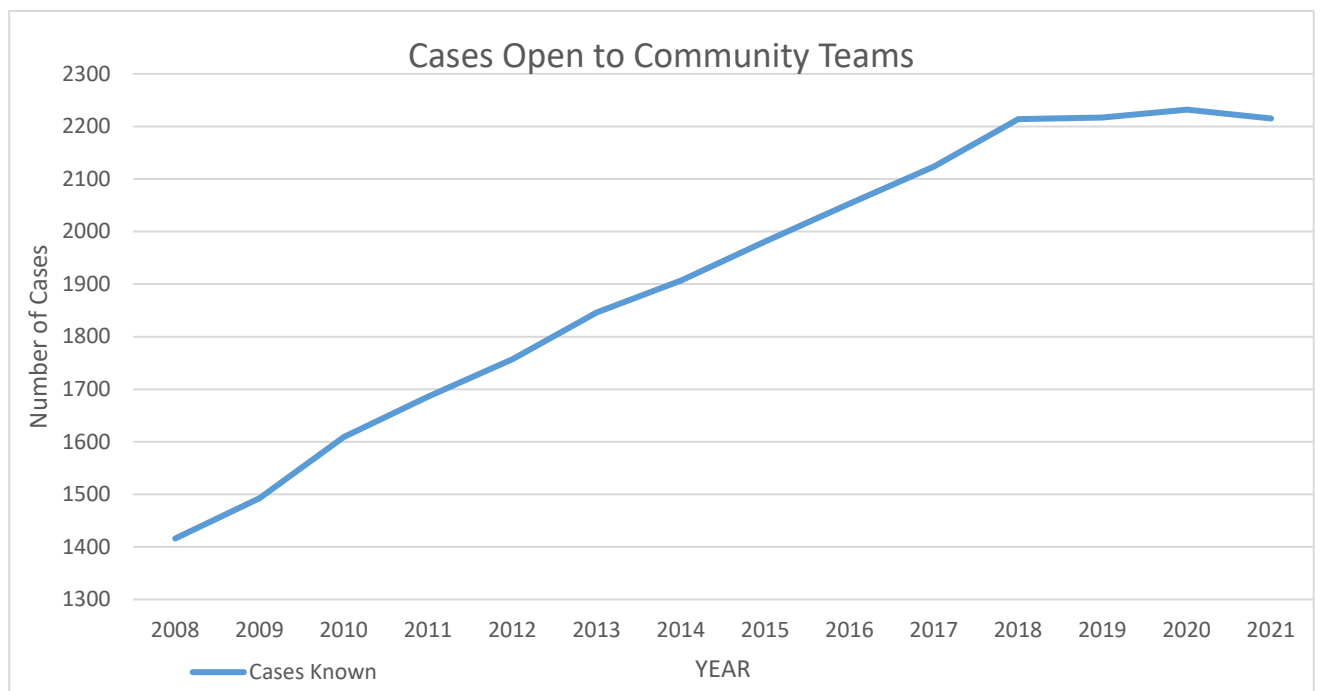


Figure 1. Source: Soscare records, provided by NHSCT Community Informatics Dept

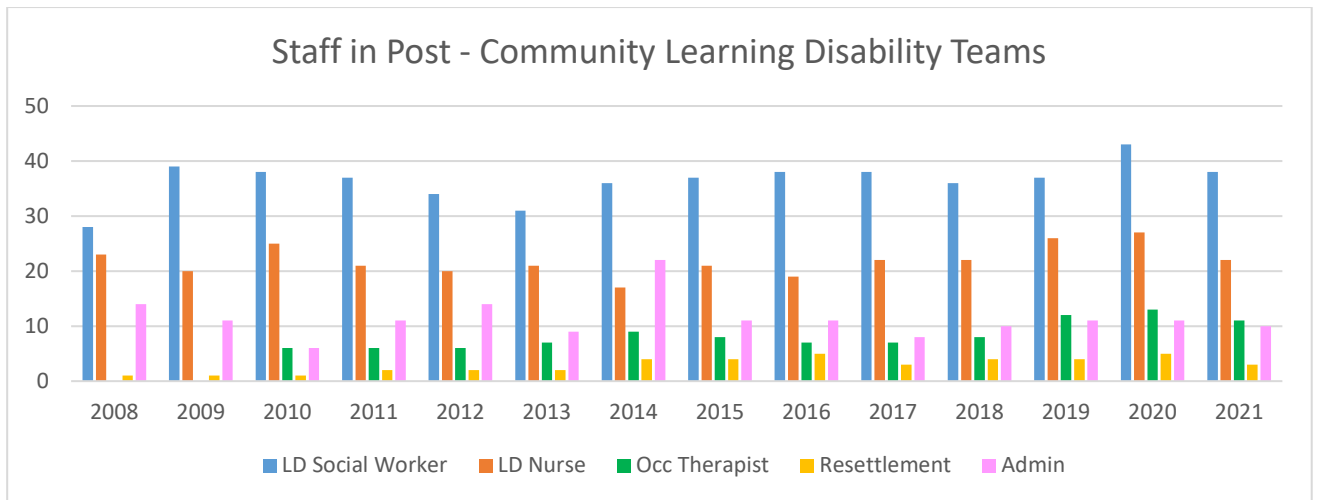


Figure 2. Source: NHSCT Human Resources Workforce Planning Dept. No data available prior to 2008.

#### 4.1.6

Following the establishment of the Safeguarding Board Northern Ireland being established in 2012, the Northern Trust created an adult safeguarding lead post in 2013. In 2014, NHSCT LD Services created 3 Senior Practitioner roles with the responsibility of Designated Adult Protection Officers (DAPOs) increasing to 4 Senior Practitioners in 2018. These Senior Practitioners had involvement in all Safeguarding referrals within the Trust. Safeguarding within MAH was carried out by MAH Safeguarding Team.

### 4.2 Community Assessment and Treatment Services

#### 4.2.1

From 2004, Adult Challenging Behaviour Services provided a dedicated peripatetic service for adults with a learning disability who also displayed challenging behaviour. Their remit was to provide an in-reach service to prevent placement breakdown, admissions to in-patient services and to provide support to carers. The team initially consisted of 2 Behavioural Planners and 2 Behavioural Programmers, and Speech and Language Therapy (SLT). This service also supported the resettlement agenda from MAH and provided in-reach assessments for all patients who were from the NHSCT area. This team was subsequently renamed as the Positive Behaviour Support Service (PBSS) in 2014. In addition, and in line

with the Regional Psychological Therapies Strategy and the Stepped Care Model, this service was defined as a specialist, Tier 3 service, taking referrals from the Tier 2 Adult Learning Disability Teams. The service has continued to expand and now has 1.0wte Clinical Lead Consultant Psychologist (Vacant), 1.0wte Senior Behavioural Specialist and Team Manager, 4.0wte Behavioural Specialists, 1.0wte SLT, 1.0wte OT, 6.0wte Behavioural Associates (B5) and 1.0wte Assistant Psychologist (B4).

#### **4.2.2**

NHSCT LD Services recognised that not all admissions to MAH were in relation to service users with challenging behaviour. Admissions also occurred due to severe mental health needs or forensic issues. Therefore, NHSCT developed the Promote Service in 2014. This is a Tier 3 Specialist service, providing assessment and intervention for service users with mental health or forensic needs. In 2014, the Promote Service consisted of a 0.8wte Consultant Clinical Psychologist and 2.0 wte LD Forensic Practitioners and offered services only to those individuals with a learning disability who had additional forensic needs.

#### **4.2.3**

In 2016, the Promote service expanded to include LD Mental Health Practitioners, which enabled the team to offer psychological therapy for those who have LD and additional mental health needs. The service has continued to develop to meet the needs of the population in the NHSCT area. In 2023, the team now comprises of 0.8wte Consultant Clinical Psychologist, 1.0wte Senior Promote Practitioner, 1.6wte Forensic Practitioners, 3.0wte Mental Health Practitioners, 0.6wte Specialist Occupational Therapist, 1.0wte Specialist Speech and Language Therapist, 0.8wte Specialist Clinical Psychologist and 0.4wte Consultant Psychiatrist. Staff within the service have completed specialist training in relation to forensic risk assessment and management, therapeutic interventions including Cognitive Behaviour Therapy, Dialectical Behaviour Therapy, Eye Movement Desensitization and Reprocessing and systemic approaches. As a result, a broad range of evidence based assessment and intervention services can be offered in individually or group format.

#### **4.2.4**

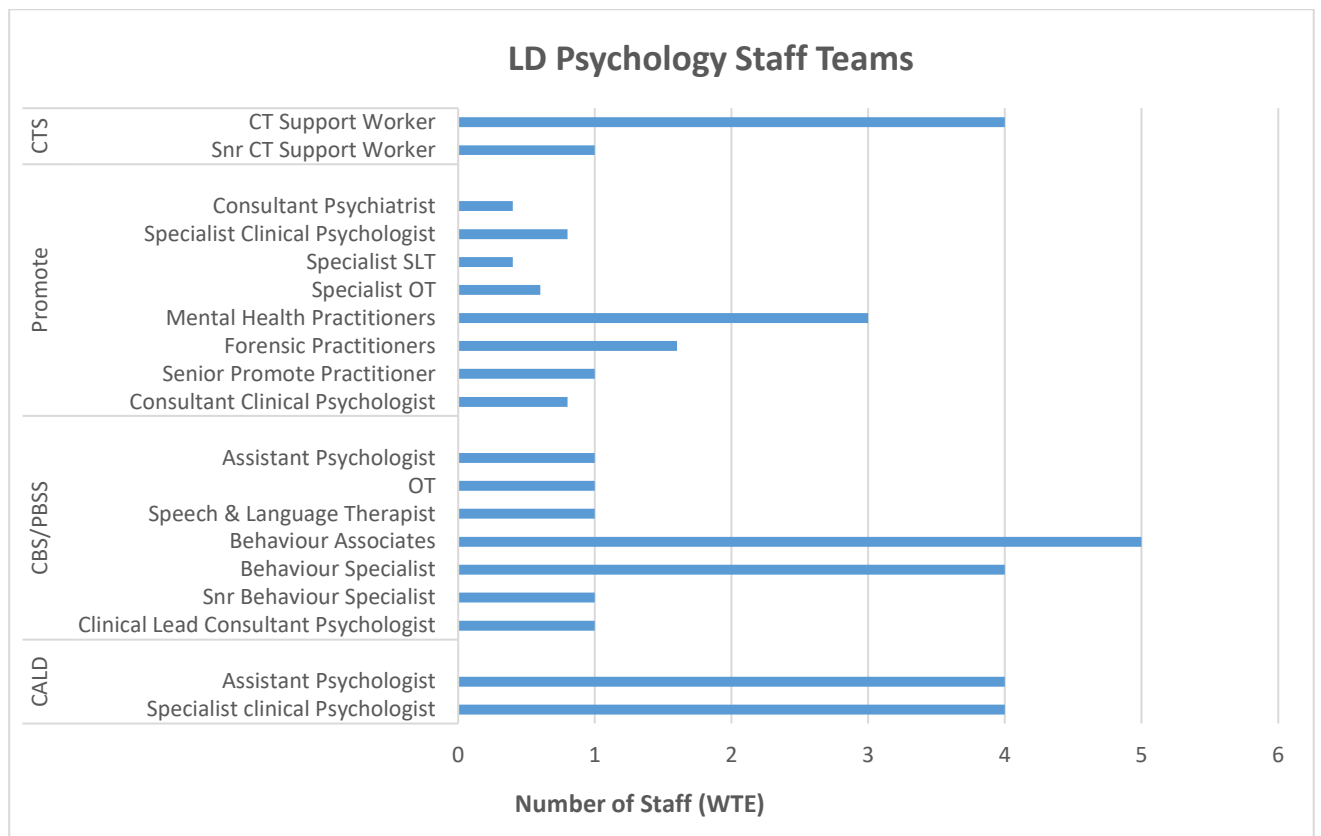
In 2015/16, the PBSS and Promote came together as 'Community Treatment Services' offering specialist tier 3 services for people with a learning disability. The Intensive Support Service was also developed in 2016. This service provided service users open to Community Treatment Services greater levels of hands on support, in line with their needs at the time.



The Intensive Support Service provides support to service users in a variety of settings, including the service users' own home or day care setting. Essentially, this service aims to prevent placement breakdown or admission to an in-patient setting. The service comprises of 1.0wte Senior Community Treatment Support Worker (Team Leader) and 4.0wte Community Treatment Support Workers.

**4.2.5**

The Mental Health Liaison Service was established in 2015 within Emergency Departments in the NHSCT. A pathway for those presenting at the Emergency Department with a Learning Disability and mental health problems, (including those presenting in crisis following deliberate self-harm), was developed in 2017.



Source: NHSCT Human Resources Workforce Planning Dept

### 4.3 Day Services and Day Opportunities

#### 4.3.1

At the formation of NHSCT in 2007, there were 11 Adult Centres. At 31 March 2008, these centres provided 755 placements. NHSCT developed a 5-year day services strategy in 2007 (Widening Choices and Opportunities). This created a roadmap for the development of services and the “Fuller Lives” principles as laid out in the *Equal Lives: Review of Policy and Services for People with a Learning Disability in Northern Ireland (2005)*. This supported the development of community-based services along 4 day opportunity areas: vocational, further educational, leisure and volunteering.

#### 4.3.2

In 2011, NHSCT created Satellite Units and Hubs associated with local Adult Centres. They offered placements for those individuals with less complex needs. Typically staffing within these Satellite Units and Hubs is one staff member per 6 to 10 individuals; whereas Adult Centres typically provide services for those who need higher levels of support, with on average one staff member per 3 service users.

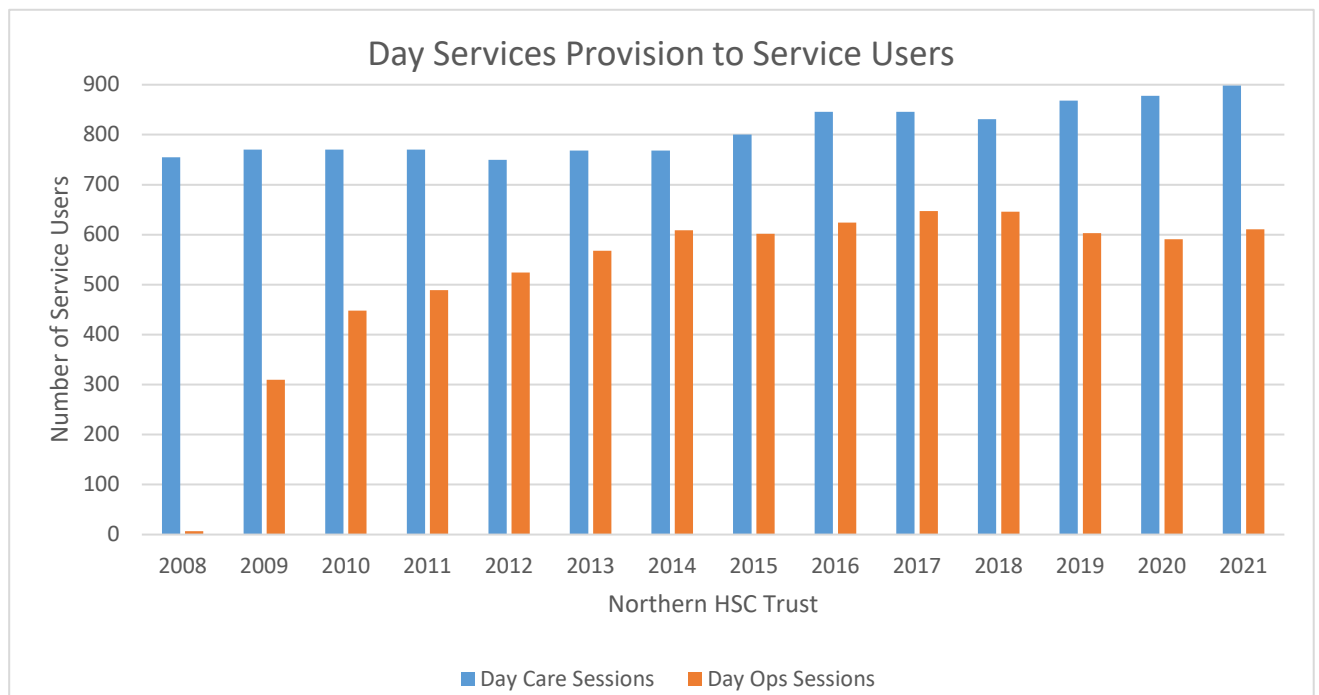


Figure 4. Sources: Day Care Registers for Day Care Placements. NHSCT Contracts & Commissioning Dept for Day Opportunities provision.

## **4.4 Accommodation and Respite**

### **4.4.1**

At the formation of NHSCT, there were four Trust managed supported living facilities in the NHSCT area. In addition, there were 8 respite beds alongside a short breaks respite service known as Share the Care. This service offered the opportunity for adults with a Learning Disability to match with a volunteer and stay in a family home for regular breaks. In 2010, this service extended to provide long-term placements for service users. This service currently provides 40 long-term placements and 93 short break placements. The Share the Care team consists of 1wte Manager, 3.5wte Social Workers, 1.0wte Community Learning Disability Nurse and 0.6wte OT.

### **4.4.2**

In 2007, NHSCT Supported Living facilities provided the following tenancies and respite provision.

- Ellis Court (Carrickfergus) had 18 permanent beds and 6 dedicated respite beds.
- Clogrennan (Larne) had 13 permanent beds.
- Lynwood (Newtownabbey) had 13 permanent beds.
- Hollybank (Magherafelt) had 14 permanent beds and 2 respite beds.

### **4.4.3**

In 2007, Hollybank realigned services moving from the Hollybank facility to a dispersed housing model of private rental accommodation with staff providing care and support in 3 localities within the Mid Ulster area. The Hollybank building then became a dedicated respite service providing 6 residential respite beds and 1 bed which was available for community treatment services to deliver intensive assessment and treatment bed as and when required.

### **4.4.4**

In 2009, Ellis Court was remodelled to a new build core and cluster development of supported living bungalows adjacent to the Ellis Court site in Carrickfergus. These homes are owned by a Housing Association and NHSCT staff provide support. This service is known as Ellis Grove and provides 18 tenancies. Ellis Court was realigned to provide 6 dedicated respite beds.

**4.4.5**

In 2010, Lynwood was remodelled to a new build in a core and cluster development of supported living bungalows and apartments. These homes are owned by a Housing Association with NHSCT staff providing care and support. This development is known as Abbots Court and is located in Whiteabbey.

**4.4.6**

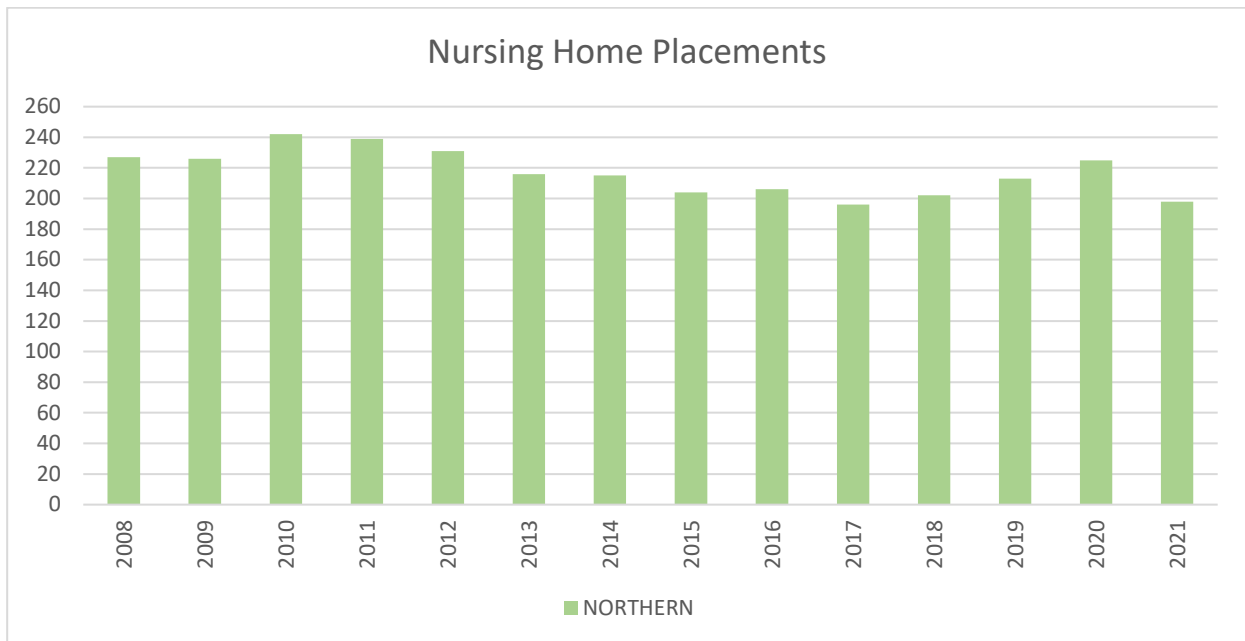
In 2012, Clogrennan in Larne increased capacity from 14 to 17 by securing additional private rental property with Trust staff providing care and support. This increase of 3 placements provided additional capacity for those requiring resettlement from long stay hospital. In 2013, Clogrennan was remodelled to a dispersed housing model with 3 homes secured and owned by a Housing Association, and 2 homes privately rented. NHSCT staff continued to provide care and support to these tenancies. All homes are within the Larne area.

**4.4.7**

In June 2021, the NHSCT provided 72 supported living placements within their statutory provision.

**4.4.8**

The commissioning of Nursing Home Placements has always been through the Private and Voluntary Sectors for NHSCT.



**Source:** Department Of Health – Statistics on Community Care (Link: [Statistics on community care for adults in Northern Ireland 1998/99 to 2020/21 | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/statistics-on-community-care) )

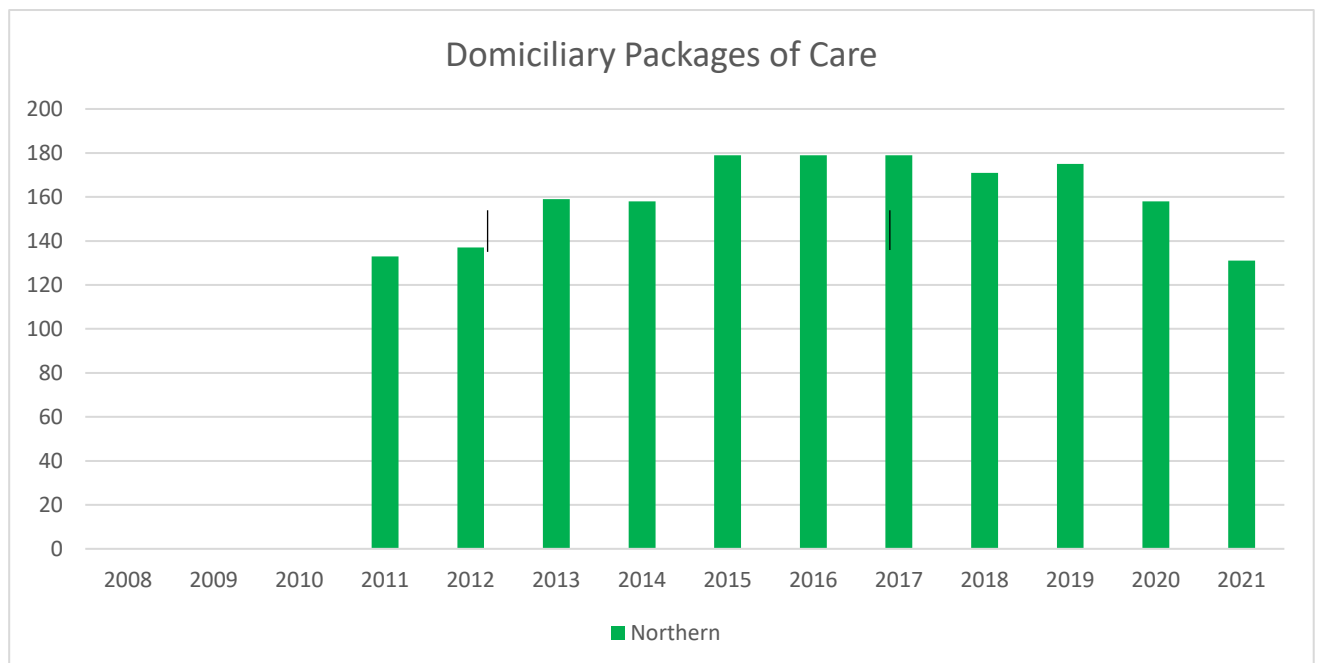
#### 4.4.9

Residential and Supported Living Placements within the Private and Voluntary Sector are commissioned according to an individual’s assessed needs. A broad range of providers from private and voluntary sector organisations are commissioned to meet the needs of people with a LD. The Trust has also worked in partnership with NIHE in relation to housing needs.

### 4.5 Support Services

#### 4.5.1

Domiciliary Care packages historically and presently are delivered through both NHSCT statutory and private providers.

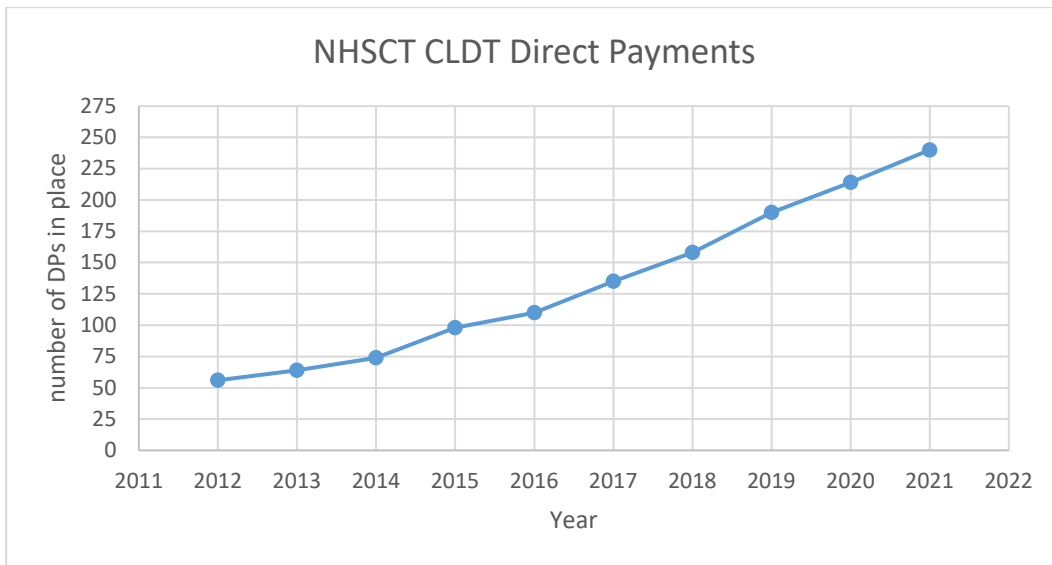


**Source: 1999 – 2007** Department Of Health – Statistics on Community Care (Link: [Statistics on community care for adults in Northern Ireland 1998/99 to 2020/21 | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/statistics-on-community-care) )

**2011 – 2021** Soscare records, provided by NHSCT Community Informatics Dept

**4.5.2**

With the introduction of Personal Social Services and Children’s Services (Direct Payments) Regulations (Northern Ireland) 2004, this placed a duty on the Trust to offer Direct Payments to those people whom it has assessed and agreed to the provision of services. We have data relating to the uptake of this provision from 2012.



**Source:** NHSCT Delegated Statutory Function Annual Reports

**Section 5: Declaration of Truth**

The content of this witness statement are true to the best of my knowledge and belief. I can produce all the documents which I have access to and which I believe are necessary to address the matters on which the Inquiry Panel has requested me to give evidence.

Signed: *Peter Giv*

Date: 26 January 2023