Muckamore Abbey Hospital Inquiry

Module 4 – Staffing

MODULE 4 WITNESS STATEMENT
ON BEHALF OF BELFAST HEALTH AND SOCIAL CARE TRUST

I, Brona Shaw, Deputy Director of Nursing Quality, Safety and User Experience at the Belfast Health and Social Care Trust (the Belfast Trust), make the following statement for the purposes of the Muckamore Abbey Hospital Inquiry (the MAH Inquiry):

1. This statement is made on behalf of the Belfast Trust in response to a request for evidence from the MAH Inquiry Panel dated 9 December 2022. The Module 4 request set out in the MAH Inquiry correspondence of 9 December 2022 raised twelve broad themes. I seek to address each of those in this statement.

2. This is my first witness statement to the MAH Inquiry.

3. It is unfortunately not possible for any one person in the Belfast Trust to address all of the matters the MAH Inquiry has asked the Belfast Trust to address in Module 4. Accordingly, while I am the statement maker on behalf of the Belfast Trust for the purpose of the Module 4 hearings, I make this statement having had the assistance of the following individuals:

   - Stephanie Read, Senior Human Resources Manager and Business Partner;

   - Joan Peden, former Co-Director of Human Resources;

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- Alison Kerr, Senior Human Resources Manager, Belfast Trust;

- Ms Carol Chambers, Lead Nurse Practice Education Co-Ordinator;

- Ms Ann Marie Ward, Lead Nurse Regulation Learning & Informatics;

- Ms Patricia McKinney, Co-Director for Child Health and NISTAR;

- Ms Paula Forrest, Deputy Director of Nursing Workforce, Education and Regulation

- Ms Aisling Pelan, Senior Manager Nursing Workforce, Modernisation and Development;

- Mr Sam Warren, Trust Advisor Trainer Safety Intervention, Interim Senior Nurse Manager MAH;

- Ms Jennie Taggart, Service Manager, Human Resources and Organisational Development;

- Ms Kerry Reynolds, Co – Director Human Resources

- Mr Stephen Brady, interim Assistant Service Manager, Resourcing

- Ms Brenda Creaney, Executive Director of Nursing and User Experience

- Dr Simon Johnston, Director of Medical Education and Consultant Gastroenterologist.

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- Dr Paul Devine, Consultant in Forensic Psychiatry, Clinical Director Forensic and Secure Mental Health, Interim Clinical Director Intellectual Disability Services.

- Dr Joanna Dougherty, Consultant Psychiatrist, General Adult Psychiatry

- Dr Sarah Meekin, Consultant Clinical Psychologist and Head of Psychological Services, Belfast Trust;

- Ms Rosalind Kyle. Ms Kyle is Assistant Speech and Language Therapy Manager for the Belfast Trust;

- Ms Aisling Curran, former Occupational Therapy Manager, Mental Health & Learning Disability Services, Belfast Trust;

- Ms Jenny Toland, Interim Occupational Therapy Manager, Learning Disability Services, Belfast Trust;

- Ms Catherine Podris, Interim Service Manager for Statutory Supported Living and Residential Services for Learning Disability, former Occupational Therapy Manager, Learning Disability Services, Belfast Trust.

- Ms Anne Duffy, Assistant Service Manager Physiotherapy, Belfast Trust;

- Ms Elaine McConnell, Interim AHP Co-Director and Professional AHP Lead, Belfast Trust;

- Ms Jacqui Kennedy, Director of Human Resources and Organisational Development,

- Ms Margaret Smith, Quality Assurance Co-Ordinator, Vocational Learning Team

- Ms Ethel Kelly, Lead Nurse, Nurse Bank

- Ms Billie Hughes, Co-Director of Intellectual Services, former Divisional Nurse at MAH

- Ms Jenni Armstrong, former Resource Nurse, MAH

- Claire Cairns, Co-Director Risk & Governance

- Robert Henry, Service Manager Risk & Governance.

- Ms Gillian Traub, Director of Adult Community, Older People's Services and Allied Health Professionals

- Ms Hilary Marshall, Directorate Accountant, Adult, Social and Older People, Allied Health Professionals, and Mental Health, Learning Disability and Psychological Services.

- Ms Roisin McMahon, Senior Nurse Manager Quality and Assurance.

- Collette Caldwell, Behaviour Nurse Specialist based at MAH, Belfast Trust (now retired)

- Grainne Healey Behaviour Nurse Specialist based at MAH BHSCT

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4. The documents that I refer to in this statement can be found in the exhibit bundle attached to this statement marked "BS1". The MAH Inquiry request for evidence can be found at Tab 1 in the exhibit bundle.

Qualifications and Position of the statement maker, and those who have assisted with the Module 4 statement on behalf of the Belfast Trust:

5. I am the Deputy Director of Nursing Quality, Safety and User Experience in the Belfast Trust. I have held this role since January 2019.

6. I commenced training as a General Nurse in 1988 at the Royal School of Nursing, based in the Royal Victoria Hospital. I qualified as a Midwife in 1998 (Diploma Midwifery Studies) and later achieved a BSc (Hons) in Midwifery Studies. In 2012 I obtained a MSc in Inter-professional Health and Social Care Studies from Queen's University Belfast. I hold registration on the RNA and the RNM Nursing and Midwifery Council's register. In my role as Deputy Director of Nursing Quality, Safety and User Experience, I am responsible for delivering on a range of Belfast Trust – wide quality improvement programmes and supporting services in relation to all professional nursing matters.

7. I have already listed above the positions of those individuals who have contributed to this statement. If further information is required in respect of any individual then that will be provided to the MAH Inquiry.

Topic 1 – Workforce plans for disability care 1999 – 2021 (Belfast Trust and Department of Health).

8. At the outset, it is important that I explain that the Belfast Trust does not produce workforce plans for disability care, if disability care is correctly understood as the care of people with disabilities. There are a vast number of physical and mental impairments that may be considered as disabilities. Each of the operational directorates within the Belfast Trust could be said to provide disability care. The Belfast Trust has therefore focused its evidence for this topic on the general issue of workforce planning within the Belfast Trust, together with workforce planning for learning disability care. Should the MAH Inquiry wish to be addressed on workforce planning in respect other types of disability care, then steps can be taken to facilitate this.

9. In addition, the time period about which the MAH Inquiry wishes to be addressed spans some 22 years. A large portion of that time period pre-dates the formation of the Belfast Trust. The Belfast Trust became operational in April 2007. Unfortunately, the Belfast Trust is presently unable to address the MAH Inquiry on workforce plans that pre-date the Belfast Trust becoming operational in 2007. If the MAH Inquiry does require this matter to be addressed for the pre April 2007 period then the Belfast Trust will endeavour to identify someone who can speak to this issue, and steps will be taken to provide that information to the MAH Inquiry.

10. As is the case with many of the topics within this witness statement, there is no one person within the Belfast Trust who can comprehensively speak to the issue of workforce planning in respect of learning disability care. In order to address this issue, I have drawn on the assistance of the following individuals:

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a. Stephanie Read, Senior Human Resources Manager and Business Partner

b. Joan Peden, former Co-Director of Human Resources

c. Alison Kerr, Senior Human Resources Manager, Belfast Trust

d. Aisling Pelan, Senior Manager Nursing Workforce, Modernisation and Development

e. Paula Forrest, Deputy Director of Nursing, Workforce, Education, Regulation & Informatics

11. The issue of workforce planning is extensive. That is because workforce planning within the Belfast Trust is directly impacted by regional workforce planning. Regional workforce planning must be understood in the context of the various reviews and reforms which have taken place within the 21-year time period to which this topic relates. I will therefore address the issue of regional workforce planning before moving on to workforce planning within the Belfast Trust.

Regional workforce planning

Regional workforce reviews published in 2002/2003

12. The following regional uni-disciplinary workforce reviews, each of which may be said to bear of the issue of workforce plans for disability care, may be of interest to the MAH Inquiry:

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a. 2002 Department for Health, Social Services & Public Safety *"Review of Occupational Therapy Workforce"*

b. 2002 Department for Health, Social Services & Public *Safety "Review of Technical and Scientific Workforce"*

c. 2002 Department for Health, Social Services & Public Safety *"Review of Social Services Workforce"*

d. 2002 Department for Health, Social Services & Public Safety *"Review of Physiotherapy Services Workforce"*

e. 2002 Department for Health, Social Services & Public Safety *"Review of the Dental Workforce"*

f. 2003 Department for Health, Social Services & Public Safety *"Review of Dietetics Workforce"*

g. 2003 Department for Health, Social Services & Public Safety *"Review of the Medical Workforce"*

h. 2003 Department for Health, Social Services & Public Safety *"Review of Podiatry Workforce"*

13. These reports can be found behind Tab 2 in the exhibit bundle.

14. Regional workforce planning itself is also directly impacted by the strategic framework for the delivery of health and social care services within Northern Ireland. The following regional documents, each of which may be said to bear on the issue of regional workforce planning in respect of the Health and Social

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Care system in Northern Ireland, from 2005 to the present day, may be of interest to the MAH Inquiry:

a. 2005 Department for Health, Social Services & Public Safety *"Caring for People Beyond Tomorrow"*

b. 2011 Department for Health, Social Services & Public Safety *Transforming Your Care: A review of Health and Social Care in Northern Ireland"*

c. 2011 Department for Health, Social Services & Public Safety *"A 10-Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland"*

d. 2014 Donaldson, Rutter & Henderson *"The Right Time, The Right Place, An expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland"*.

e. 2016 Department of Health *"Health and Wellbeing 2026 - Delivering Together"*

15. These reports can also be found behind Tab 2 in the exhibit bundle.

16. I do not propose to address the evolution of the strategic framework for the delivery of health and social care services. It is likely the Department of Health will be best placed to address that issue, insofar as it relates to the issue of workforce planning. However, for context in respect of this witness statement, and to assist the MAH Inquiry, I shall provide a brief overview of some of what I understand to be the main reviews or developments from 2011 to present.

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2011 Transforming Your Care: A review of Health and Social Care in Northern Ireland

17. On 13 December 2011 the then Minister for Health published *"Transforming Your Care: A review of Health and Social Care in Northern Ireland"* ("TYC"). TYC was the report of a review panel led by Mr John Compton. The review panel was commissioned to undertake a review of the provision of health and social care services in Northern Ireland. In broad terms, TYC proposed a programme of 99 proposals for change to health and social care services in Northern Ireland premised on the need for strategic reform. TYC proposed a new model of health and social care which would drive the future shape and direction of the health and social care service; the individual would be placed at the centre of the model, with local services to be made increasingly available. This marked the first major shift in focus from hospital care to community care. As regards workforce planning, Proposal 97 called for a *"more formal integration of workforce planning and capital expenditure into the commissioning process to drive the financial transformation, with regard to workforce planning"*.

18. The following regional documents, each of which bear on the implementation of TYC, may be of interest to the MAH Inquiry:

    a. October 2012 Health and Social Care Board, *"Transforming Your Care, Draft Strategic Implementation Plan"*

    b. March 2013 Health and Social Care Board, *"Transforming Your Care, Vision to Action, A Post Consultation Report"*

    c. April 2017 Northern Ireland Audit Office, *"Management of the Transforming Your Care Reform Programme"*

2012 The Regional Workforce Planning Group

19. In August 2012 the DHSSPS (as the Department of Health was then known) established the Regional Workforce Planning Group ("RWPG"). The general purpose of the RWPG was to consider the implications of TYC on the health and social care workforce, and to ensure that the implications were factored into the regional workforce planning process. A copy of the Interim Terms of Reference for the RWPG can be found behind Tab 2 of the exhibit bundle. The Terms of Reference describe the aim of the RWPG in the following terms:

> *"The aim of this Regional Workforce Planning Group is to establish a framework for workforce planning, agree the functions/roles/responsibilities of the various organisations involved to enable the framework to deliver and allow sufficient flexibility to meet the dynamic nature of the HSC requirements and assess the level of skill/resource/tools required to deliver workforce plans on an ongoing basis."*

20. The RWPG was chaired by the Director of Human Resources for the then DHSSPS. Its membership included representation from the key stakeholders involved in HSC workforce planning, including the DHSSPS, the Health and Social Care Board, and the Health and Social Care Trusts. The Belfast Trust was represented at the RWPG by the Director of Human Resources and Organisational Development, or a nominated Deputy, and Ms Brenda Creaney, Executive Director of Nursing and User Experience.

21. In April 2013, the DHSSPS commissioned 'Skills for Health' to carry out an assessment of its workforce planning capacity and capability across the Health and Social Care system in Northern Ireland. In November 2013, Skills for Health produced a Diagnostics Report, within which it recommended that the establishment of a framework to define an integrated approach and process for workforce planning, and which would include a definition of the roles and

responsibilities of each of the key stakeholders involved in the HSC workforce planning process.

22. The *"Regional HSC Workforce Planning Framework"*, a copy of which can be found behind Tab 2 of the exhibit bundle, was published by the DHSSPS in or around March/April 2015 ("the 2015 Framework"). The 2015 Framework described workforce planning in the following terms:

> *"At its simplest, effective workforce planning ensures a workforce of the right size, with the right skills, organised in the right way, delivering its services to provide the best possible care for patients and clients within available resources."* (internal page 5)

23. The 2015 Framework recognised that effective workforce planning demands *"a collaborative, consistent, integrated and proactive approach across multiple stakeholders"*, and that, *"No individual, group or organisation can undertake the process unilaterally and as a result, there is a range of responsibilities that lie within and between organisations that contribute to effect workforce planning."* (internal page 6)

24. The core roles and responsibilities of each of the key stakeholders involved in the HSC workforce planning process are outlined on internal pages 6 – 8 of the 2015 Framework.

25. The responsibilities of the DHSSPS include:

    a. *Setting the strategic vision;*

    b. *securing commitment to a high-level workforce strategy which will underpin the Department's wider policy objectives;*

    c. *providing regional workforce information and trends;*

    d. *ensuring a regional approach is taken to workforce planning;*

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e.   *facilitating of capacity building within the HSC Trusts; and*

f.   *making decisions on the commissioning of pre- and post-registration education and training across the HSC."*

26. As regards the HSCB and the PHA, the 2015 Regional Framework stated:

"The commissioning of health and social care services is a crucial function within the wider health and social care economy. The Health and Social Care Board, through Local Commissioning Groups, and the Public Health Agency have a duty to ensure, through the commissioning process, that they are able to:

o   *meet the current and future health and social care needs of the population of Northern Ireland;*

o   *secure value for money and ensure the appropriate quality of service provision; and*

o   *utilise appropriate processes to develop and reform services.*

In relation to workforce, the commissioners' role is to:

a.   *Agree the models of service delivery;*

b.   *Be assured that HSC Trusts and independent practitioners have considered and identified the workforce needed for service delivery, through for example demand/capacity analysis;*

c.   *exercise a challenge function where appropriate;*

d.   *identify to the Department areas where intervention is required; and*

e.   *lead or contribute to workforce reviews as required."*

27. The responsibilities of Health and Social Care Trusts are described in the following terms:

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a. *Ensuring that they have an appropriate and skilled workforce to deliver the services commissioned from them;*

b. *Utilising both qualitative and quantitative information to inform operational workforce plans (to including information projection and risk) which are reviewed annually;*

c. *Regularly liaise with other stakeholders (including local commissioners) to determine priorities and overcome challenges; and*

d. *Agree courses of and implementation of workforce change.*

28. The 2015 Framework indicated the shared responsibility for workforce planning throughout the HSC system in Northern Ireland.

29. The workforce planning carried out by the Belfast Trust operates within the confines of the wider regional framework of HSC workforce planning. For example, the ability of the Belfast Trust to ensure that it has an appropriate and skilled workforce is intrinsically linked with the commissioning decisions made by the Department of Health in relation to pre-registration and post-registration education.

30. The 2015 Framework outlines, at Annex A on internal pages 13 - 16, a six-step model in relation to integrated workforce planning. The six steps are described in the following terms:

Step 1: Defining the plan

Step 2: Mapping service change

Step 3: Defining the required workforce

Step 4: Understanding workforce availability

Step 5: Developing an action plan

Step 6: Implement, monitor and refresh

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31. The implementation of the 2015 Framework was to be led by the DHSSPS. The "primary implementation steps" in relation to the 2015 Framework are detailed in Section 5 (internal page 12) of the 2015 Framework. The Department of Health will be better placed to address the MAH Inquiry on the action taken in relation to the 2015 Framework, and the subsequent work of the RWPG.

Regional workforce reviews carried out following the 2015 Framework

32. The following regional uni-disciplinary reviews, each of which were either carried out and/or published following the publication of the 2015 Framework, may be of interest to the MAH Inquiry (they can be found behind Tab 2 in the exhibit bundle):

   a. 2018 Department of Health *"Domiciliary Care Workforce Review Northern Ireland 2016 – 2021*

   b. 2020 Department of Health *"Workforce Review Report Prosthetics 2019 - 2029"*

   c. 2022 Department of Health *"Workforce Review Report Dietetics 2019 – 2029"*

   d. 2020 Department Health *"Workforce Review Report Physiotherapy 2019 –2029"*

   e. 2020 Department of Health *"Workforce Review Report Speech and Language Therapy 2019 –2029"*

   f. 2020 Department of Health *"Workforce Review Report Podiatry"*

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g. 2022 Department of Health *"Workforce Review Report Occupational Therapy 2019 – 2029"*

h. 2022 Department of Health *"Social Work Workforce Review Northern Ireland 2022"*

i. Department of Health *"Pharmacy Workforce Review 2020"*

j. 2022 Department of Health *"Workforce Review Report Music, Art, and Drama Therapies 2019 – 2026"*

Review of Workforce Planning in the Context of "Transforming Your Care"

33. In 2016 the Northern Ireland Assembly Committee for Health, Social Services & Public Safety ("the Committee") published the document entitled, *"Review of Workforce Planning in the Context of Transforming Your Care"*, ("the 2016 TYC Review") a copy of which is to be found behind Tab 2 in the exhibit bundle. The list of recommendations offered by the Committee are to be found on internal pages 5 – 8 of the 2016 TYC Review. I do not propose to repeat the recommendations in this statement, however some examples of the various recommendations include: the avoidance of "silo-based" approached to workforce planning by the RWPG, a "longer term" approach to workforce planning by the Department of Health, the development of "clear policies" by the Department of Health to address the issues within HSC recruitment and retention, and an examination of the use of agency/locum staff by the RWPG.

2017 Management of the "Transforming Your Care" Reform Programme

34. In 2017 the Northern Ireland Audit Office published *"Management of the Transforming Your Care Reform Programme"*, ("the 2017 NIAO TYC report"). In

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broad terms, the 2017 NIAO TYC report outlines the progress made in relation of the TYC vision, and the key challenges to be faced in delivering the transformational change identified in TYC.

2016 Systems, Not Structures

35. In January 2016 the DHSSPS appointed an expert panel, chaired by Professor Rafael Bengoa, to consider and lead an informed debate on the best configuration of health and social care services for Northern Ireland. The report of the expert panel, entitled *"Systems, Not Structures: Changing Health and Social Care"* ("the Bengoa Report"), a copy of which is to be found behind Tab 2 of the exhibit bundle, was published in October 2016. The HSC workforce is specifically addressed on internal pages 21 – 32 of the Bengoa Report. The recommendations offered by the panel are set out on internal pages 79 – 82. The need for a radical review of the HSC workforce is explicitly set out on internal page 22:

> *"…A key message from the preparatory phase of producing this report was that without a radical review of the workforce in Northern Ireland the ambition to deliver co-ordinated care around patient need at population health level, local community level and individual level, the required transformation will not be possible…"*

2016 Health and Wellbeing 2026 – Delivering Together

36. In October 2016, the Department of Health (as it became in May 2016) published *"Health and Wellbeing 2026 – Delivering Together"* ("Delivering Together"), a copy of which is to be found behind Tab 2 of the exhibit bundle. "Delivering Together" set out a 10-year approach to transforming health and social care in Northern Ireland, in response to the recommendations made within the Bengoa Report. "Delivering Together" set out a model of *"person*

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centred care focussed on prevention, early intervention, supporting independence and wellbeing", underpinned by the following four key aims: (outlined on internal pages 10 and 11):

1. *"Improving the health of our people"*
2. *"Supporting and empowering staff"*
3. *"Improving the quality and experience of care"*
4. *"Ensuring sustainability of our services".*

37. Internal page 22 of "Delivering Together" outlines the investment needed to the HSC Workforce. As regards workforce planning, the importance of effective workforce planning informed by "*robust and accurate workforce information and analysis*" was acknowledged. In addition, the development of a "Workforce Strategy" was announced, together with an expansion of GP and nurse training places and the establishment of a Nursing and Midwifery Task Group. The full list of actions for the 12 months following the publication of "Delivering Together" are set on internal pages 25 – 26.

38. To date, three reports outlining the progress of "Delivering Together" have been published. Copies of the progress reports, published in October 2017, May 2019 and December 2021, are provided behind Tab 2 of the exhibit bundle.

2018 Health and Social Care Workforce Strategy 2026: Delivering for Our People

39. The workforce strategy announced within "Delivering Together" was published in May 2018, within the document entitled "*Health and Social Care Workforce Strategy 2026: Delivering for Our People*" ("the 2026 Workforce Strategy"), a copy of which is to be found behind Tab 2 in the exhibit bundle. The 2026 Workforce Strategy recognises the need for more robust workforce data to support more effective workforce planning. The aim and

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objectives of the 2026 Workforce Strategy are described, on internal page 21, in the following terms:

"The aim of this strategy is that by 2026, we meet our workforce needs – and the needs of our workforce.

To achieve this aim, we need to meet three objectives:

> 1. *By 2026, the reconfigured health and social care system has the optimum number of people in place to deliver treatment and care, and promote health and wellbeing to everyone in Northern Ireland, with the best possible combination of skills and expertise.*

> 2. *By 2021, health and social care is a fulfilling and rewarding place to work and train, and our people feel valued and supported.*

> 3. *By 2019, the Department and health and social care providers are able to monitor workforce trends and issues effectively, and be able to take proactive action to address these before problems become acute."*

40. The 2026 Workforce Strategy identified, on internal pages 23 – 25, various "themes" to be addressed. The themes related to:

> 1. *Attracting, recruiting and retaining*

> 2. *Sufficient availability of high-quality training and development*

> 3. *Effective workforce planning*

> 4. *Multi-disciplinary and inter-professional working and training*

> 5. *Building on, consolidating and promoting health and wellbeing*

> 6. *Improved workforce communication and engagement*

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7. *Recognising the contribution of the workforce*

8. *Work-life balance*

9. *Making it easier for the workforce to do their jobs*

10. *Improving workforce intelligence*

41. The 2026 Workforce Strategy was to be implemented over a nine-year period, with three consecutive action plans to be implemented over that period. The draft action plan for 2018 – 2020 was included at internal pages 29 – 42 of the 2026 Workforce Plan.

42. A Workforce Strategy Programme Board was to be established in 2018 to provide oversight and accountability in respect of the 2026 Workforce Strategy.

43. The second action plan is set out in the document entitled "*Health and Social Care Workforce Strategy 2026 Delivering for our People, Second Action Plan (2022-23 to 2024 – 25)*" ("the Second Action Plan") a copy of which is to be found behind Tab 2 of the exhibit bundle. The Second Action Plan, the development of which had been delayed due to the COVID-19 pandemic, acknowledged that whilst progress had been achieved in respect of the first action plan, many challenges remained, with further challenges having emerged due to the pandemic. The Second Action Plan identified "*an ambitious range of strategic actions for progression*", the implementation of which, it was recognised, "*will require additional funding over the next three years at a time when we face a very challenging position*". The Department of Health will be better placed to address the MAH Inquiry on the progress made in respect of the actions identified within the Second Action Plan.

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Regional nursing workforce planning

44. Nurses and midwives are the backbone of the Health and Social Care system in Northern Ireland, delivering safe, effective and compassionate care twenty-four hours a day, seven days a week. Nurses and midwives comprise the largest part of the HSC workforce in Northern Ireland. It may assist the MAH Inquiry if I provide a brief overview of some of the more recent developments in respect of regional workforce planning in relation to the nursing workforce within the HSC in Northern Ireland.

2010 A Partnership for Care

45. In 2010 the DHSSPS published "*A Partnership for Care: Northern Ireland Strategy for Nursing and Midwifery 2010 – 2015*" ("A Partnership for Care"), a copy of which is to be found behind Tab 2 in the exhibit bundle. "A Partnership for Care" outlined a strategic vision for nursing and midwifery, developed under the following four strategic themes: promoting person centred cultures, delivering safe and effective care, maximising resources for success and supporting learning and development. Workforce planning is specifically addressed on internal page 25 of "A Partnership for Care":

> "*The management of people and finance go hand in hand. To maximise resources and ensure best possible outcomes for patients and clients the nursing and midwifery family will ensure the right people are in the right place with the right skills at the right time. Effective workforce planning leads to the recruitment and retention of a flexible, responsive and high performing workforce who can meet the needs of service delivery*"

46. The regional, organisational and individual steps to be taken in respect of workforce planning were also outlined on internal page 25. The regional steps to be taken included the establishment of a regional workforce planning,

development and modernisation subgroup of the Central Nursing and Midwifery Advisory Group. At an organisational level, Directors of Nursing were to be proactive in identifying future nursing and midwifery requirements and also to focus on the values and worth of the profession, highlighting the strengths and advocating the profession as a top career.

47. The progress of "A Partnership for Care" was to be monitored, at a strategic level, by the Chief Nursing Officer and the PHA Director of Nursing.

2011/2012 Strengthening the Commitment: The Report of the UK Modernising Learning Disabilities Nursing Review

48. A UK wide review of learning disability nursing took place in 2011 and 2012. The report of the review, entitled "*Strengthening the Commitment: The Report of the UK Modernising Learning Disabilities Nursing Review*" ("Strengthening the Commitment") is provided behind Tab 2 of the exhibit bundle. In broad terms, "Strengthening the Commitment" aimed to "*set the direction of travel*" for learning disability nursing, to ensure that current and future demand could be met. The recommendations offered within "Strengthening the Commitment" are summarised on internal pages 55 – 57. The recommendations were underlined by four principles for reform: strengthening capacity, strengthening capability, strengthening quality and strengthening the profession. Recommendation 2 relates directly to workforce planning:

> "*Systems to collect workforce data are required in each country, with links across the UK, for workforce planning for future provision of learning disability nursing. These should be able to capture information on service provision, educational and research requirements and should cover the independent/voluntary sector*".

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49. In 2014 the DHSSPS published an action plan in response of the recommendations set out within "Strengthening the Commitment". It was entitled *"Modernising Learning Disabilities Nursing Review Strengthening the Commitment: Northern Ireland Action Plan March 2014"* ("the STC Action Plan"). A copy of the STC Action Plan is provided behind Tab 2 of the bundle. The STC Action Plan was developed by the Northern Ireland Practice and Education Council ("NIPEC"), on behalf of and in partnership with the DHSSPS. The action plan took into account the strategic direction set out within TYC and Quality 2020 and also the following policy documents (some of which can be found behind Tab 2 in the exhibit bundle):

- 2005 Department for Health, Social Services & Public Safety *"Equal Lives Review of Policy and Services for People with a Learning Disability in Northern Ireland"*

- 2012 Department for Health, Social Services & Public Safety *"The Learning Disability Framework"*

- 2012 Department for Health, Social Services & Public Safety *"Fit and Well: Changing Lives: A Public Health Strategy for N. Ireland Consultation document"*

- 2013 Department for Health, Social Services & Public Safety *"The Bamford Action Plan 2012 – 2015"*

- 2020 Guidelines & Audit Implementation Network *"Guidelines on Caring for People with a Learning Disability in General Hospital Settings"*

50. The Northern Ireland Regional Collaborative was established to support delivery of the actions set out in the STC Action Plan. The Regional Collaborative is chaired by Professor Owen Barr, Head of the School of Nursing

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in the Ulster University. The Belfast Trust was represented at Regional Collaborative by staff including Ms Patricia McKinney, Ms Karen Scott and Ms Frances Maguire.

51. The Belfast Trust was represented at the STC Implementation Group by Ms Anne Campbell and Mr Barry Mills.

2012 Delivering Care

52. "Delivering Care" is a policy framework, commissioned by the Chief Nursing Officer in and around 2012. The aim of "Delivering Care" is to support the provision of high quality, safe and effective care in hospital and community settings, through the development of a series of phases to determine staff ranges for the nursing and midwifery workforce in a range of specialties. "Delivering Care" was developed to support the strategic vision identified in "A Partnership for Care". The Regional Retention Plan will address the more immediate workforce issues impacting on the level of turnover in nurses and midwives and will inform and feed into the future Retention Strategy work stream aligned with the NMTG recommendations.

53. Each phase of "Delivering Care" is commissioned by the Chief Nursing Officer. Implementation is overseen by a central steering group, supported by a working group and expert reference group for each phase, and is led by the Public Health Agency (PHA).

54. Each phase follows an agreed methodology and best evidence, building on the methodology and learning of previous phases. In broad terms, the methodology has "*Quadruple Aim*", which focuses on population health and wellbeing, safety, quality and experience, and cost and value. Further, the framework recognises that effective workforce planning processes triangulate findings from recognised workforce planning tools alongside Key Performance

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Indicators (KPIs). It also includes extensive consultation with a range of stakeholders including commissioners and service providers, nurse managers, front-line staff and personal and public involvement, professional and staff side organisations. On completion of planning, each phase requires approval and sign-off from the CNO. Funding is then required to implement the agreed staffing models of each phase and to begin recruitment of the additional nurses. Year 3 of the BHSCT Nursing Workforce Strategy (referred to below) will focus on Staff Retention. This work will form part of the Belfast Trust Nursing and Midwifery Workforce Planning for 2023-24.

55. Phase 1 of Delivering care focused on Acute Medical and Surgical Units. In 2014, the Department of Health published *Delivering Care: Nurse Staffing in Northern Ireland. Section 1: Strategic Direction and Rationale for general and specialist medical and surgical adult in- hospital case settings* ("Section 1"), a copy of which is to be found behind Tab 2 of the exhibit bundle. Section 1 sets out strategic direction and rationale for the development of a framework to support nurse workforce planning in Northern Ireland, beginning with general and specialist acute adult hospital medical and surgical care settings.

56. Section 2 ("*Delivering Care: Nurse Staffing in Northern Ireland. Section 2: Using the Framework for general and specialist medical and surgical adult in-hospital care settings*"), a copy of which is provided behind Tab 2 of the exhibit bundle, provides a practical overview of how the framework may be used by Ward Sisters, Charge Nurses, general managers and professional managers. It includes the nurse staffing ranges for general and specialist medical and surgical adult care hospital settings, the factors which influence the point within a staffing range which is appropriate for an individual service or care setting, and "How to Use" guidance.

57. Phase 9 of "Delivering Care" relates to learning disability nursing and inpatient and community settings. Phase 9 is underway, but not yet complete. The

indicative investment provided to the Belfast Trust in respect of Phase 9 is addressed further below.

58. The following documents relevant to the "Delivering Care" project may be of interest to the MAH Inquiry (they are found behind Tab 2 in the exhibit bundle):

   a. 2017 Department of Health *"Delivering Care Phase 2 Emergency Departments Staffing Model, A Policy Framework for Nursing and Midwifery Workforce Planning in Northern Ireland."*

   b. 2017 Department of Health *"Delivering Care Phase 3 District Nursing, A Policy Framework for Nursing and Midwifery Workforce Planning in Northern Ireland."*

   c. 2017 Department of Health *"Delivering Care Phase 4 Health Visiting, A Policy Framework for Nursing and Midwifery Workforce Planning in Northern Ireland."*

   d. 2017 Department of Health *"Delivering Care Phase 5A (Inpatients) Mental Health, As part of the Policy Framework for Nursing and Midwifery Workforce Planning in Northern Ireland."*

2016 Evolving and Transforming to Deliver Excellence in Care – A Workforce Plan for Nursing and Midwifery in Northern Ireland 2015 – 2025

59. In 2016 the Department of Health published *"Evolving and Transforming to Deliver Excellence in Care – A Workforce Plan for Nursing and Midwifery in Northern Ireland 2015 – 2025"* ("the 2015 – 2025 Workforce Plan") a copy of which is to be found behind Tab 2 of the exhibit bundle.

60. In broad terms, the 2015 – 2025 Workforce Plan sets out the proposed education and training commissions for 2015 to 2025, the context for the commissioning decisions, and the emerging themes from the wider HSC system, and the challenges to be addressed to improve the workforce planning processes. The "2015 – 2025 Workforce plan" was described (on internal 12) as the "umbrella document" in respect of various work streams, including Delivering Care.

2017 The Nursing and Midwifery Task Group

61. In 2017 the Minister for Health established a Nursing and Midwifery Task Group ("NMTG"), chaired by Sir Richard Barnett. The aim of the NMTG was to develop a roadmap that would provide direction in achieving world class nursing and midwifery services over the next 10 – 15 year period. In broad terms, the workstreams of the NMTG related to the nursing and midwifery workforce, long term conditions, and population health. The nursing and midwifery workforce workstream focused on four core areas: the numbers of pre and post registration nurses and midwives; exploration of evidence-based options for the further development and/or introduction of new nursing and midwifery roles in order to improve outcomes, and the nursing and midwifery leadership.

62. The findings of the NMTG are set out in the document entitled "Nursing and Midwifery Task Group (NMTG) Report and Recommendations March 2020" ("NMTG Report"), a copy of which is provided behind Tab 2 of the exhibit bundle. The key findings of the NMTG are set out on internal pages 8 – 10. The key finding in respect of workforce planning is stated in the following terms:

> *"Workforce Planning*
>
> *Unsurprisingly the issues surrounding workforce predominated discussions. The report emphasises that nursing and midwifery as the single largest group*

(representing 34% of the health care workforce) is fundamental to the delivery of a sustainable health and social care system. Therefore investment in nursing and midwifery needs to be commensurate with its role in providing care across the lifespan. Workforce data indicates that 94% of the workforce are female and 6% male, and almost 60% of the nursing workforce hold posts at Band 5 and midwives mainly at Band 6. This is over double the amount, when compared with other professions categorised as Band 5. Indeed with the exception of Band 6, when compared with other professions at Band 7 and above, nursing and midwifery has a significantly lower number of clinicians at senior grade. Alongside workforce shortages the report identifies the lack of specialist and advanced clinical posts as a major concern, particularly the impact on delivering the ambition outlined in Deliver Together (2026). The report also highlights the increasing number of nurse and midwife vacancies, which have grown to an average of 12% (2,500 posts).

In addition, agency spend has risen from £9,852,129 in 2010/2011 to £51M in 2018/2019. Bank costs have also doubled from £30M in 2010/11 to £61M 2018/19. Clearly this is very concerning, not only in cost terms, but also its impact on the stability of the workforce. Therefore the report recommends the need for a five – ten year sustainable plan to increase the number of undergraduate places. It should be noted that the increase in the number of undergraduate places made possible by transformation funding provides a foundation for growth. This however needs to be sustained in order to keep pace with both population and workforce demographics. There was also a significant call for the introduction of legislation for safe staffing in order to safeguard patient care."

63. The recommendations of the NMTG regarding the nursing and midwifery workforce included (internal pages 13 and 84) sustaining a minimum of 1000 undergraduate placements per year for at least five years until a position of oversupply is reached, the establishment a "ring fenced post education budget", building a new career framework for nurses and midwives and

putting Delivering Care on a statutory footing. The full list of recommendations are to be found on internal pages 83- 84 of the NMTG report.

64. A copy of the NMTG Implementation Plan (*"Nursing and Midwifery Task Group Next Steps Framework – A Three Phased Approach 2020 – 2026")* is provided behind Tab 2 of the exhibit bundle. The NMTG Implementation Plan set out the key actions required to deliver the recommendations set out within the NMTG report.

2022 Nursing and Midwifery Retention Report

65. In 2021, and in response to recommendations within the NMGT Report, the Chief Nursing Officer established the Strategic Retention Plan Steering Group ("the Retention Plan Steering Group") to develop a plan to address the more immediate workforce issues impacting on the level of turnover in nurses and midwives and will inform and feed into the future Retention Strategy work stream aligned with the NMTG recommendations. The Belfast Trust was represented at the Retention Plan Steering Group by Ms Paula Forrest, Deputy Director Nursing Workforce and Education and Ms Catherine Shannon, former Co-Director of Human Resources.

66. The regional retention plan was published in March 2022, within the document entitled *"Nursing and Midwifery Retention Report"* (the "Retention Report"). The Retention Report outlined various recommendations to address the issues faced by the nursing and midwifery workforce. The recommendations were grouped together under four key themes of concern identified through the Regional Survey completed by the nursing and midwifery workforce in December 2021 and January 2022. The key themes broadly related to the issues of safe staffing, valuing staff, leadership and good working conditions.

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67. The *"Nursing and Midwifery Retention Initiative Implementation Framework"*, also published in March 2022, identified the range of actions required to give effect to the recommendations within the Retention Plan. The Chief Nursing Officer wrote to the HSC Trusts and the PHA on 21 April 2022 to request assistance and support in implementing the recommendations at a local level. A copy of this letter is provided behind Tab 2 of the exhibit bundle. Plans to address recommendations within Nursing were shared with the Executive Director of Nursing and the Director of Human Resources and Organisational Development in September 2022. Year 3 of the Belfast Trust Nursing Workforce Strategy (referred to below) will focus on staff retention, this work will form part of workforce planning for 2023/24.

2020 Northern Ireland Audit Office: Workforce planning for nurses and midwives

68. On 31 July 2020 the Northern Ireland Audit Office published a report entitled *"Workforce planning for nurses and midwives"* ("the 2020 NIAO Report"), a copy of which is to be found behind Tab 2 of the exhibit bundle. The report examined the nursing and midwifery workforce within the HSC sector and the independent sector and considered whether the workforce is capable of dealing with future challenges and increased demand on services.

69. The 2020 NIAO Report also set out the stark position in respect of nursing vacancies and nursing shortages. I will address the findings set out within the 2020 NIAO Report in respect of nurse vacancies in further detail in Topic 10. In summary, vacancies had risen from 770 in 2013 to over 2,700 in 2019 and included 2,100 unfilled registered nursing posts. As regards nursing shortages, the 2020 NIAO Report found that whilst the nursing workforce increased by 8.8% between 2012 – 2019, an increase of 23% would have been required to meet the rising demand. The decision of the Department of Health to reduce the training budget for pre-registration was noted to have contributed to workforce shortages, with 732 fewer training places created between 2011/12 – 2016/17

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compared with 2009/10. The report also noted the subsequent action taken by the Department of Health to address staffing gaps, to include an increase in the number of pre-registration training places.

Workforce planning within the Belfast Trust

70. Before addressing workforce planning in respect of learning disability it may be of assistance to the MAH Inquiry if I explain in broad terms the general process for workforce planning within the Belfast Trust.

71. There are currently 14 operational directorates within the Belfast Trust. The overall responsibility for workforce planning in respect of a directorate lies with the Director of the directorate. Within each directorate there are staff members with responsibility for oversight of workforce issues which may include workforce planning where appropriate.

72. From 2007 to September 2009, Learning Disability Services fell within the remit of the Mental Health and Learning Disability Directorate. From September 2009 to August 2012 Learning Disability Services fell within the remit of the Social Services and Primary Care Directorate. From August 2012 until August 2021, the Learning Disability Services was part of the Adult, Social & Primary Care ("ASPC") Directorate. In 2021 Learning Disability Services became part of the Mental Health, Intellectual Disability and Psychological Services ("MHIDPS") Directorate.

73. It is important to acknowledge that workforce planning for a directorate must be carried out within the broader strategic framework within which Directors are required to operate. The Belfast Trust developed and implemented a Strategic Reform and Modernisation Programme entitled "Maximising Outcomes Resources and Efficiencies" ("MORE"), chaired by the Chief Executive. Under the MORE Programme, each directorate is allocated various

efficiency targets, including workforce efficiency targets. The efficiency targets are designed to ensure that the Belfast Trust is able to meet the savings targets it is set by the Department of Health.

74. From 2015 – 2019, and as part of the MORE Programme, the Belfast Trust utilised the Public Sector Transformation Fund ("PSTF") as a mechanism for reducing staff costs. The PSTF was financed from borrowing under the Reinvestment and Reform Initiative and was designed to support voluntary exit schemes across the public sector.

75. The workforce of each operational directorate within the Belfast Trust will include staff members from various professional groupings of staff including, medical and dental staff, social care staff, nursing and midwifery staff and the group of staff collectively known as 'Allied Health Professionals' ("AHPs"). Responsibility for the oversight of workforce requirements in respect each of these professional groupings lies respectively with the Medical Director, the Executive Director of Social Work, and the Executive Director of Nursing and User Experience.

76. There are dedicated resources for workforce related matters, to include workforce planning, within the medical, social work, and nursing and user experience directorates. I address workforce planning for the nursing workforce below. Should the MAH Inquiry wish to be addressed on workforce planning in respect of any other professional grouping of staff, then I can take steps to obtain and provide that information to the MAH Inquiry.

Workforce planning: Human Resources and Organisational Development

77. There is a team within the Human Resources and Organisational Development Directorate dedicated to support workforce planning within the Belfast Trust. The Workforce and Planning Information team was established at the inception

of the Belfast Trust in 2007. The team was relatively small; it consisted of around 12 members of staff of various grades/bands and was managed by Ms Stephanie Read.

78. The Workforce Planning and Information team was responsible for the development of workforce planning initiatives to build the capacity and capability of workforce planning skills across the Belfast Trust. In addition, the team provided Workforce Information Reports to each service group within the Belfast Trust. The Workforce Information Reports included information relating to the number of staff within the directorate, staff turnover and leavers. Workforce Information Reports were initially provided annually, and then on a six monthly or quarterly period. A copy of the Workforce Information Report for the Mental Health and Learning Disability Service Group for the period 1 April 2008 to 31 March 2009 is provided behind Tab 2 of the exhibit bundle.

79. In 2007 the DHSSPS commissioned 20 places on a postgraduate training course in Strategic Workforce Planning. The course was delivered by Thames Valley University, in conjunction with Skills for Health. Four employees of the Belfast Trust, including Ms Read, Ms Nicki Patterson and Mrs Pelan, undertook the training course since 2009. The six-step methodology for workforce planning, later set out in the 2015 Framework referred to above, formed a core part of the training course. Accordingly, the six-step methodology was utilised for workforce planning within the Belfast Trust from 2009.

80. In 2009 the Workforce Planning and Information team commenced the development of a programme of learning and development to strengthen the capacity and capability for workforce planning throughout the Belfast Trust. The paper entitled "Programme to Increase Workforce Planning Capacity and Capability for Service Managers", provided behind Tab 2 of the exhibit bundle, sets out the proposals and recommendations in respect of the programme.

81. A series of Practical Workforce Planning workshops were held by the Workforce and Information team as part of the programme. A copy timetable for the Nursing Practical Workforce Planning Workshop is provided behind Tab 2 of the exhibit bundle.

82. The Workforce Planning and Information team worked with various directorates, to include ASPC, Laboratory Services and Estates and Children Community Services as part of the programme of learning and development.

83. In November 2013 the Belfast Trust implemented the Human Resource, Payroll and Travel System ("HRPTS"). HRPTS is a regional database that is used throughout the Health and Social Care system in Northern Ireland. It is an online staff information system for staff and management. The introduction of the HRPTS system resulted in the restructuring of the Workforce Planning and Information team. As HRPTS would be the central information database within the Belfast Trust, an Organisational Management team was created to support business readiness for the HRPTS system and to maintain the system on an ongoing basis. The workforce information function of the Workforce Planning and Information team therefore moved to the Organisational Management team. The workforce planning function of the team was moved to the pre-existing modernisation team, thereby creating the Modernisation and Workforce Planning Team.

84. In general terms, the Modernisation and Workforce Planning ("MWP") team is responsible for supporting workforce modernisation and planning within the Belfast Trust. The MWP team provides both consultancy and specialist advice and support to senior management within the Belfast Trust in relation to workforce modernisation, change management and development of workforce plans. The MWP team is comprised of 2 Band 7 Human Resource Managers, and 1 Band 8A Assistant Service Manager, who also holds responsibility for

attendance management. The MWP team reports to Ms Read. The MWP team is further addressed in Topic 11.

Nursing workforce planning

85. The Executive Director of Nursing and User Experience is responsible for the oversight of the workforce requirements in respect of nursing staff, and the group of staff collectively known as 'Allied Health Professionals' (AHPs). AHPs include physiotherapists, occupational therapists, , speech and language therapists and nutritional therapists.

86. The Deputy Director for Workforce, Education, Regulation and Informatics, Ms Paula Forrest, is responsible for and accountable to the Executive Director of Nursing and User Experience for the development of the nursing and midwifery workforce and to ensure effective plans are in place to maintain this workforce, underpinned by effective consultation and partnership arrangements. Ms Forrest leads the development and implementation of policies and procedures in respect of nursing workforce education and regulation and provides leadership and specialist advice in relation to nursing and midwifery workforce modernisation, planning and development to achieve the organisational strategic priorities. Ms Forrest is responsible for delivering a range of workforce modernisation initiatives across the Belfast Trust that secure a relevant, flexible and resilient nursing and midwifery workforce, realising the outcome benefits of strategic reform through a modern and responsive workforce. Ms Forrest represents the Belfast Trust as a member of the Department of Health (DoH) Workforce and Education Strategy and Education Commissioning Groups, which advises the Directors of Nursing and the Chief Nursing Officer, as members of CNMAC, of contemporary learning and workforce development requirements to progress the profession in Northern Ireland.

87. The Nursing Workforce and Education Senior team is comprised of 2 Senior Managers, 6 Lead Nurses and 1 Service Improvement Lead.

88. The Nursing and Midwifery Workforce Steering Group was established in 2010 /2011. This group is chaired by the Executive Director of Nursing and User Experience, and includes Divisional Nurses, and trade union representatives. Colleagues from the MWP team attend as required. In broad terms, the purpose of the Nursing and Midwifery Steering Group is to provide assurance to the Executive Director of Nursing on staffing and governance issues relating to the nursing and midwifery workforce, and the impact of those issues on patient and client care. The group meets on a bi-monthly basis. The material relating to this group will be disclosed to the MAH Inquiry as part of the ongoing disclosure exercise.

89. Workforce matters are reported on by Divisional Nurses at the monthly Senior Nursing and Midwifery Team Meeting ("SNMT"). The SNMT is chaired by the Executive Director of Nursing and User Experience and is attended by senior nursing staff from Central Nursing and Divisional Nurses.

90. In 2018 the Nursing Workforce Team developed Nursing and Midwifery Workforce Update and Action Plans ("Action Plans") for each nursing division within the Belfast Trust. The Action Plans set out the nursing vacancy rate for the nursing division and the actions required to improve recruitment and retention within the division. The responsibility for the implementation of the Action Plan for a nursing division lies with the Divisional Nurse based in the relevant division. Action Plans are updated on a monthly basis and monitored by the Nursing Workforce Team.

91. In 2020 each Divisional Nurse updated their workforce plans for their respective division which fed into the Central Nursing Workforce Plan. The

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Action Plans are regularly discussed during both the Nursing and Midwifery Workforce Steering Group and the SNMT.

92. In 2021, a Delivering Care Oversight Board was established to manage the implementation of the funding from "Delivering Care" framework. The Oversight Group was chaired by the Director of Nursing for PHA and involves; the DoH Chief Nursing Officer, the PHA Assistant Director of Nursing, Trust Directors of Nursing, HSCB Finance, Human Resources representative, Staff Side representative, HSCB Commissioning, HEI representative, NIPEC representative and University representatives. In 2021, the Belfast Trust received confirmation that the Nursing and Midwifery Task Group funding (stage 1) had been confirmed by the CNO.

93. The Belfast Trust established a Delivering Care Implementation Group, chaired by the Executive Director of Nursing, to oversee this time-limited project to ensure the Delivering Care funding was allocated, and that all posts were advertised, interviewed and appointed by year-end. Assurance and evidence was sought from operational areas that there were appropriate mechanisms and systems in place for monitoring processes in the recruitment of the additional posts. The funding allocation was for 2021-2022. The indicative investment within the Belfast Trust for learning disability nursing and inpatient and community settings was for one Band 8B Consultant Nurse, one Band 8A Advanced Nurse Practitioner and two Band 7 Nurses. The Band 8B Consultant Nurse Post and Band 7 Nursing posts have been appointed. The Band 8A post presently remains vacant; however, interviews for the post are due to take place in April 2023.

94. In June 2021 the Belfast Trust implemented the *"Nursing Workforce Strategy 2021/22 to 2025/26"* ("the Nursing Workforce Strategy"), copy of which is to be found behind Tab 2 of the exhibit bundle. The Nursing Workforce Strategy was developed to address the unsustainable nursing vacancy rate within the

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Belfast Trust, and outlined proposals aimed at reducing the nursing vacancy rate and stabilising the nursing workforce, in order to ensure the safe and effective delivery of patient and client care. The implementation of the Belfast Trust Nursing Workforce Strategy (2021) and associated 5 year plan, has resulted in the Belfast Trust gross nursing vacancy for band 5/6 nurses, being reduced from 17% to 5% within 2 years. The key strands of the Trust's workforce strategy and plan were to increase the number of international nurses alongside improvements in recruitment and retention, management of staff absence and enhanced use of other roles to support registered nurses.

95. It is important to acknowledge that the issues facing the nursing workforce at a regional level have inevitably impacted the Belfast Trust. The Belfast Trust employs approximately 32% of the entire nursing workforce across the entirety of the Health and Social Care system in Northern Ireland. Regional nursing shortages, combined with the increased demand for nursing care consequent to the shift from hospital care to community care, are examples of the challenges faced by the Belfast Trust in workforce planning. Furthermore, the implementation of "Delivering Care" has highlighted a significant disparity between actual staffing levels across care settings, and those which been identified for the optimum delivery of safe and effective care.

96. The Nursing Workforce Strategy is an example of the action taken by the Belfast Trust to proactively address the issues facing its nursing workforce.

Workforce planning: Learning Disability

97. As explained above, from August 2012 to August 2021, Learning Disability Services fell within the ASPC Directorate. The ASPC Directorate had one of the largest workforces within the Belfast Trust, with approximately 3,250 staff members. It provided services in over 50 locations. In 2021 Learning Disability

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Services became part of the Mental Health, Intellectual Disability and Psychological Services Directorate.

98. Unfortunately, there is no one person who can speak to the workforce planning within the ASPC directorate. Furthermore, many of the staff members who could have spoken to this issue are no longer employed by the Belfast Trust. Accordingly, the information provided regarding this issue should not be considered as comprehensive. Rather, the information simply reflects that which it was possible to obtain within the permitted timeframe. Should the Belfast Trust be able to identify further sources of information regarding workforce planning in respect of the ASPC directorate, steps will be taken to obtain that information and provide it to the MAH Inquiry.

99. In 2013, Catherine McNicholl, then Director of Adult, Social and Primary Care, established the "ASPC Modernisation Board (Continuous Improvement) Board" ("the Modernisation Board"). The purpose of the "Modernisation Board" was to provide a strategic overview of the reform and modernisation projects within the ASPC directorate, to include workforce development. The "Modernisation Board" was chaired by Ms McNicholl and involved senior staff from the ASPC directorate, staff from the Modernisation and Workforce Team (to include Ms Peden), and trade union representatives.

100. In June 2013 Ms Peden developed a "Workforce Development and Equality Plan" for the ASPC directorate, for consideration by the Modernisation Board. The "Workforce Development and Equality Plan" included a proposal for the development of an Integrated Workforce Development Plan for the ASPC directorate. A copy of the "Workforce Development and Equality Plan" is to be found behind Tab 2 of the bundle.

101. In May 2014 Ms McNicholl commissioned the Modernisation and Workforce Team to develop the workforce plan (the "ASPC Workforce Plan")

proposed within the "Workforce Development and Equality Plan". The "Adult Social and Primary Care Directorate Steering Group on the Development of an Integrated Workforce Plan" ("the Workforce Plan Steering Group") was established to oversee the development of the "ASPC Workforce Plan". The Workforce Plan Steering Group was chaired by Ms Peden and involved other members of the Modernisation and Workforce Team, various senior staff from the ASPC directorate and trade union representatives. A copy of the Terms of Reference for the Workforce Plan Steering Group are provided behind Tab 2 of the exhibit bundle.

102.   Development of the ASPC Workforce Plan commenced in May 2014 and was completed in February 2016. The ASPC Workforce Plan was developed in accordance with the six-step methodology set out within the 2015 Regional Framework (referred to above). The time taken to complete the ASPC Workforce Plan was reflective of the scale, size and complexity of the project; the ASPC directorate had the second largest workforce within the Belfast Trust, and the regional shift in focus from hospital care to community care resulted in a significant shift in the workforce requirements for the ASPC directorate.

103.   The completed ASPC Workforce Plan was presented to the Modernisation Board on 23 February 2016. A copy of the PowerPoint presentation delivered to the Modernisation Board is provided behind Tab 2 of the exhibit bundle. Following the presentation various modifications were made to the ASPC Workforce Plan, mainly related to the workforce projections outlined therein. A copy of the final approved ASPC Plan, entitled "Adult Social & Primary Care Directorate Integrated Workforce Plan April 2015 – March 2020" is provided behind Tab 2 of the exhibit bundle. Section 2.2 of the ASPC Plan (internal pages 74 – 85) addressed the various workforce issues associated with the provision of Learning Disability services. The resettlement of patients in MAH was one of the reforms of the Learning Disability Service

area that had a significant impact on the workforce requirements for the service area.

104.   The ASPC Workforce Plan contained an Action Plan (internal pages 13 – 15) intended to lay the foundation for further development of the ASPC directorate. In broad terms, the Action Plan identified 13 key areas for action. The key areas included succession planning, workforce reviews, skill mix, and local induction. The progress made in respect of the Action Plan was monitored by the Modernisation and Workforce Planning Team. Annual reports, entitled *"Monitoring Report on the Integrated Workforce Plan April 2015 – March 2020"* were completed and provided to senior management within the ASPC directorate. Copies of the Monitoring Reports on the Integrated Workforce Plan April 2015 – March 2020 dated 31 March 2017, 31 March 2018 and 31 March 2019 are provided behind Tab 2 of the exhibit bundle.

MAH workforce planning

105.   As is the position with workforce planning in respect of the ASPC directorate, there is no one person within the Belfast Trust who can speak to the issue of workforce planning at MAH from 2007 to present. The workforce planning requirements in respect of MAH were overseen by senior staff members who are no longer employed by the Belfast Trust. Accordingly, the information relating to this issue is limited to that which it was possible to obtain and address within the permitted timeframe.

106.   In approximately 2012 Mr John Veitch, then Co-Director for Learning Disability Services, established the "MAH Workforce Strategy Steering Group". The group was chaired by Mr Veitch and involved senior staff at MAH, staff from the Modernisation and Workforce Planning Team, and representatives from unions and other Trusts. The group met several times.

107.   The MAH Workforce Strategy Steering Group was established to manage the employed issues related to the MAH Resettlement Project. The MAH Resettlement project was part of the regional Community Integration Programme, established to improve the lives of those with learning disabilities, by providing a range of services that support personal choice. The MAH Resettlement Project was focused on the resettlement of the then 182 MAH patients prior to 31 March 2015.

108.   The MAH Resettlement Project affected all staff groupings at MAH. A workforce planning sub-group of the MAH Workforce Strategy Steering Group was established to identify the workforce resources required to provide services to the hospital after completion of the MAH Resettlement Project by March 2015. The workforce planning sub-group involved representatives from the various staff groups and trade unions affected by the MAH Resettlement Project.

109.   A copy of an Update Report in respect of the MAH Resettlement Programme, dated January 2014, is provided behind Tab 2 of the bundle. The Update Report addressed the measures taken in respect of staff affected by the MAH Resettlement Project on internal pages 3 and 4.

110.   The workforce at MAH was significantly impacted following the emergence of the allegations of abuse of patients at MAH in 2017, and the subsequent PSNI investigation in respect of same. From 2017 to date, various staff members have been placed on Interim Protections Plans or Precautionary Suspension. Several staff members have been dismissed. Disciplinary proceedings in respect of other staff members are either in process or have not commenced due to the ongoing PSNI investigation. In addition, there was a high attrition rate at MAH from 2017; staff morale was significantly impacted by various issues, including the public perception of MAH and uncertainty

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about the future. Further information on this issue is provided in Topic 11, where I address the exit interviews carried out with staff who left MAH in 2017, 2018 and 2019.

111.   In Topic 12, I address, in broad overview form for the present, the impact of, and response to, suspensions, and the increased use of agency staff at MAH. I do not propose to repeat that information here, save to acknowledge that workforce planning was a core feature of the response to increased suspension and increased use of agency staff, as the stabilisation of the MAH workforce was a key priority in ensuring patient safety. Accordingly, there is by necessity an overlap between with this topic and Topic 12.

Topic 2 – Training and recruitment of learning disability nurses

112.   The topic of the training and recruitment of learning disability nurses is broad in nature. It conceivably incorporates undergraduate training and post-graduate training, together with the processes of preceptorship, revalidation and supervision. I have attempted to address each of these matters, insofar as I am able, in the subheadings set out below. In doing so, I have drawn on the assistance on the following individuals:

a.   Ms Carol Chambers, Lead Nurse Practice Education Co-Ordinator;

b.   Ms Ann Marie Ward, Lead Nurse Regulation Learning & Informatics;

c.   Ms Patricia McKinney, Interim Co-Director for Child Health and NISTAR;

d.   Ms Aisling Pelan, Senior Manager Nursing Workforce, Modernisation; and Development

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e. Mr Sam Warren, Trust Advisor Trainer Safety Intervention, Interim Senior Nurse Manager MAH

f. Ms Jennie Taggart, Service Manager / Business Partner;

g. Mr Stephen Brady, interim Assistant Service Manager, Resourcing.

National and regional Documents relevant to the training and recruitment of learning disability nurses

113.   The MAH Inquiry may wish to consider the following national and regional documents, each of which may be said to bear on the issue of the training and recruitment of learning disability nurses (which can be found behind Tab 3 in the exhibit bundle):

- 2006 DHSSPS Quality Standards for Health and Social Care.

- October 2006 The Bamford Review of Mental Health and Learning Disability (Northern Ireland) "*Forensic Services*"

- November 2008 Emerson & Hatton, Centre for Disability Research "*Estimating Future Need for Adult Social Care Services for People with Learning Disabilities in England*"

- October 2009 DHSSPS "*Delivering the Bamford Vision. The Response of Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability Action Plan 2009-2011*".

- September 2012 DHSSPS "*Service Framework for Learning Disability*"

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- 2012 *"Strengthening The Commitment: The Report of the UK Modernising Learning Disabilities Nursing Review"*

- March 2014 DHSSPS *"Modernising Learning Disabilities Nursing Review, Strengthening the Commitment, Northern Ireland Action Plan"*

<u>Training for learning disability nurses: undergraduate programmes</u>

114.   Learning disability nurses provide specialist healthcare and support to people with learning disabilities. In Northern Ireland, training to become a registered learning disability nurse ("RNLD") takes place at an undergraduate level. In Northern Ireland, Queen's University Belfast and the Open University offer undergraduate programmes for RNLDs. These programmes are delivered in partnership with the 5 Health and Social Care (HSC) Trusts in Northern Ireland.

115.   The RNLD programme offered by the Open University commenced in 2020 and takes place on a part time basis over a 4-year period. The programme was established to address the shortage of specialist nurses and consequent difficulty with recruitment. The Belfast Trust Central Nursing team were involved in the development of this programme at the request of Ms Creaney, the Executive Director of Nursing and User Experience. Ms Creaney proposed increased commissioned places to address the need to recruit nurses in various areas to include learning disability, mental health and children's nursing.

116.   The RNLD programme operates in the same way as other Open University Bachelor of Nursing Science Degree programmes (such as the programmes for Adult Nursing and Mental Health nursing) in that it allows the student to complete their training whilst continuing with their employment. In addition, under the "Learn while you earn" scheme the

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employer will pay for the university fees of the student nurses. The Belfast Trust supports several nursing assistant employees to undertake the nursing programmes at the Open University. To date, approximately 10 MAH nursing assistants are in the process of, or have completed, the Open University RNLD programme. I have provided two leaflets regarding this course at Tab 3 of the exhibit bundle.

117.   The number of undergraduate nursing places available in Northern Ireland is determined by the Department of Health, via the Education Commissioning Group ("ECG"). The ECG is chaired by the Director of Nursing and Allied Health Professionals for the Public Health Agency (the PHA). The ECG includes representatives from the five HSC Trusts, and the Department of Health (DoH). The ECG is also responsible for the management of commissioning arrangements for post-registration education. The Belfast Trust is presently represented at the ECG by Ms Chambers and Ms Sheelagh O'Connor, Senior Manager Nursing Education, Regulation and Informatics.

118.   Of the total number of undergraduate nursing places commissioned annually, a set number of places are available for the RNLD programme. In 2019 the number of undergraduate places for RNLDs available in Queen's University Belfast increased from approximately 30 places to 50 places. The increase in places on the RNLD programme was part of the increase in all commissioned nurse training places at that time.

119.   The curricula for undergraduate nursing programmes must comply with the standards of education set by the Nursing and Midwifery Council ("NMC"). The NMC is the regulatory body for nurses, midwives and health visitors. It was established under the Nursing and Midwifery Order 2001 and replaced the United Kingdom Central Council for Nursing, Midwifery and Health Visiting. The primary purpose of the NMC is to safeguard the health and well-being of the general public. As well as setting the standards for

nursing education, the NMC maintains the register of professionals eligible to practice in the United Kingdom and handles complaints about misconduct and unfitness to practice.

120.   The NMC published a code of professional conduct in April 2002, entitled *'The NMC code of professional conduct: standards for conduct, performance and ethics'* ("the NMC Code"). The NMC Code sets the standards of professional conduct required of nurses, midwives and health visitors/specialist community public health nurses in the exercise of their professional accountability and practice. It also informs the public of the standards that they can expect from a registered nurse practitioner. A copy of the 2002 version of the Code can be found behind Tab 3 in the exhibit bundle.

121.   In January 2015 the NMC published a new version of the NMC Code: *'The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates'*. The NMC Code was also updated in 2018 to reflect the regulation of "nursing associates" in England and Wales. Currently we do not have the nursing associate role in Northern Ireland.

122.   In broad terms, the NMC Code is centred around four themes:

   a. Prioritise people

   b. Practice effectively

   c. Preserve safety

   d. Promote professionalism and trust.

123.   In 2018 the NMC published a range of standards for education and training and standards of proficiency for the nursing and midwifery

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professions. These new standards and proficiencies were said to "raise the ambition in terms of what's expected of a nurse and midwife at the point of registration and will give nurses and midwives the knowledge and skills they need to deliver excellent care across a range of settings now and in the future".

124.   The following NMC documents are relevant to the required standards of education for nurses, including RNLDs (to be found behind Tab 3 in the exhibit bundle):

- 2008 Standards to support learning and assessment in practice

- 2018 Future nurse: Standards of proficiency for registered nurses

- 2018 Realising professionalism: Standards for education and training. Part 1: Standards framework for nursing and midwifery education (updated in January 2023)

- 2018 Realising professionalism: Standards for education and training. Part 2: Standards for supervision and assessment

- 2018 Realising professionalism: Standards for education and training. Part 3: Standards for pre-registration nursing programmes (updated in January 2023)

125.   Undergraduate nursing programmes, including the programme for RNLDs, integrate theory and practice. The practice aspect of the programme is facilitated through work placement in the 5 HSC Trusts. A student learning disability nurse will generally complete 9 placements in a variety of acute and community settings. There are 14 specific learning disability practice learning areas for RNLDs within the Belfast Trust. There were 10 practice learning areas

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within MAH. Of the 10 practice learning areas at MAH, 9 were specific to RNLD students.

126.   The practice element of training involves a process of supervision and assessment, aimed to ensure safe and effective student learning and enhanced professional and personal development.

127.   The Nursing and Midwifery Council (NMC) was established in 2002, replacing the United Kingdom Council for Nursing, Midwifery and Health Visiting. The NMC published revised standards for education and training in 2018. These new standards and the standards of proficiency raise the ambition in terms of what's expected of a nurse and midwife at the point of registration and will give nurses and midwives the knowledge and skills they need to deliver excellent care across a range of settings now and in the future. The Belfast Trust adopts the "Future Nurse Future Midwife Standards for Supervision and Assessment of Nurses and Midwives" ("FNFM standards"). The FNFM standards were developed by the Northern Ireland Practice Education Council ("NIPEC") and are designed to implement and deliver the NMC education standards.

128.   NIPEC was established in 2002 as a Non-Departmental Public Body to support the development of nurses and midwives by promoting high standards of practice, education and professional development. It is accountable to the Minister for Health via the DoH. The following documents are relevant to the FNFM standards (to be found behind Tab 3 of the exhibit bundle):

- Future Nurse Future Midwife Northern Ireland Standards for Student Supervision and Assessment, A Guide for those Responsible for Student Supervision and Assessment in Practice. (NIPEC, 2021)

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- Northern Ireland Future Nurse Future Midwife - Key Facts (NIPEC, December 2020)

- Future Nurse Future Midwife Key Information for Registered Health and Social Care Professionals Supporting Nursing and Midwifery Students in Practice (NIPEC, undated)

129. Student nurses are required to evidence how they meet the proficiencies of the programme they are studying. Both pre and post registration student nurses record evidence of practice learning in a document known as the "Northern Ireland Practice Assessment Document" ('NIPAD"). NIPAD is an ongoing record of achievement, portfolio of evidence, and assessment document for the practice learning element of nursing programmes.

130. There is a specific Practice Assessment Document for Community Nursing Learning Disabilities/Learning Disabilities Nursing, entitled 'Practice Assessment Document BSC HONS/PGDIP Specialist Nursing Community Nursing Community Nursing Learning Disabilities/Learning Disabilities Nursing'. An example copy of this document is provide behind Tab 3 in the exhibit bundle.

131. Student nurses in Northern Ireland are also provided with a "Practice Learning Handbook". The purpose of the Practice Learning Handbook is to provide students, practice supervisors, practice assessors and link lecturers/practice tutors/ academic assessors with the core information around the practice learning component of pre-registration education. A copy of the Practice Learning Handbook is found behind Tab 3 in the exhibit bundle.

132. Both the NIPAD and Practice Learning Handbook are regionally agreed documents developed in collaboration by the following:

- Department of Health

- Northern Ireland Practice Education Council

- Queen's University Belfast

- Open University

- The University of Ulster

- Health and Social Care Trusts

- Representatives from the Independent and Voluntary Sector in Northern Ireland

- Service Users

- Registered healthcare professionals in practice; and

- The Patient Client Council

133. In 2009 the Belfast Trust developed and introduced a policy aimed at ensuring that it had systems and processes in place to meet the NMC regulatory requirements for the provision of student supervision and assessment in practice. The 2019 Belfast Trust policy, entitled 'Policy for the Management of the Nursing and Midwifery Council (NMC) Standards for Education and Training Parts 1, 2 and 3 and Standards of Proficiency for Registered Nurses (NMC 2018) and Midwives, 2019', is found behind Tab 3 in the exhibit

bundle. The 2019 policy applies to all nursing and midwifery students on NMC approved programmes within the Belfast Trust.

134.   All Belfast Trust policies are relevant to student nurses on placement in the Belfast Trust. These include the following listed policies (found behind Tab 3 in the exhibit bundle):

- 2015 Belfast Health and Social Care Trust Capability Procedure, 2015

- 2018 Employment of People with Disabilities – Framework

- 2018 Your Right to Raise a Concern (Whistleblowing) Policy

- 2019 Assistance to Study Policy

- 2020 Adverse Incident Reporting and Management Policy

- 2020 Policy and Procedure for the Management of Comments, Concerns, Complaints and Compliments

135.   The Practice Education team within the Nursing and User Experience Directorate is responsible for ensuring that the standards of education set by the NMC are upheld in respect of undergraduate training and other NMC approved training programmes conducted within the Belfast Trust, and for other education programmes such as those offered by the Royal College of Nursing. The Practice Education team is also responsible developing and sustaining a governance framework to provide assurance to the Executive Director of Nursing and User Experience that NMC standards are met through:

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- Delivery of preparation programmes for supervisors and assessors within nursing and midwifery, including quality assurance processes to meet NMC requirements;

- Development and management of the Trust Practice Assessor Register to ensure currency and accuracy for allocation of students;

- Provision of Continuing Professional Development activities to ensure supervisors/assessors maintain professional knowledge and skills to support students in practice;

- Facilitation and coordination of Education audits to ensure all students have a high-quality learning experience;

- Support for Practice Supervisors and Assessors with failing students including the developments of action plans.

- Work in partnership with others to contribute to systems that critically evaluate the effectiveness of learning and education activities within pre and specific post-registration programmes through:

- Management of student clinical Incidents, follow up of student concerns, follow up of student evaluations.

- Development of NMC programmes in collaboration with the AEI's for pre and post registration nursing and midwifery.

- Support for Directors of nursing, managers and senior managers to ensure NMC standards met.

- Plan and manage the allocation of students across the designated clinical areas, for student nurses/midwives at all stages of training.

- Maintain effective collaborative partnerships with education providers to support practice learning through attendance at external meetings with AEIs, commissioners and independent sector colleagues.

- Develop, implement and ensure adherence to policies, guidelines and strategies related to students on nursing/midwifery/specialist public health nursing programmes

- Actively contribute to Trust Professional Nursing Teams Strategy and business planning

- Attendance at Pre-Registration Curriculum and Revalidation Events

- Provide support for SpQ/SCPHN students and Practice Assessors

- Contribution to Post Registration Curriculum Planning and Revalidation Events.

- Attendance at Ulster University's Commissioning Managers Liaison Meetings

- Attendance at Ulster and QUB Post Registration Course Committees

136.   The Practice Education Team currently consists of 12 Practice Education Facilitators. A Practice Education Facilitator ("PEF") is a senior nurse or midwife with operational responsibility to support practice learning environments to adhere to the required NMC standards. The PEFs report to Ms Chambers, the Practice Education Coordinator.

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137.   There has been a dedicated PEF for Learning Disability Services since 2015. The role of PEF for MAH is has been carried out by Ms Helen Crawford since 2019. Between 2015 and 2019 the role was performed by Ms Donna Stinson. Ms Crawford visits the practice learning areas at MAH on a regular basis and liaises closely with the nursing staff in MAH in relation to student education. Ms Crawford, along with the Practice Education Team, facilitates the training for those involved in the education of student nurses (such as Practice Supervisors and Practice Assessors). The PEF also assists with the student nurse induction at MAH. I have provided the 2023 timetable for the OU student nurse induction to MAH behind Tab 3 of the exhibit bundle. Should the MAH Inquiry wish to be addressed further on the role of the PEF at MAH, or the general issue of student nurse education at MAH, then steps can be taken to facilitate this.

138.   The NMC requires that approved education institutions and practice learning partners, such as the Belfast Trust, regularly review all learning environments and provide assurance that they are safe and effective. This assurance process is facilitated by the completion of a "Practice Learning Environment Educational Audit" ("PLEE Audit"). PLEE Audits are completed for each practice learning area on a biannual basis. The PLEE Audit is completed by the education institution in conjunction with the practice learning partner. The Practice Education team is closely involved with the completion of PLEE Audits within the Belfast Trust.

139.   PLEE Audits have been carried out from the inception of the Belfast Trust in 2007, although their format has developed over time. I address PLEE Audits in further detail in Topic 8.

140.   The Belfast Trust has implemented various measures to ensure the quality and safety of the practice learning areas at MAH following the

emergence of allegations of the abuse of patients at MAH in 2017. These measures are also addressed in Topic 8.

Post-registration training for RNLDs

141.   Education and training for nurses, including RNLDs, does not cease at the point of their successful entry on to the NMC register at initial registration. Rather, there is a career-long continuum of learning for registered nurses. The continuum of post-registration learning commences with a period of preceptorship undertaken within the first six months of their employment as a registered nurse. Thereafter, it takes effect through NMC processes such as supervision and revalidation. I have provided further detail of the preceptorship period below. An overview of the reflection, supervision and revalidation is also provided below.

142.   Nurses employed by the Belfast Trust are required to undertake various types of statutory and mandatory training at varying intervals throughout their employment. An overview of the statutory and mandatory training is also provided below.

143.   RNLDs may also avail of specialist post-registration training programmes offered by various education providers and facilitated by the Belfast Trust.

Statutory and Mandatory Training

144.   The Belfast Trust "Core Statutory and Mandatory Training Policy (TP 71/11)" addresses the minimum core mandatory training requirements for all Belfast Trust staff and volunteers. The policy applies to all staff expect staff engaged through an agency or contractor. It provides a framework for the completion (and associated provision, management, monitoring and reporting

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arrangements relating to the completion) of the mandatory training requirements. A copy of the most recent version of the policy is Tab 3 of the exhibit bundle.

145.   There are ten statutory or mandatory training courses that all employees of the Belfast Trust are required to undertake. Those training course are:

- Adverse Incident Reporting

- Data Protection

- Equality for Staff/ Managers

- Fire Safety Awareness

- Health and Safety Awareness

- Infection Prevention Control Awareness

- Manual Handling Theory

- Quality 2020 Level 1 Awareness

- Corporate Welcome

- Safeguarding Adults and Children Awareness Level 1 (confirm)

146.   Some training courses only need to be completed once (usually during induction). Others must be refreshed at varying intervals. The nature and frequency of mandatory training requirements may vary over time in response

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to legislative developments and changing HSC and corporate mandates. Appendix 2 of the Core Statutory and Mandatory Training Policy describes the process for amendment and addition to the Belfast Trust's Core Statutory/Mandatory Training Matrix.

147.   In addition to the training set out above, RNLDs employed by the Belfast Trust are required to undertake various training courses specific to the nursing profession. In this regard, I have provided a document entitled 'Learning Disability Services – Mandatory training matrix' behind Tab 3 in the exhibit bundle. This document sets out each type of training required, and the frequency for its completion. The MAH Inquiry will note that the types of training specified on this document are required to be undertaken by all hospital and community registered nurses and healthcare support staff.

148.   The HSC Clinical Education Centre delivers a range of regionally agreed Mandatory Training and Continuous Development open study days and short course for registered nurses and midwives. By way of background, The HSC Clinical Education Centre ("CEC") was established in 2011, primarily to deliver education and training to Nurses, Midwives and Allied Health Professionals employed in the five HSC Trusts, the NI Hospice and the Southern Area Hospice. The CEC also delivers education to other statutory, independent and voluntary organisations. CEC education is delivered both remotely and in-person. Remote education is delivered through E-learning resources available on the HSC Learning website. In person education is delivered through classroom teaching or in specific practice environments. In approximately 2017 the CEC published a five-year strategy document, setting out its values, principles, vision and mission for that time period. A copy of the strategy document, entitled, 'Looking Forward, A Strategy for the HSC Clinical Education Centre 2018 – 2023' is provided at Tab 3 of the bundle.

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149.   Within each service area of the Belfast Trust there is (at least) one Clinical Educator or Nurse Development Lead. A Clinical Educator is a registered nurse who is responsible for supporting the training and induction processes for registered nurses and ensuring that the registered nurses within their service area are compliant with the statutory and mandatory training requirements.

Nursing Preceptorship

150.   Preceptorship is an additional mechanism for supporting a newly qualified nurse into their role; promoting the confidence of the nurse and enabling them to convert the knowledge gained during their pre-registration into everyday practice. In broad terms, it is a programme of structured support which aims to welcome and integrate new nursing staff into their professional environment.

151.   The following documents are relevant to preceptorship and may be of interest to the MAH Inquiry (copies can be found behind tab 3 in the exhibit bundle):

- 2008 NMC Standards to support learning and assessment in practice, NMC Standards for mentors, practice teachers

- 2012 NIPEC Preceptorship Framework for Nursing Midwifery and Specialist Community Public Health Nursing in Northern Ireland,

- 2020 NMC Principles for Preceptorship

- 2022 NIPEC Preceptorship Framework

152.   Since 2012, and in accordance with the recommendation of the NMC, the Belfast Trust has required newly qualified nurses and midwives to undertake a six-month period of preceptorship, usually at the commencement of their employment. The newly qualified nurse, the preceptee, is allocated a preceptor. A preceptor is a Nurse, Midwife or Specialist Community Public Health Nurse, with at least twelve months post-registration experience (preferably within the same area of practice as the preceptee). In broad terms, the role of the preceptor is to monitor and support the learning and development of the preceptee. Preceptorship for newly qualified nurses is managed at a local service area level within each division. The registrant's Manager or the Nurse Development Lead is responsible for ensuring that local arrangements are in place to support preceptorship process.

153.   The following documents, relevant to the preceptorship programme implemented by the Belfast Trust up until 2022, may be of interest to the MAH Inquiry (copies can be found behind Tab 3 in the exhibit bundle):

- June 2016 Preceptorship Portfolio (Adult)

- July 2016 Preceptorship Portfolio (Learning Disability and Mental Health)

154.   Until 2022, preceptorships were carried out in accordance with the 2012 NIPEC Preceptorship Framework for Nursing Midwifery and Specialist Community Public Health Nursing in Northern Ireland (the "2012 NIPEC Preceptorship Framework"). The 2022 NIPEC Preceptorship Framework replaced the 2012 NIPEC Preceptorship Framework. The 2022 NIPEC Preceptorship Framework reinforces the need for nursing staff to have support in their working environment and promotes a more individualised approach, to ensure that the staff member received the best support suited to their needs.

155.   The publication of the 2022 NIPEC Preceptorship Framework coincided with the publication of the 2022 NIPEC Reflective Supervision Framework. In October 2022 the Belfast Trust established the Preceptorship and Reflective Supervision 2022 Implementation Group ("the 2022 Implementation Group") to consider how best to implement these frameworks within the Belfast Trust. The 2022 Implementation Group is chaired by Ms Sheelagh O'Connor, Senior Manager Education Regulation & Informatics and co-chaired by Ms Ward. The purpose of the 2022 Implementation Group is to:

- Set direction and provide leadership to support the implementation of the 2022 NIPEC Preceptorship Framework and the 2022 NIPEC Reflective Supervision Framework across the Belfast Trust;

- Establish clear lines of communication with service/divisional areas and group membership;

- Establish a communications strategy to support the implementation of the 2022 NIPEC Preceptorship Framework and the 2022 NIPEC Reflective Supervision Framework and ensure that the nursing and midwifery workforce are aware of the frameworks and the registrant roles and responsibilities;

- Provide monthly updates to the Senior Nursing and Midwifery Team (SNMT) and Executive Director of Nursing on the implementation of 2022 NIPEC Preceptorship and Reflective Supervision Frameworks

- Seek assurance from Divisions on progress for implementation.

156.   The work of the 2022 Implementation Group is ongoing.

Specialist post-registration training programmes

157.   The Belfast Trust is committed to supporting the continuous professional development of its nursing and midwifery workforce. The primary Belfast Trust document relating to the post – registration education commissioning process for the nursing and midwifery workforce is the January 2023 Belfast Trust Post-Registration Education Commissioning Framework (Nursing and Midwifery). This framework replaced the March 2012 Belfast Trust Post-Registration Education Commissioning Framework (Nursing and Midwifery). Copies of the frameworks are provided behind Tab 3 in the exhibit bundle.

158.   In broad terms, the framework sets out the education commissioning process at both Trust and regional level. It also details responsibilities of those involved in post-registration education.

159.   The Department of Health commissions post-registration education for nurses and midwives from a range of providers across Northern Ireland. The commissioning of post-registration places is managed by the Education Commissioning Group, in the confines of the budgetary constraints within which it operates. Post-registration education commissioning is based on a 12-month commissioning cycle that takes place in four phases; Learning Needs Analysis phases, Priorities phase, Communications phase, Registration and Enrolment Phase. A range of commissioning programmes may be requested through the ECG. Education programmes are generally commissioned from Queen's University Belfast, the University of Ulster and the in-service consortia.

160.   Post-registration education programmes include specialist practice programmes, short courses, stand-alone modules and community programmes. General descriptions of these programmes are set out in the 2012

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Belfast Trust Post-Registration Education Commissioning Framework (Nursing and Midwifery), referred to above and provided behind Tab 3 in the exhibit bundle. Examples of courses of particular relevance to RNLDs are:

- The Contemporary Issues in Intellectual Disability Practice course offered by Queen's University Belfast . This course is a post-registration stand-alone module.

- The Community Learning Disability Specialist Nursing course, offered by the University of Ulster. This course is a post registration specialist practice programme.

161. The Belfast Trust carries out Learning Needs Analysis on a yearly basis. Put simply, a Learning Needs Analysis is a means of gathering data aimed at identifying the learning and development needs of staff, thereby enabling the Belfast Trust to contribute effectively to the educational commissioning cycle. Learning Needs Analyses are carried out at both ward and service area level.

162. The following NIPEC documents, relevant to the issue of post-registration education, may be of interest to the MAH Inquiry (copies are exhibited behind Tab 3 in the exhibit bundle):

- 2011 NIPEC Evaluation Process for Post–Registration Education Programmes, commissioned by the Department of Health, Social Services and Public Safety

- 2021 NIPEC Learning Agreement & Evaluation of Learning on Practice Framework

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103.   The 2021 NIPEC Learning Agreement & Evaluation of Learning on Practice Framework is implemented by the Belfast Trust. The framework compliments the January 2023 Belfast Trust Post-Registration Education Commissioning Framework (Nursing and Midwifery).

Revalidation

163.   All registered nurses and midwives must go through a process of revalidation to maintain their registration with the NMC. Revalidation was introduced by the NMC in April 2016, in response to a recommendation in the February 2013 report of The Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Robert Francis QC. The revalidation process is completed on a 3 yearly basis. It aims to promote safe and effective practice, and the importance of continuing professional development. At the point of revalidation, the individual nurse must demonstrate that they are adhering to the NMC Code's standards of practice and behaviour for registered nurses.

164.   The requirements for revalidation are:

- 450 practice hours, or 900 hours if renewing two registrations (for example, as both a nurse and a midwife)

- 35 hours of CPD including 20 hours of participatory learning

- Five pieces of practice-related feedback

- Five written reflective accounts

- Reflective discussion

- Health and character declaration

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- Professional indemnity arrangement

- Confirmation

165.   The following NMC documents are relevant to the revalidation process (copies are exhibited behind Tab 3 in the exhibit bundle):

- 2019 Revalidation, Employers' guide to revalidation

- 2019 How to revalidate with the NMC, requirements for renewing your registration

- 2016 NMC Guidance Sheet, E- Portfolios and Revalidation

- NMC Revalidation Template pack

- NMC Revalidation leaflet (NMC, undated)

- Revalidation poster (NMC, undated)

166.   The primary Belfast Trust policy document relating to revalidation is the 2019 Registration and Revalidation Policy. Section 2.2 of this policy, on internal pages 3 and 4, specifically relates to revalidation for nurses. A copy of this policy can be found behind Tab 3 of the exhibit bundle. The previous versions of this policy will be disclosed to the MAH Inquiry as part of the ongoing disclosure exercise.

167.   The following Belfast Trust documents relevant to the issue of revalidation may also be of interest to the MAH Inquiry (copies can be found behind Tab 3 in the exhibit bundle):

- BHSCT Process for Monitoring and Reporting NMC Registrations and Revalidation for Nurse and Midwives

- BHSCT Process for Monitoring and Reporting NMC Registrations and Revalidations for Bank Only Nurse and Midwives

- Nurse Bank Registration Processes

168. Registration and revalidation (where appropriate), is a condition of employment. These conditions allow the Trust to be certain staff are appropriately qualified and registered to practice at all times through their employment. Individual members of staff have a responsibility under their contract of employment to ensure they are registered and they must maintain that registration. Line managers and professional leads have a responsibility to ensure verification, ongoing monitoring and retention records as evidence of their staff registration. The Belfast Trust has established practices and processes to support and monitor the revalidation status of its nursing workforce. Those practices and processes include:

- An annual Assurance Report for Revalidation of Registered Nurses and Midwives is drafted for the consideration and approval of the Executive Director of Nursing and User Experience. The report is provided to the Trust Board and the Chief Nursing Officer. A copy of the Assurance Report for 2020/21 is provided behind Tab 3 of the exhibit bundle.

- Each service area has a Divisional Nurse in the Belfast Trust. The Divisional Nurse is the professional lead for nursing within a collective leadership framework, and is responsible for providing assurance to the Executive Director of Nursing and User Experience in respect of professional nursing practice and regulation within their division. The

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Divisional Nurse is accountable to ensure the local processes in place for registration and revalidation and is responsible for reporting on the registration and revalidation status of registrants within their areas of responsibility.

- The Human Resources Payroll and Travel System ("HRPTS") is the regionally agreed system for monitoring registration and revalidation data throughout the HSC system. The Central Nursing Systems Manager within the Belfast Trust utilises HRPTS to disseminate monthly alert reports to all Divisional Nurses and Heads of Midwifery to support the local processes in places to ensure that all the registration and revalidation details of all registrants is live on the NMC register and updated on the HRPTS system.

Supervision

169. Supervision is an important mechanism to support and improve the practice of registered nurses. It is described by NIPEC as "a participative process of supported reflection that enables Nurses and Midwives to develop personally and professionally to improve the quality, safety and person-centredness of their practice". Supervision is part of the continuum of lifelong learning and professional development for nurses. Of the eight requirements of revalidation referred to above, three relate to elements included in supervision, namely; practice written feedback, written reflective accounts and reflective discussion.

170. In 2006 the DHSSPS commissioned the NIPEC to carry out a review of the current guidance on clinical supervision in the HPSS, to evaluate the current supervision systems and establish an action plan for ensuring that clinical supervision systems are in place. The findings of the review are set out in the 2006 document entitled "Report of the Review of Clinical Supervision for

Nursing in the HPSS 2006 on behalf of the DHSSPS". A copy of the report is exhibited behind Tab 3 in the exhibit bundle. In broad terms, the review team recommended action to enhance and promote supervision for nurses. The recommendations and conclusions of the review are set out in full on pages 47 – 49 of the report.

171.   The report included a modernised definition for supervision (page 50 of the report):

> *'Supervision is defined as a process of professional support and learning, undertaken through a range of activities, which enables individual registrant nurses to develop knowledge and competence, assume responsibility for their own practice and enhance service-user protection, quality and safety of care'.*

172.   In 2007 the Chief Nursing Officer published a document entitled "Standards for Supervision for Nursing". Therein, two regional standards for the supervision of registered nurses in Northern Ireland were set out. The standards were subsequently revised by the Supervision Regional Forum. The revised standards are:

- Standard 1: Supervision will contribute to the delivery of safe and effective care when practitioners have access to appropriate systems that facilitate the development of knowledge and competence through a culture of learning by reflection.

- Standard 2: An organisational framework supporting effective leadership and performance management will ensure that Supervision will become an effective tool to improve the safety and quality of care.

173.   The primary Belfast Trust document relating to nursing supervision is the policy document entitled "Nursing Supervision for Registered Nurses –

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Facilitating Reflective Practice". This policy was first implemented in 2011 and has been reviewed on various occasions. The most recent version of the policy, from 2017, is provided behind Tab 3 of the exhibit bundle. In accordance with this policy, registered nurses employed by the Belfast Trust should undertake a minimum of two formal nursing supervision sessions annually.

174.   The Belfast Trust has various practices and processes in place to monitor the supervision compliance of its nursing workforce. Those practices and process include the following:

- The provision, to both the Executive Director of Nursing and User Experience and the Chief Nursing Officer, of an Annual Report on Supervision for Registered Nurses. A copy of the Annual Report for the year 2016 – 2017 is provided a Tab 3 of the exhibit bundle.

- Divisional Nurse/Midwife retains responsibility for ensuring that processes are in place at a local level to ensure that registrants are compliant with supervision requirements.

- Divisional Nurse/Midwife provides compliance reports to the central nursing team. These reports are (as of September 2021) provided on a monthly basis. The purpose of the compliance report is to provide assurance to the Executive Director of Nursing and User Experience in respect of the local processes in place to ensure registrants are complaint with supervision requirements.

- Monthly supervision compliance data is presented and discussed during the monthly Senior Nursing and Midwifery Team meetings.

175.   In 2016 the Chief Nursing Officer, with the agreement of the Central Nursing and Midwifery Advisory Committee, initiated the development of a

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Nursing and Midwifery Supervision Framework in Northern Ireland. The Chief Nursing Officer commissioned NIPEC to develop the framework. A copy of the 2016 NIPEC Project Initiation Document in relation to the intended Supervision Framework is provided at Tab 3 of the exhibit bundle.

176.   A draft framework was developed in 2020, and a small-scale pilot to test the framework took place regionally from November 2020 to June 2021. The Belfast Trust participated in the pilot and attended a working group established by NIPEC to monitor the pilot. Should the MAH Inquiry wish to be addressed on the pilot process, insofar as the Belfast Trust is able to speak to it, then steps can be taken to facilitate this.

177.   The final version of the framework, entitled 'Reflective Supervision, A Framework to Support Nursing and Midwifery Practice in Northern Ireland' was published by NIPEC in September 2022. A copy of the framework is at Tab x3 in the exhibit bundle. The framework identifies the necessary organisational systems and processes required to support NMC registrants with access to supervision. The framework sets out three elements of reflective supervision (internal page 7):

- Effectiveness (Normative): supporting individuals to develop ability and effectiveness in their clinical role to uphold professional standards supporting reflection on practice.

- Learning (Formative): enables participants to develop their skills, knowledge, attitude and understanding fostering insight through guided reflection.

- Support (Restorative): focuses on health and wellbeing and how participants respond emotionally to job demands; fosters resilience

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through nurturing supportive relationships that offer support and encouragement in times of stress.

178.   The standards for supervision are set out on pages 8 – 11 of the framework.

179.   As indicated above, the Belfast Trust recently established the Preceptorship and Reflective Supervision 2022 Implementation Group to consider how best to implement the 2022 NIPEC frameworks within the Belfast Trust.

Specific additional training issues raised by the MAH Inquiry

180.   On page 2 of the MAH Inquiry letter of 9 December 2022, the MAH Inquiry also asked, in respect of "all staff", about training in respect of nine specific areas:

- Safeguarding

- Use of restraint

- Use of Seclusion

- Use of medication and side effects of medication

- Choking risks

- Communication strategies for persons with learning disabilities

- Positive behavioural support in respect of learning disability , Autism and challenging behaviour

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181.   Each of the above are substantial topics in their own right. They also overlap with some matters addressed in Module 3. Below I endeavour to give a broad overview of each topic. However, if the MAH Inquiry wishes further detail to be provided on any specific areas of interest then the Belfast Trust will endeavour to provide it.

Safeguarding Training

182.   Safeguarding training within the Belfast Trust is based on the 2013 Northern Ireland Adult Safeguarding Training Strategy, published by the Northern Ireland Adult Safeguarding Partnership. A copy of the Northern Ireland Adult Safeguarding Training Strategy is provided behind Tab 3 of the exhibit bundle.

183.   Safeguarding training at Level 1 is mandatory for all employees of the Belfast Trust.

184.   Registered nurses employed by the Belfast Trust are required to complete Level 2 safeguarding training. Level 2 Adult Safeguarding Training is delivered by the Clinical Education Centre, through a range of in person and online training sessions. All RNLD nurses have completed, at a minimum, Level 2 safeguarding training.

185.   Level 3 Safeguarding Training, required for specific roles such as Ward Sisters and Charge Nurses, is delivered within the Belfast Trust by relevant specialist practitioners. Level 3 Safeguarding Training is managed locally, within each divisional service area.

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Restraint Training

186.   In respect of use of restraint, I have interpreted this as a reference to Safety Intervention Training (or "SI" training) (previously known as Management of Actual and Potential Aggression (or "MAPA") training). SI Training is focused on the prevention of crisis situations and teaches staff de-escalation skills as well as best practice non-restrictive and restrictive interventions. The SI Training Course provided within the Belfast Trust takes place over a 5-day period. SI Training is presently facilitated by two teams within the Belfast Trust.

187.   SI Training is mandatory for any individual providing direct care at MAH including registered nurses, doctors, nursing assistants, social workers and allied health professionals. SI Training is also mandatory for Mental Health and Learning Disability nurses employed by the Belfast Trust. The level of SI training required will depend on the clinical role of the individual staff member. SI training must be completed within 12 weeks of the commencement of the individual's employment in a relevant role, and should be refreshed annually. A copy of the Safety Intervention Running Guide for MAH is exhibited behind Tab 3 in the exhibit bundle.

Seclusion Training

188.   The use of seclusion is an emergency intervention and is only used as last resort when all other strategies to manage risk to self and/or others have been unsuccessful. Seclusion must only be used in line with the approved Belfast Trust Seclusion Policy (referred to within the Belfast Trust's response to Module 3). In In respect of Seclusion, RNLDs employed by the Belfast Trust (and any individual providing direct care for patients at MAH), until June 2022, undertook an e-learning course on the use of seclusion. The seclusion course is presently under review by the Belfast Trust. In addition, for a period in-person

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seclusion training was delivered at MAH. The training was delivered by Mr Seamus Coyle, Specialist Nurse Development Lead, during 2019 and was mandatory for all RNLDs, doctors and the multi-disciplinary teams at MAH.

Medication Training

189.   In respect of use of medication and side effects of medication, nurses, including RNLDs, receive training on this area during their undergraduate nursing programmes. All registered nurses are required to complete training on the administration of medications during their professional nursing induction.

Choking Risks Training

190.   In respect of choking risks, all registered nurses, including RNLDs, are required to complete an e-learning dysphagia course facilitated through the HSC Leadership Centre. The training course is accessed through the eLearning platform hsclearning.com.

Training in communication strategies for persons with learning disabilities

191.   Training for RNLDs on communication strategies for persons with learning disabilities is provided at an undergraduate level. Communication with individuals with an intellectual disability is a core part of the SI training package; SI training includes modules on verbal, paraverbal and nonverbal communication.

Training in Positive behavioural support in respect of learning disability, autism and challenging behaviour

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192.   In providing the information below, I have been assisted by:

- Dr Sarah Meekin, Consultant Clinical Psychologist and Head of Psychological Services, Belfast Trust; and

- Collette Caldwell, Behaviour Nurse Specialist based at MAH, Belfast Trust (now retired)

- Grainne Healey Behaviour Nurse Specialist based at MAH BHSCT

193.   I wish to emphasise that there is a degree of overlap between the specific areas of staff training which the MAH Inquiry has asked the Belfast Trust to address. Such overlap exists between the specific staff training in relation to positive behaviour support and the separate but related training relating to the management of challenging and/or risk behaviour and communication strategies for people with learning disabilities. It is also important to note that the language used to describe the support and management of behaviour and relevant training has evolved over the timeline of the Inquiry's Terms of Reference. In the past, the terminology used would have referenced the management of difficult/challenging behaviour. At present, the terminology used is of Positive Behaviour Support.

194.   By way of example, training in the management of challenging and/or risk behaviour has been regularly provided to all ward and daycare staff at MAH since the early 2000s, in the form of the Positive Options/CPI MAPA (now Safety Intervention) training programme. At present, Behaviour Therapists from Psychological Services deliver a presentation session on Positive Behaviour Support as part of the 5-day SI programme. Further, between 2004-2006, Behaviour Services at MAH ran specific training in relation

to challenging behaviour for all ward and daycare staff based at MAH. In addition, training relevant to Challenging Behaviour has previously been commissioned from the HSC Clinical Education Centre for staff at MAH.

195.   Over time, specific training in relation to Positive Behaviour Support (which included aspects concerning the management of challenging behaviour) for staff at MAH was developed, offered and delivered by Psychological Services. Responsibility for training in this area was not a delegated responsibility of Psychological Services within the Belfast Trust. Rather, its contributions were in response to an observed need within the scope of their work, and that of the Behaviour Therapists whose service (the Behaviour Therapy Service) was subsequently brought under Psychological Services management.

196.   From 2015 in particular, there was an increased focus on raising the profile of Positive Behaviour Support including training in this area. This was at least in part a result of the April 2014 Department of Health England policy "*Positive and Proactive Care: reducing the need for restrictive interventions*". Since then, the specific training has taken the following main forms:

      a.   From 2015 to 2016, a 2-hour Positive Behaviour Support Awareness training delivered by MAH Psychology Services/Behaviour Therapy Service staff to all ward and daycare staff at MAH;

      b.   From 2015 to 2018, a two-day training course in "*Reinforce Appropriate, Implode Disruptive Behaviour*" ("RAID"). RAID is an accredited training programme offered by the Association for Psychological Therapies ("APT"). It involves a positive approach to working with disturbed and challenging behaviour. It is a comprehensive system which teaches professionals a philosophy

and practice not only to deal with disturbed and challenging behaviour when it occurs, but also to prevent it by nurturing positive behaviour targeted to displace the disturbed and challenging behaviour. In November 2015 and February 2016, RAID training was provided to all MAH ward and daycare leaders and senior managers. Unfortunately, additional RAID training (recommended to be updated every 3 years) planned for 2018 was cancelled due to staffing constraints and the consequent inability to ensure attendance.

c. From November 2017, the British Institute of Learning Disabilities ("BiLD") e-learning Positive Behaviour Support Awareness course. Completion of this online course was made mandatory for all MAH staff across the various professional disciplines as well as those in estates and support services. The course takes around 3-4 hours to complete. It is widely used in health and social care services as it provides a clear introduction to Positive Behaviour Support including an explanation of what it is, the implementation in practice of its values-based approach and the nature of Positive Behaviour Support interventions.

d. From November 2017 to January 2018, following staff completion of the BiLD e-learning course, subsequent discussion group workshops were run by MAH Psychological Services staff for different staff groupings, at which queries and points of learning could be addressed. These half-day training sessions were led by Practitioner Psychologists and Behaviour Therapists (including Ms Caldwell, to whom I have referred) and were intended to assist each staff group in understanding how Positive Behaviour Support applies to their role within MAH and the requirements for its

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successful implementation as part of their work. The e-learning course and discussion groups were undertaken by operations managers, Band 7 and Band 6 staff together, and separate group sessions were also held for Band 5, Band 3 and Patient Client Support Services ("PCSS") staff. Further sessions took place during 2018 and into 2019. Unfortunately, the provision of training was disrupted by the Covid-19 pandemic and a number of workshops scheduled for March and April 2020 and thereafter were unable to take place. Around this time the BiLD e-learning training also became unavailable.

e.   In 2020, Psychological Services delivered a 1-day Positive Behaviour Support training at MAH. This training was delivered on two occasions. Attendance was poor due to staffing constraints. In May or June 2021 the 1-day training was re-packaged as a half-day training course and offered to staff across the site at MAH, however, the same staffing constraints resulted in poor attendance.

f.   Whilst SI training includes elements of Positive Behaviour Support the Belfast Trust included an additional Positive Behaviour Support training session onto the mandated SI training as a measure to mitigate to some degree the challenges in releasing staff for training, whilst ensuring a basis of Positive Behaviour Support knowledge was supported for all staff working onsite. This would capture new staff and existing staff given the update requirements for SI training.

g.   In addition, Psychological Services currently delivers a Positive Behaviour Support awareness session during the Upskilling programme that Agency staff and non-RNLD staff undertake at

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MAH. Furthermore, Positive Behaviour Support awareness sessions continue to be provided on an ad hoc basis to meet need identified in staff changes.

197. At present, Psychological Services is developing a training framework for Positive Behaviour Support training for delivery both into community services and hospital services. The training framework will include Positive Behaviour Support principles, the function of distressed behaviours and the impact of issues such as attachment and trauma. There is ongoing work for Positive Behaviour Support training to be included in the mandatory training required for staff working across Learning Disability Services. The training referenced herein applies to RNLDs and indeed other staff members delivering care at MAH.

Recruitment of LD Nurses

198. In order to address the issue of recruitment of learning disability nursing staff, I have drawn on the assistance of Ms Pelan and Mr Brady.

199. Recruitment by the Belfast Trust is managed by the regional Recruitment and Selection Shared Service Centre ("RSSC"). The RSCC was established as a unit within the Business Services Organisation. The RSSC manages the recruitment process from the initial advertisement stage through to the final offer made to a successful applicant.

200. The following Belfast Trust policies are relevant to the issue of the recruitment of LD nurses (copies can be found behind Tab 3 in the exhibit bundle):

- 2010 Belfast Trust Recruitment and Selection Policy (version 1)

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- 2016 Belfast Trust Recruitment and Selection Policy (version 2)

- 2010 Protocol for the Recruitment and Employment of staff under the requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and Vetting and Barring Scheme (version 1)

- 2013 Protocol for the Recruitment and Employment of staff under the requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and Vetting and Barring Scheme (version 2)

- 2015 Protocol for the Recruitment and Employment of staff under the requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and Vetting and Barring Scheme (version 3)

- 2020 Protocol for the Recruitment and Employment of staff under the requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and Vetting and Barring Scheme (version 4)

- 2010 Safer Recruitment and Employment Alert Notice System and Procedure Internal Operating Procedure (version 1)

- 2010 Safer Recruitment and Employment Alert Notice Policy (version 2)

201.   The Belfast Trust Nursing Recruitment Working Group is chaired by the Lead Nurse for Workforce Planning and is attended by senior nursing staff throughout the Belfast Trust. The group meets on a monthly basis and is responsible for planning the recruitment activity and initiatives for nursing and midwifery. Updates in respect of those planning activities are provided to the Executive Director of Nursing and User Experience at the bi-monthly meetings of the Nursing and Midwifery Steering Group and the monthly Senior Nursing

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and Midwifery Team meetings. Minutes of these groups will be disclosed to the MAH Inquiry as part of the ongoing disclosure process.

202.   There is a long-standing shortage of RNLDs at MAH. The shortage of RNLD nurses could perhaps, in part, be attributed to the fact that RNLDs are attracted to posts offering both similar and higher bands to work in other areas (such as accident and emergency departments) that could conceivably be considered less challenging than MAH. The exit interviews carried out with registered nurses who left their role at MAH, as referred to in Topic 11 speak in detail to the various challenges associated with working at MAH.

203.   The long-standing nursing shortage at MAH was compounded by the suspensions of staff that resulted from the investigation into the allegations of abuse of patients at MAH that emerged in 2017. The workforce challenges that this created at MAH are referred to in Topic 12 below.

204.   I have provided a brief overview of some of the measures taken by the Belfast Trust in respect of recruitment of RNLDs below.

205.   The Belfast Trust has in place a rolling recruitment exercise for Band 5 nurses, including Band 5 RNLDs. There is a monthly advertisement for Band 5 nurses, and interviews are scheduled to take place every 4 – 6 weeks. A waiting list has been developed, and candidates are recruited to posts within their area of preference as vacancies arise. The rolling Band 5 recruitment process has resulted in the appointment of one successful candidate in the past 12 months in October 2022.

206.   Band 5 nurses are also recruited through student streamlining exercises. The student streamlining process is a regional process which facilitates employment for all Northern Ireland nursing students on successful completion of the undergraduate training programme through the use of

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professional conversations between senior Trust staff and pre-registration students. In relation to RNLDs, the professional conversations with RNLD students are undertaken by Learning Disability senior managers. All pre-registration students who engage in the process are allocated a post within the service. 11 newly qualified RNLDs were recruited to the service through the July 2022 Student Streamlining process.

207.   In 2014 and 2015, in response to a shortage of RNLDs at MAH, the Belfast Trust invited applications for temporary nursing posts. Due to the shortage of Learning Disability Nurses, the pool of applicants was widened to include Mental Health Nurses ("RNMH"). This recruitment strategy resulted in four nursing appointments in 2014, and eight in 2015. In 2022, a training programme was developed for RNMHs working at MAH. The programme is designed to develop the specialist skills required to work with patients/clients with intellectual disabilities.

208.   In June 2015 the Belfast Trust held a Nursing Recruitment event designed to attract as many newly qualified nurses to the Belfast Trust as possible. Two hundred and thirty-nine job offers were made by the Belfast Trust following this event. Twelve of those job offers were made to RNLDs for posts in MAH. In addition, the Belfast Trust hosts job fairs on an annual basis to enable prospective applicants to visit the Belfast Trust and meet various nursing teams. The job fairs usually take place in April / May each year, and are aimed at attracting nursing students who are due to qualify in September. The Learning Disability team have actively participated in the job fairs, and have showcased Learning Disability services in all Belfast Trust promotional job fairs.

209.   In 2019 the Department of Health authorised a pay uplift of 15% for registered nurses working at MAH as a measure to assist the stabilisation of the nursing workforce at MAH. The pay uplift remained in place until 2020. The

uplift was reintroduced in July 2022 due to the critical nursing levels in MAH. It is due to remain in place until March of this year.

210.   Notwithstanding the various initiatives, including those overseen by the Department of Health, the Belfast Trust continues to encounter difficulty in recruiting RNLDs.

Topic 3 – Leadership education for managers of wards and senior nurses/key performance indicators

211.   In order to address this topic, I have drawn on the assistance of Ms Chambers, Lead Nurse and Practice Education Co-Ordinator.

212.   The MAH Inquiry has asked to be addressed on leadership education for managers of wards and senior nurses. The manager of a ward is known as a "Ward Sister" or "Charge Nurse". There are several roles which are considered as senior nursing roles, such as Nurse Development Lead or Divisional Nurse. It would not be possible for me to address each role which could be considered as a senior nursing role within this statement, and therefore I have focused my present evidence on the leadership education for a Ward Sister or Charge Nurse. Should the MAH Inquiry wish to be addressed on the leadership education for any of the other roles which may be described as senior nursing roles, then steps will be taken to facilitate this.

213.   The following documents, relevant to leadership education within the Health and Social Care system, may be of interest to the MAH Inquiry (copies can be found behind Tab 4 in the exhibit bundle):

- 2004 Department of Health *"The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process"*

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- 2011 NHS Leadership Academy *"Clinical Leadership Competency Framework"*

- 2013 NHS Leadership Academy *"Healthcare Leadership Model, the nine dimensions of leadership behaviour"*

- 2012 NHS Leadership Academy *"Leadership Framework: Self Assessment tool"*

- 2013 NIPEC *"The Northern Ireland Practice and Education Council for Nursing and Midwifery Standards for person centred nursing and midwifery record keeping practice (NIPEC, 2013)"*

214.   The role of a Ward Sister/Charge Nurse is set out in the document entitled 'Leading Care Job Description – Core Elements For Ward Sisters/ Charge Nurses (AfC Band 7)'. This document was published by NIPEC in 2011, as part of the "Leading Care: Regional Ward Manager Project". The Leading Care project was commissioned by the Chief Nursing Officer to support and strengthen the role of Ward Sisters/Charge Nurses in Northern Ireland. A copy of the document is provided behind Tab 4 of the exhibit bundle. In broad terms, the main duties and responsibilities of a Ward Sister involve leading on a hospital ward in the following key areas; ensuring safe and effective practice, enhancing the patient/client experience, providing effective leadership and management and contributing to the delivery of the organisation's objectives. These four areas encompass elements of clinical practice, management, leadership, education and teaching.

215.   Other documents relevant to the Leading Care project are (copies are provided behind Tab 4):

- 2010 NIPEC *"Leading Care: Supporting Learning and Development for the role of Experienced Ward Sister/Charge Nurse: Development Programmes Outline Descriptors"*

- 2010 NIPEC *"Supporting Professional Development: A Competence Assessment Tool for Ward Sisters/Charge Nurses"*

- 2010 NIPEC *"Leading Care: Supporting Learning and Development for the role of Newly Appointed Ward Sister/Charge Nurse: Orientation Template"*

216.   Similar work specific to team leaders was carried out as part of the Leading Teams Project.

217.   In 2013 NIPEC published a guidance document building on the work of the Leading Care project and the Leading Teams project. A copy of the guidance document, entitled 'Guidance to Support the Commissioning, Design, Delivery and Application of Learning and Development Activities for Ward Sister/Charge Nurse and Community Team Leader roles' (the "2013 NIPEC guidance document") is provided behind Tab 4 of the exhibit bundle.

218.   The 2013 NIPEC guidance document acknowledged the huge breadth of roles of Ward Sister/Charge Nurse and Team Leader, and the need for those in the roles to have access to learning and development opportunities. The 2013 NIPEC guidance document sets out a Learning and Development Framework to support the career progression of those interested in pursuing a career as a Ward Sister/Charge Nurse or Team Leader, those newly appointed to the role, and those experienced in the role. The Learning and Development Framework has two core elements:

- Themes of learning and development and suggested examples of relevant activities

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- Principles of learning and development, mapped under each of the four domains within the relevant competence assessment tool.

219. The Belfast Trust is committed to promoting and enhancing the leadership skills of the Ward Sisters/Charge Nurses it employs. The Belfast Trust utilises the Orientation Template set out in Appendix 1 of internal pages 13 – 16 of the 2013 NIPEC guidance document for newly appointed and newly employed Ward Sisters/Charge Nurses. Ward Sisters/Charge Nurses are encouraged to utilise the NIPEC Competence Assessment Tool (provided at Tab 4 of the bundle). The Competence Assessment Tool is underpinned by the standards of conduct required of nurses by the NMC. It is designed to help Ward Sisters and Charge Nurses to consider how well they are performing their role, assist them in identifying the knowledge, skills and attitudes required for the role and provide a focus on areas for development.

220. The Belfast Trust also facilitates, through the use of Service Level Agreements, attendance of its ward sisters and charge nurses at training courses offered by the HSC Leadership Centre and the HSC Clinical Education Centre. The Clinical Education Centre offers two programmes:

- Leadership: an Introduction to Transformational leadership and its contribution to Person centred Care

- Leadership: Developing Capacity in Nursing. These are not mandatory programmes. Accessible to Nurses and Midwives under service Level Agreement with Clinical Education Centre and with line manager approval to attend for continuous professional development

221.   HSC Leadership Centre courses are facilitated through the BHSCT HR Standard Learning Agreement. Information flyers detailing programmes are sent to the Central Nursing team to disseminate, examples of these courses are:

- Band 8 Leadership Development Programme – Pursuit of success
- Getting Governance: Practical Insights for Senior Managers
- HSCB – Coaching Skills for Leaders
- Leaders in Partnership
- Leading the health and wellbeing of our staff
- The Confident Leader

222.   The Royal College of Nursing offers various training courses specifically designed for nurse leaders. The Belfast Trust encourages and facilitates the attendance of its Ward Sisters and Charge Nurses at these training programmes which are facilitated within the Belfast Trust through the Human Resources Learning and Development Portfolio. The attendance of Belfast Trust staff at Royal College of Nursing training programmes is arranged and funded at local level. Examples of the training programmes offered by the Royal College of Nursing are:

- Supporting and Developing Senior Nurses/ midwives Senior Nurse Managers' Toolkit Programme

- Band 8 Senior Nurse Leaders Programme (4 day programme delivered over 3 months)

- Preparing for a Ward Manager post. Developing Skills for the Complex World of Today's Healthcare Settings (5 day programme delivered over 6 months)

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- Managing Performance – Managing the Performance of Individuals, Teams and Organisations

- Understanding Workforce Planning

- Improving Patient Safety: Developing skills to enable delivery of safe, effective patient centred care

- What do you do when things go wrong

- Developing person centred service improvement

- Understanding human factors

223.   In addition, bespoke leadership training is provided by the Belfast Trust. From September 2021 the Belfast Trust has delivered a 4-day Nursing and Midwifery Leadership Programme. The Leadership programme was developed specifically for Band 6 and Band 7 nurses within clinical settings. The programme was delivered by the Belfast Trust Central Nursing Practice Education team, nursing Development Leads and HR Learning and Development team. There are four cohorts of 35 staff each per year delivered. These programmes are not mandatory and a waiting list exists for them.

224.   In approximately 2011 the Belfast Trust introduced the *"Support, Improvement and Accountability Framework for Ward Sisters/Charge Nurses and Community Nurses"* ("SIAF Framework"). The purpose of the SIAF Framework was to clearly set out the range of activities to be undertaken by the Ward Sister/Charge Nurse and Community Nurse and linked effective nursing leadership at ward/community level and Trust objectives. It evidences the contribution that these nursing leaders make to patient and staff experience

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and outcomes of care through a self-assessment process across a range of indicators. The SIAF Framework was implemented until approximately 2016.

Key Performance Indicators

225.   A key performance indicator ("KPI") is a quantifiable measure which can be used to evaluate the success of an organisation, team or employee in meeting objectives for performance over time. The Belfast Trust is committed to using meaningful data to inform and measure improvement.

226.   In 2011 NIPEC began working with the Public Health Agency, the Department of Health, the five HSC Trusts and the Royal College of Nursing to develop a set of high-level Key Performance Indicators to measure, evidence and monitor the impact and contribution of nurses and midwives on the quality of patient and client care. A Regional KPI Professional Advisory Group, chaired by the Chief Nursing Officer, was established to develop, agree and review the KPIs for nursing and midwifery. The Belfast Trust was initially represented on the KPI Professional Advisory Group by Ms Olive McLeod , Co-director of Nursing, Safety and Quality, and subsequently, Mr David Robinson, Co-director of Nursing, Safety and Quality.

227.   In 2016 a draft strategy for KPIs for nursing and midwifery, entitled 'Evidencing Care: Key Performance Indicators for Nursing and Midwifery Strategy' was published. The aim of the strategy is, "to support nursing and midwifery staff in sustaining change to practice which enhances the patient/client experience through a standardised approach to monitoring key performance indicators." The strategy sets out the arrangements necessary for HSC Trusts to provide evidence of compliance with the agreed nursing KPIs. In broad terms, the KPIs relate to; pressure ulcers, falls, omitted and delayed medicines, absence, nutrition, early warning scores, safeguarding children and adults, end of life care, professionalism and specialist areas.

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228.   Nursing KPIs are monitored internally within the Belfast Trust. In addition, the Belfast Trust provides a quarterly report to the Public Health Agency on compliance with the regional nursing KPIs. The Belfast Trust provided a Quality 2020 Annual Report to the Trust Board. Within that report, the Belfast Trust reported on 7 of the regional nursing KPIs; pressure ulcers, falls and omitted/delayed medicines, Venous Thromboembolism Risk Assessment, Malnutrition Universal Screening Tool ("MUST"), National Early Warning Score ("NEWS").

229.   All registered nurses receive training on KPIs during the professional induction period. A copy PowerPoint presentation used for KPI training during nursing induction is provided behind Tab 4 of the bundle. Ward Sisters/Charge Nurses receive additional KPI training at the Band 6 and Band 7 Leadership Course and Nursing Staff Induction training. The aim of the training is to ensure staff are made aware of the Quality Dashboard Qlik, that the datasets on the dashboard are explained and staff are informed how to access the information.

Topic 4 – Training, recruitment and deployment of learning disability psychiatrists, psychologists, speech and language therapists, occupational therapists and physiotherapists

230.   This topic involves five separate and distinct professions. It would not be possible for me to provide detailed evidence in respect of the broad issues of training, recruitment, and deployment in respect of each of those five professions within this statement. My evidence is limited to the information that it has been possible to gather within the permitted timeframe. Should the MAH Inquiry wish to be provided with further detail than that which is provided in this statement, steps will be taken to facilitate this.

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231.   In addressing this topic, I have drawn on assistance from a number of different individuals:

- In respect of learning disability psychiatrists: Dr Simon Johnston, Director of Medical Education and Consultant Gastroenterologist, and Dr Paul Devine, Consultant in Forensic Psychiatry, Clinical Director Forensic and Secure Mental Health, Interim Clinical Director Intellectual Disability Services, and Dr Joanna Dougherty, Consultant Psychiatrist, General Adult Psychiatry

- In respect of psychologists, Dr Sarah Meekin, Consultant Clinical Psychologist and Head of Psychological Services

- In respect of speech and language therapists, Ms Rosalind Kyle, Assistant Speech and Language Therapy Manager

- In respect of occupational therapists: Aisling Curran, former Occupational Therapy Manager, Mental Health & Learning Disability Services, Jenny Toland, Interim Occupational Therapy Manager, Learning Disability Services; and Catherine Podris, Interim Service Manager for Statutory Supported Living and Residential Services for Learning Disability, former Occupational Therapy Manager, Learning Disability Services,.

- In respect of physiotherapists: Anne Duffy, Assistant Service Manager Physiotherapy, and Elaine McConnell, Interim AHP Co-Director and Professional AHP Lead.

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232.   The Belfast Trust is one of the main teaching and training hospitals in Northern Ireland. There are approximately 800 trainee doctors working in the Belfast Trust at any given time. The Education and Workforce team within the Medical Directorate is responsible for the oversight of workforce and education in respect of doctors and dentists. Dr Simon Johnson, Director of Medical Education, oversees the postgraduate medical and dental education strand of the team. Dr Johnston is ultimately accountable to the Medical Director, Mr Chris Hagan. Dr Johnston's remit does not extend to the appraisal and revalidation process in respect of doctors and dentists. Should the MAH Inquiry wish to be addressed on those processes, steps can be taken to facilitate this.

233.   Learning Disability psychiatrists, hereinafter referred to as Intellectual Disability ("ID") psychiatrists, undertake three years of core psychiatry training, followed by three years of higher professional training in the specialty field of ID psychiatry. This training takes place after the doctor has completed (at least) five years of initial undergraduate medical training, followed by two years of foundation training as a junior doctor.

234.   The standards for postgraduate education and training for UK doctors in training are set by the General Medical Council. The General Medical Council ("GMC") is the independent regulator for doctors in the United Kingdom. As well as setting the standards of education and training for doctors, the GMC maintains the register of doctors eligible to practice in the UK and handles complaints about misconduct and fitness to practice. The following GMC documents are relevant to the issue of training of doctors generally (to be found behind Tab 5 of the exhibit bundle):

- 2006 GMC *"Good medical practice"*

- 2009 GMC *"Tomorrow's doctors"*

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- 2011 GMC *"The Trainee Doctor"*

- 2011 GMC *"Outcomes for provisionally registered doctors with a licence to practice"*

- 2013 GMC *"Good medical practice"*

- 2015 GMC *"Promoting Excellence: standards for medical education and training"*

- 2016 GMC & Medical Schools Council *"First, do no harm: Enhancing patient safety teaching in undergraduate medical education"*

- 2017 GMC *"Excellence by design: standards for postgraduate curricula"* 2017)

- 2017 GMC *"Designing and maintaining postgraduate assessment programmes"*

- GMC *"Generic professional capabilities framework"*

- 2018 GMC *"Outcomes for graduates 2018"*

- 2019 GMC *"Practical Skills and Procedures"*

235.   The Royal College of Psychiatrists ("RCPsych") is the professional body responsible for the education and training of psychiatrists. The following RCPsych documents, each of which may be said to bear on the issue of the education and training of ID psychiatrists, may be of interest to the MAH Inquiry (provided behind Tab 5 of the exhibit bundle):

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- 2009 RCPsych *"Good Psychiatric Practice"*

- 2010 RCPsych *"Specialists in Psychiatry of Learning Disability, A Competency Based Curriculum for Specialist Training in Psychiatry"*

- 2013 RCPsych *"Core Training in Psychiatry CT1 – CT3, A Competency Based Curriculum for Specialist Core Training in Psychiatry"*

- 2018 RCPsych *"Safe patients and high-quality services, Job descriptions for consultant psychiatrists"*

- 2022 RCPsych *"Psychiatry of Learning Disability: Royal College of Psychiatrists Higher Specialty Curriculum (ST4 – ST6)"*

- 2022 RCPsych *"Core Psychiatry, Royal College of Psychiatrists Core Training Curriculum (CT1 – CT3)"*

- 2022 RCPsych *"Psychiatry Silver Guide, Guidance for Psychiatric Training in the UK"*

236. The Conference of Postgraduate Medical Deans UK (COPMeD) publishes an annual guide for postgraduate foundation and speciality training in the UK, known as 'The Gold Guide'. The Gold Guide sets out the arrangements agreed by the four United Kingdom health departments for foundation programmes and specialty training programmes. It is applicable to all trainees in GMC approved programmes. A copy of the ninth (2022) edition of The Gold Guide is provided at Tab 5 in the exhibit bundle.

237. The Northern Ireland Medical and Dental Training Agency ("NIMDTA") is an Arm's Length Body sponsored by the DoH to train

postgraduate doctors and dentists in training. NIMDTA is responsible for the quality management of all GMC-approved foundation and specialty training programmes in Northern Ireland. Since 2021, NIMDTA is the single lead employer for all doctors and dentists in training in Northern Ireland. The Belfast Trust, along with the other 4 health and social care trusts, are 'host organisations' or Local Education Providers ("LEPs"). Whilst NIMDTA employs the trainee, training and education of the trainee is delivered within the host organisation.

238.   The following NIMDTA documents (to be found behind Tab 5 of the exhibit bundle) are relevant to speciality training:

- Failure to Comply with the Requirements of the Training Programme (NI Deanery Policy) (NIMDTA, 2015)

- NIMDTA Engagement with Trainees (NIMDTA, 2015)

- Allocation of Placements Policy: Foundation, Core and Speciality Trainees (NIMDTA, 2020)

- Professional Support Unit Policy (NIMDTA, 2021)

239.   In Northern Ireland specialty schools were created to deliver postgraduate medical training in Northern Ireland. The specialty schools are managed by NIMDTA. The relevant postgraduate training school for ID psychiatrists is the School of Psychiatry. The School of Psychiatry oversees the training of all psychiatry trainees in Northern Ireland.

240.   The School of Psychiatry, along with other specialty school, has the following roles:

- Ensuring that all training and assessment processes meet college and GMC curricula.

- Monitoring the quality of training, ensuring that it enhances the standard of patient care and produces competent and capable specialist.

- Encouraging and developing educational research;

- Promoting diversity and equality opportunity;

- Working with the Northern Ireland Deanery to identify, assess and support trainees requiring extra support.

241.   Each specialty school has a Head of School. The current head of the School of Psychiatry is Dr Damien Hughes. There are presently 4 Training Programme Directors ("TPD"s) within the School of Psychiatry. The TPDs are responsible for the overseeing the training programme for psychiatry. The TPD for ID psychiatry is Dr Ita Mulholland.

242.   Within the Education and Workforce team, there are a number of Speciality Tutors who report to Dr Johnston. A Specialty Tutor is responsible for the overall management and quality control of the specialty training programme within their area in the Belfast Trust. I have provided a copy of the Belfast Trust Specialty Tutor Job Description at Tab 5 of the bundle. Dr Dearbhail Lewis is the current Speciality Tutor for Psychiatry.

243.   All trainee doctors in the Belfast Trust, including trainee ID psychiatrists, are allocated a named Educational Supervisor and a Clinical Supervisor. A Clinical Supervisor is a trainer who is responsible for overseeing the trainee doctor's clinical work throughout their placement, reviewing the

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trainee's progress and providing constructive feedback to the trainee. I have provided a copy of the NIMDA Clinical Supervisor Job Description at Tab 5 of the bundle. An Educational Supervisor is trainer who is responsible for the overall supervision and management of a trainee's trajectory of learning and educational progress during placements. I have provided a copy of the NIMDTA Education Supervisor Job Description at Tab 5 of the bundle. The roles of Clinical Supervisors and Education Supervisor are funded by NIMDTA. The Educational Supervisors and Clinical Supervisors allocated to trainee ID psychiatrists within the Belfast Trust are accountable to Dr Lewis.

244.   NIMDTA reviews the progress of trainee doctors, including trainee ID psychiatrists, annually through the Annual Record of Competency Progression ("ARCP") process. In broad terms, the ARCP is a means of assessing whether the trainee doctor has reached the required competencies to enable their training to progress to the next stage.

245.   NIMDTA also carries out inspection visits, known as Educational Monitoring Visits, at host organisations. The purpose of an Education Monitoring Visit is to ensure that the host organisation (or Local Education Provider) is upholding the GMC standards of education and training. I address Educational Monitoring Visits at MAH in Topic 8.

246.   In 2019 /2020 NIMDTA carried out a placement quality review of psychiatry training in Northern Ireland. A copy of the report in respect of this review, entitled 'Psychiatry Training: Placement Quality Review 2020' is provided at Tab 5 of the bundle.

247.   All trainee doctors in Northern Ireland are required to complete various training modules as part of their Training Tracker modules. The training must be completed at five-year intervals. The training modules relate to:

- Safe Handover

- Consent

- Death Certification

- Breaking bad news

- Contacting the Coroner

- Prescription Writing

- Safe Insulin prescribing

- Fire Safety

- Resuscitation

- Infection Control

- Child Protection

- Data protection

248.   The Belfast Trust also recommends that its trainee doctors complete the following training courses:

- Consent in Blood Transfusion

- Adult Therapeutic Drug Monitoring (TDM) chart

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- Hospital Antibiotic Prudent Prescribing Indicator ("HAPPI") teaching

- Antibiotic Review Kit ("ARK") Medical Training

249. All permanent medical and dental staff employed by the Belfast Trust must complete the statutory and mandatory training referred to in respect of doctors and dentists in Topic 2.

250. As regards the seven areas of training that the MAH Inquiry wishes to be specifically addressed on:

- In respect of safeguarding, ID psychiatrists receive Level 3 Safeguarding training. Safeguarding is also part of the curricula for core training and higher training in ID Psychiatry.

- In respect of use of restraint, ID psychiatrists are required to undertake Safety Intervention Training, referred to in Topic 2.

- In respect of Seclusion, ID psychiatrists are required to demonstrate an understanding around the use of safe, approved restrictive interventions in psychiatric services and relevant guidance. ID psychiatrists work with others to minimise the use of these practices in clinical practice as part of the curriculum for higher training. In addition, doctors working at MAH were previously required to attend the in-person seclusion training delivered for a period at MAH, as referred to in Topic 2.

- In respect of use of medication and side effects of medication, ID psychiatrists receive training on this area during their medical training programmes. In accordance with the GMC 'Good Medical Practice'

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guidance, all doctors must keep their knowledge and skills up to date. They must maintain and develop knowledge and skills that are relevant to their role and practice in pharmacology and therapeutics, and prescribing and managing medicines.

- In respect of choking risks, ID psychiatrists are expected to complete mandatory Dsyphagia Awareness training every two years,

- In respect of communication strategies for persons with learning disabilities, this area forms an important part of the core training and higher training in ID Psychiatry. Communication with persons living with an intellectual disability also forms a key part of SI training.

- As regards positive behavioural support training in respect of learning disability, autism and challenging behaviour, ID psychiatrists are required to demonstrate proficiency in use of formulation to support the understanding of challenging behaviour in patients with intellectual disability, including the link between communication and behaviour as part of the curriculum for higher training.

251. Turning to the issue of recruitment of ID psychiatrists, the recruitment of doctors involves a medical administration team, in conjunction with the relevant team within the Human Resources and Organisational Development directorate. In addition, job specifications for substantive Consultant Psychiatry posts must be approved by the Royal College of Psychiatrists.

252. Within the Intellectual Disability service, there are six posts allocated for ID psychiatrists. Of those six posts, currently one is filled by a locum ID psychiatrist and two are vacant. This has resulted in a significant and unsustainable increase to the workload of the Consultant ID psychiatrists employed by the Belfast Trust. The Belfast Trust is experiencing significant

challenges in recruiting and retaining ID psychiatrists. The challenges may be attributed, at least in part, to the reputational damage sustained to the Belfast Trust ID service as a result of the 2017 CCTV investigation.

<u>Psychologists, Speech and language therapists, Occupational therapists, Physiotherapists</u>

253.   Speech and Language therapists, Occupational therapists and Physiotherapists are part of a group of clinicians known as 'Allied Health Professionals' ("AHPs"). AHPs provide care across a wide range of pathways, in a range of settings. There are 14 AHP professions in total.

254.   The Belfast Trust's response to Module 3 sets out the policy and procedural framework governing the provision of further training to Psychologists and AHPs and /or continuous professional development. Furthermore, Topic 7 of the Belfast Trust's Module 3 witness statement addresses the development of the provision of these services at MAH. I do not propose to repeat this information within my witness statement. Instead, I will focus on the clinical training in respect of each of these professions.

Psychologists

255.   The title psychologist encompasses a wide range of clinicians. There are nine titles for psychologist which are legally protected, meaning that to use the title there is a legal requirement that the practitioner holds certain qualifications or experiences. These nine protected titles are: Practitioner Psychologist; Registered Psychologist; Clinical Psychologist; Forensic Psychologist; Counselling Psychologist; Health Psychologist; Educational Psychologist; Occupational Psychologist; Sport and Exercise Psychologist. The Health Care

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Professional Council ("HCPC") is the regulator for Practitioner Psychologists operating under any of the protected titles.

256.   For the purposes of this witness statement, I have focused primarily on the roles of Forensic Psychologist and Clinical Psychologist, as these roles are the most relevant to the psychological services provided at MAH.

257.   Forensic Psychology is the application of psychology with people and organisations connected with the court, health or the justice system. In broad terms, forensic psychology aims to support people towards a pathway of recovery and reconnection. As indicated above, Forensic Psychologist is a protected title and requires require registration with the HCPC as a Practitioner Psychologist with forensic specialism. A number of universities offer HCPC approved programmes in Forensic Psychology. Some Forensic Psychologists are Chartered members of the British Psychological Society ("BPS") but this is not essential. A Forensic Psychologist must have completed an undergraduate psychology degree, followed by a Masters degree in Forensic Psychology, or a BPS post-graduate Diploma qualification in Forensic Psychology, or a Doctoral level qualification in Forensic Psychology.

258.   Academic training in respect of Forensic Psychology is not specific to Intellectual Disability; however, the training required to qualify as a Forensic Psychologist provides for competent psychological practice across a variety of mental health and forensic presentations.

259.   A Clinical Psychologist applies psychological theory to a wide range of mental and physical health problems including addiction, anxiety, depression, learning difficulties and relationship issues. Clinical Psychologists are required to be HCPC regulated. Clinical Psychologists have, as a minimum, an undergraduate psychology degree, followed by a 3-year Doctoral post graduate degree. Competition for the Doctoral post graduate degree is

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significant, and many students will have acquired Masters or PhD qualifications. Both undergraduate and postgraduate degree courses are accredited by the BPS.   Within Northern Ireland there is one Clinical Psychology Doctoral Training programme, offered by Queen's University Belfast. Training places are limited. In 1993 only six places were available, however numbers have gradually increased as the demand for psychologists has grown. There are currently 19 training places on the programme, however this number is due to increase to 21 in September 2023.   Clinical psychologists undertake specific training modules in relation to learning disability during the Doctoral post-graduate degree programme. The training modules relate to child and adult needs. Most trainees undertake a placement within learning disability services, or an equivalent skill-based area such as neuropsychology.

260.   Forensic and Clinical Psychologists employed by the Belfast Trust must complete the ten types of statutory and mandatory training set out in Topic 2. I have provided a spreadsheet document setting out each type of training required, and the frequency for its completion, behind Tab 5 of the bundle. Psychologists are also encouraged and supported to apply for external courses and training sessions as identified during appraisal and supervision sessions.

261.   In respect of the seven areas of training that the MAH Inquiry wishes to be addressed on:

- In respect of safeguarding, all Psychologists employed by the Belfast Trust must complete, Level 2 safeguarding training.

- In respect of the use of restraint, the Belfast Trust confirm that all psychologists working within Learning Disability services within the Belfast Trust are required to complete Safety Intervention Training,

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referred to in Topic 2. The level of training required will depend on the area of work for the individual.

- In respect of the use of seclusion, Psychologists employed by the Belfast Trust do not receive training in this subject matter as it is not applicable to their role. However, all Psychologists are made aware of relevant seclusion policies at the commencement of their employment with the Belfast Trust, if relevant to the sphere of work for the individual. Whilst seclusion decisions are usually made by medical and/or nursing staff, Psychologists may be made aware of seclusion decisions, and engage in discussion in respect of seclusion, at multi-disciplinary meetings.

- As regards the use of medication and side effects thereof, the Belfast Trust confirm that Psychology employees are not involved in prescribing or giving medication. Accordingly, Psychologists are not required to undertake training in respect of this issue.

- As regards choking risks, Psychologists are not generally involved in the provision or supervision of care, such as supporting feeding, which may involve higher choking risk factors. Psychologists will have an awareness of nursing and medical advice if involved in direct work with a patient. In this vein, should a patient pose a particular risk, psychologists will familiarise themselves with the care plan and will be cognisant of any issues which may arise.

- Communication strategies for persons with learning disabilities would form part of the core education and training for Psychologists. Psychologists may elect to undertake further training relating to communication strategies as part of their continuing professional development.

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- Positive behavioural support in respect of learning disability, autism and challenging behaviour would also form part of the core education and training for Clinical Psychologists. Forensic Psychologists employed within Learning Disability settings complete Positive Behavioural Support training during their employment with the Belfast Trust. As explained in Topic 2, SI training incorporates elements of training in respect of communication strategies and positive behavioural support.

262. The recruitment of Psychologists is managed though the Employee Relations in the Human Resources and Organisational Development directorate. Recruitment is managed through the regional Recruitment and Selection Shared Service Centre ("RSSC").

263. It is important to acknowledge that there is presently a regional and national shortage of Practitioner Psychologists. Dr Meekin informs me that she understands that the regional vacancy level for psychologists stands at approximately 30%. The lack of a workforce plan in Northern Ireland with regard to workforce needs for practitioner psychologists contributes to poor knowledge and data of workforce availability and demand. The position in Northern Ireland stands in opposition to that Scotland and England. By way of example, in 2020 NHS Education for Scotland published a Clinical Psychology Workforce Planning Report. In December 2021, Health Education England published an updated Psychological Professions Workforce Plan. Copies of these documents are provided behind Tab 5 of the exhibit bundle. Furthermore, Northern Ireland is the only country within the United Kingdom where the position of Chief Psychological Officer does not exist.

264. As regards deployment, Psychologists are deployed on the basis of commissioned posts across the Belfast Trust. As indicated above, the Belfast

Trust's response to Module 3 sets out the position in respect of the provision of Psychological services at MAH.

Speech and Language Therapists

265.   Speech and Language Therapists assess, treat and help to prevent speech, language and swallowing difficulties. Qualification as a speech and language therapist requires completion of a registered, accredited degree-level course either at university or as part of an apprenticeship. University-based degree level courses can be completed at either undergraduate (BSc) level or Postgraduate (PGDip or MSc) level. Upon successful qualification, the practitioner must register with the Health and Care Professions Council (HCPC) in order to practice as a Speech and Language Therapist in the UK.

266.   Practising Speech and Language Therapists in Belfast Trust are also required to hold membership of the UK Professional body, the Royal College of Speech and Language Therapists (RCSLT)

267.   The criteria for employment as a Speech and Language Therapist working directly with Intellectual Disability patients in the Belfast Trust differs depending on banding. The criteria for the Band 6 community posts requires 2 years post-qualification experience with intellectually disabled children or adults, with evidence of participation in relevant short courses. Band 7 Speech and Language Therapists working at Muckamore Abbey Hospital must have 4 years post-qualification experience with children with an intellectual disability or adults with an intellectual disability, and must have   undertaken postgraduate level or equivalent training, in dysphagia, augmentative and alternative communication and service improvement.

268.   Speech and Language Therapists employed by the Belfast Trust must complete the ten types of statutory and mandatory training set out in Topic 2.

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I have provided a spreadsheet document setting out each type of training required, and the frequency for its completion, behind Tab 5 of the bundle. Speech and Language Therapists are also encouraged and supported to apply for external courses and training sessions as identified during appraisal and supervision sessions.

269.   In respect of the seven areas of training that MAH Inquiry wishes to be addressed on:

- As regards safeguarding, all Speech and Language Therapists employed by the Belfast Trust must complete Level 2 safeguarding training, that is refreshed every 3 years

- In respect of the use of restraint, the Belfast Trust confirm that all Speech and Language Therapists employed by the Belfast Trust are required to complete Safety Intervention Training referred to within Topic 2. The level of training required will depend on the area of work for the individual.

- In respect of the use of seclusion, the Belfast Trust does not require Speech and Language Therapists to receive training in this subject matter as it is not applicable to their role. However, all Speech and Language Therapists are made aware of relevant seclusion policies at the commencement of their employment with the Belfast Trust, if relevant to the sphere of work for the individual.

- In respect of the use of medication and side effects thereof, Belfast Trust does not require Speech and Language Therapists to receive training in this subject matter as it is not applicable to their role.

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- In respect of choking risks, the Belfast Trust confirms that Speech and Language Therapists undertake extensive dysphagia training throughout their core education and training. Furthermore, Speech and Language Therapists working within Learning Disability settings are required to complete post basic dysphagia training at the commencement of their employment with the Belfast Trust.

- In respect of communication strategies for persons with learning disabilities, the Belfast Trusts confirm that Speech and Language Therapists complete extensive training on communication strategies during their core education and training. Speech and language therapists working within Learning Disability settings undertake further training on communication strategies, to include training in Makaton, Augmentative and Alternative Strategies and Talking Mats. The Speech and Language Therapy Service within the Belfast Trust has also contributed to the communication aspect of both MAPA/Safety Intervention and Positive Behaviour Support training.

- As regards Positive Behaviour Support in respect of learning disability, autism and challenging behaviour, Speech and Language therapists working within Learning Disability Services have attended Positive Behaviour Support awareness sessions delivered by the Psychological Services at MAH.

270.   The recruitment of Speech and Language Therapists is managed though the Employee Relations team in the Human Resources and Organisational Development directorate. Recruitment is managed through the regional Recruitment and Selection Shared Service Centre ("RSSC"). The Speech and Language Therapy Service is involved in the management of recruitment for speech and language therapists, although some posts are funded through the

Intellectual Disabilities budgets. Speech and language posts are for specific sites and specific roles.

271.   As regards deployment, Speech and Language Therapists are deployed across the Muckamore Abbey Hospital and community settings according to waiting lists or when cover for vacant posts is required. In advance of deployment, voluntary agreement is sought, and the skills of the staff are considered. As referred to above the Belfast Trust's response to Module 3 sets out the position in respect of the provision of Speech and Language services at MAH.

Occupational Therapists

272.   Occupational Therapists provide assessment, treatment and intervention to maximise independence and participation in activities of daily living and meaningful occupations. Qualification as an Occupational Therapist requires completion of a registered, accredited degree-level course at university. University-based degree level courses can be completed at either undergraduate (BSc) level or Postgraduate (PGDip or MSc) level. Upon successful qualification, the practitioner must register with the Health and Care Professions Council (HCPC) in order to practice as an Occupational Therapist in the UK.

273.   Newly qualified Occupational Therapists who are successfully appointed in the Belfast Trust are employed into a Band 5 Occupational Therapy rotational post. This post offers 6 months experience in a wide variety of clinical areas such as acute hospital, hand therapy, stroke rehab, care of the elderly, community, neurology, reablement, paediatrics and intellectual disability. There are two rotational Band 5 posts in Intellectual Disability, both are based in the community. A minimum of 1 years' experience working with

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intellectually disabled adults or children is required to apply for a Band 6 Occupational Therapy post working solely in the Intellectual Disability field.

274.   Occupational Therapists employed by the Belfast Trust must complete the ten types of statutory and mandatory training set out above in Topic 2. In this regard, I have provided documents entitled "LDOT Training Matrix" behind Tab 5 of the exhibit bundle. The documents set out each type of training required and the frequency for its completion. Occupational Therapists are also encouraged and supported to apply for external courses and training sessions as identified during appraisal and supervision sessions.

275.   Occupational Therapists working within learning disability settings are also invited to complete a Learning Disability Occupational Therapy in-service training programme. The in-service training is organised by an experienced Occupational Therapist within the Intellectual Disability service. This training is delivered by a range of guest speakers, to include, for example, external company representatives demonstrating equipment, and other multi-disciplinary team members presenting on their roles. Whilst attendance with the in-service training is not mandatory, all Occupational Therapists working within the Intellectual Disability service are encouraged to attend. I am informed by Ms Toland that the in-service training is generally well attended. A copy of the In-Service Training Programme for Occupational Therapists for 2014 – 2015 is provided behind Tab 5 of the exhibit bundle.

276.   In respect of the seven areas of training the Inquiry wishes to be addressed on:

- As regards safeguarding, Occupational Therapists employed by the Belfast Trust are required to complete Level 2 safeguarding training, which must be updated every 3 years.

- In respect of the use of restraint, all Occupational Therapists employed by the Belfast Trust are required to complete Safety Intervention Training referred to above. Further, the Learning Disability Occupational Therapy in-service training referred to above includes training provided by 'ARC NI' relating to the use of restraint.

- In respect of the use of seclusion, Occupational Therapists employed by the Belfast Trust are not required to undertake training in this subject matter as it is not applicable to their role. However, all Occupational Therapists are made aware of relevant seclusion policies at the commencement of their employment with the Belfast Trust, if relevant to the sphere of work for the individual.

- In respect of the use of medication and side effects thereof, Occupational Therapists employed by the Belfast Trust are not required to undertake training in this subject matter as it is not applicable to their role.

- As regards training on choking risks, Occupational Therapists employed by the Belfast Trust are not presently required to undertake dysphagia training however Ms Toland informs me that steps have been taken to secure the availability of Swallow Awareness and Dysphagia training, provided by the HSC Learning Centre, for Occupational Therapists working in ID services within the Belfast Trust. In addition, Occupational Therapists commencing work within the Occupational Therapy Learning Disability Team attend the Belfast Trust-wide Learning Disability Induction Training which includes an "Eating, Drinking, Swallowing" awareness session led by Speech and Language staff.

- As regards training on communication strategies for persons with learning disabilities, Occupational Therapists employed by the Belfast Trust are not presently required to undertake training in this subject matter, however, as explained, SI training includes elements of communication strategies training. In addition, Occupational Therapists working at MAH work in close collaboration with Speech and Language Therapy colleagues in relation to implementing communication strategies with persons with intellectual disability.

- As regards training on Positive Behaviour Support in respect of learning disability, autism and challenging behaviour, the training provided to Occupational Therapists employed by the Belfast Trust includes awareness sessions delivered by the Psychological Services at MAH. In addition, the Belfast Trust Learning Disability Induction training referred to above includes a "Therapeutic Support and Understanding Behaviour" session led by Specialist Clinical Psychologist staff. Unfortunately, this training was disrupted for some time due to the COVID-19 pandemic.

277.   The recruitment of Occupational Therapists is managed through the Employee Relations team in the Human Resources and Organisational Development directorate.

278.   The deployment of Occupational Therapists is managed by Occupational Therapy line management. In general terms, the specific wards or services that Occupational Therapists are allocated to will depend on the clinical skillset of the individual practitioner.

279.   As indicated above, the development of the provision of Occupational Therapy Services at MAH is address in Topic 7 of the Belfast Trust's response to Module 3.

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Physiotherapists

280.   Physiotherapists help people affected by illness or disability through movement and exercise, manual therapy, education and advice. Qualification as a Physiotherapist requires completion of a registered, accredited degree-level course either at university or as part of an apprenticeship. University-based degree level courses can be completed at either undergraduate (BSc) level or Postgraduate (PGDip or MSc) level. Upon successful qualification, the practitioner must register with the Health and Care Professions Council (HCPC) in order to practice as a Physiotherapist in the UK.

281.   Newly qualified Band 5 Physiotherapists employed by the Belfast Trust are not required to have any specific qualifications or experience beyond their undergraduate (or Masters) degree. Band 6 and Band 7 Physiotherapists employed by the Belfast Trust in a role within the ID service must have experience in the treatment of patients with an Intellectual Disability and be able to demonstrate clinical development in the area of Intellectual Disability.

282.   Physiotherapists employed by the Belfast Trust must complete the ten types of statutory and mandatory training set out in Topic 2. Physiotherapists are also required to undertake various training courses specific to their profession. In this regard, I have provided a document entitled Physiotherapy Mandatory Training Matrix V3, to be found behind Tab 5 of the exhibit bundle. This document sets out each type of training required, the frequency for its completion. Physiotherapists are also able to apply for external courses and training sessions as identified during appraisal and supervision sessions.

283.   In respect of the seven areas of training that the MAH Inquiry wishes to be addressed on:

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- In respect of safeguarding, Physiotherapists must complete Level 2 safeguarding training.

- In respect of the use of restraint, Physiotherapists employed by the Belfast Trust are required to complete Safety Intervention Training referred to above.

- In respect of the use of seclusion, Physiotherapists employed by the Belfast Trust are not required to undertake training in this subject matter, as it is not applicable to their role. However, Physiotherapists are made aware of relevant seclusion policies at the commencement of their employment with the Belfast Trust, if relevant to the sphere of work for the individual.

- In respect of the use of medication and side effects thereof, Physiotherapists employed by the Belfast Trust are not generally required to undertake training in this subject matter as it is not applicable to their role. Whilst a Physiotherapist may undertake training to qualify as a non-medical prescriber, there are no Physiotherapists trained as non-medical prescribers at MAH.

- In respect of choking risks, the Belfast Trust confirm that Physiotherapists' core respiratory skills provide an understanding of aspiration. Physiotherapists are not presently required to undertake specific dysphagia training. Physiotherapists commencing working within the Physiotherapy Learning Disability Team attend the Belfast Trust-wide Learning Disability Induction Training which includes an "Eating, Drinking, Swallowing" awareness session led by Speech and Language staff. Additionally, local and regional materials relevant to choking risks are disseminated to Physiotherapists by email and discussed during monthly team meetings. Individual patient choking

risks are also considered during the assessment process, purposeful inpatient admission meetings and through discussion with other staff. Physiotherapists will liaise with Speech and Language colleagues regarding concerns about swallowing issues for individual patients.

- In respect of communication strategies for persons with learning disabilities, Physiotherapists employed by the Belfast Trust are not presently required to undertake specific training in this area. However, staff are encouraged to attend all relevant awareness and training sessions. In addition, specific in-service training sessions are planned within the Physiotherapy team as required, promoting good practice. The most recent session, delivered by Speech and Language Therapy colleagues, took place on 19 May 2022 in respect of Makaton. Specific training regarding individual patient communication needs is arranged on site in MAH with relevant staff and is usually delivered by Speech and Language Therapy colleagues.

- Regarding Positive Behaviour Support in respect of learning disability, autism and challenging behaviour, the Belfast Trust-wide Learning Disability Induction training attended by Physiotherapists commencing work in the Physiotherapy Learning Disability team includes a 'Therapeutic Support and Understanding Behaviour' session led by Specialist Clinical Psychologist staff. Physiotherapists working in the Physiotherapy Learning Disability team are required to attend Positive Behaviour Awareness training when available. This training is delivered by the Positive Behaviour Support team at MAH. The last Positive Behaviour Awareness training course took place in 2021, through a combination of e-learning and in-person training. In addition, and as previously explained, SI training incorporates elements of communication and Positive Behaviour Support training.

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284.   Turning to the issue of recruitment and deployment of Physiotherapists, the recruitment of Physiotherapists is managed through the Employee Relations team within the Human Resources and Organisational Development directorate.

285.   In respect of deployment of Physiotherapists in the Belfast Trust, Band 5 employees are deployed in six-month rotational posts. Band 6 and 7 staff are deployed, upon recruitment, into static posts. Deployment decisions are made by physiotherapy line managers and are based on risk assessments, service prioritisation and consideration of the minimum staffing required for safe, effective and compassionate delivery of service at MAH. Department of Health Elective targets are also taken into consideration.

286.   As explained, the Belfast Trust's response to Module 3 sets out the position in respect of the provision of physiotherapy services at MAH.

Topic 5 – Measures relating to staff retention and support

287.   In addressing this topic, I have drawn on the assistance of Jacqui Kennedy, Director of Human Resources and Organisational Development, and Alison Kerr, Senior Manager, Human Resources.

288.   The Belfast Trust's workforce is made up of around 21,500 full time and part time staff. The staff of the Belfast Trust are vital to the ability of the Belfast Trust to deliver the highest standard of care to patients and clients. Accordingly, the retention and support of staff is a forefront consideration for the Belfast Trust.

Strategy documents

289.   The Belfast Trust's commitment to supporting its staff is set out in various strategy documents published from 2008 to present, to include (copies of the documents can be found behind Tab 6 in the exhibit bundle):

- A Belfast Way: In 2008 the Belfast Trust published "The Belfast Way: A vision in health and social care for citizens 2008 – 2013" (The Belfast Way"). "The Belfast Way" sets out the strategic direction for the Belfast Trust over the five-year time period and provided *"a framework to support innovation and creativity for all our staff"*. The Belfast Trust's vision as an employer is set out on internal page 5 of "The Belfast Way":

    "Our vision is to be seen as an excellent employer within the health and social services family and beyond. Our people will feel valued, recognised and rewarded for their endeavours. They will be supported in their development -and their worth as individuals will be respected in the application of their skills in delivering on our vision and purpose."

- Belfast Trust Employment, Equality & Diversity Plans: Since 2008, the Belfast Trust has implemented Employment, Equality & Diversity Plans. The Employment, Equality & Diversity Plans generally span 3-year periods. They are developed in partnership with Trade Union representatives and accord with Equality Commission guidelines. In broad terms, the Employment, Equality & Diversity Plans act to enable the development of a coordinated framework to be established for the legislative, policy and best practice initiatives for the Belfast Trust's Employment Equality Team. The Employment, Equality & Diversity Plans are implemented in conjunction with the Belfast Trust Equality Scheme.

- Belfast Trust Good Relations Strategies: Since 2012 the Belfast Trust has developed and implemented 5-year Good Relations Strategies. In broad

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terms, the Good Relations Strategies are a demonstration of the Belfast Trust's commitment to promote good relations and equality of opportunity for its staff and patients/clients, not only in accordance with, but beyond its responsibility under Section 75 of the Northern Ireland Act 1998. The Good Relations Strategies identify the actions and timelines for initiatives to promote good relations within the Belfast Trust.

- The Belfast Trust People Strategies: Since its creation, the Belfast Trust has developed and implemented 5-year People Strategies. The People Strategies set out how the Belfast Trust will support its people in caring, supporting and improving together, with the aim of making the Belfast Trust a world leader in the provision of health and social care. A copy of the Belfast Trust People Strategy for 2016 to 2021 is provided behind Tab 6 in the exhibit bundle.

- Belfast Trust Corporate Plans: The Belfast Trust Corporate Plans set out the vision of the Belfast Trust, together with its purpose, core values and key objectives/priorities that will shape the strategic direction of the Belfast Trust. Examples of the Belfast Trust Corporate Plans are to be found behind Tab 6 of the exhibit bundle. The Belfast Trust's priorities in respect of its staff are a key component of the Corporate Plans. By way of example, the 2021 – 2023 Corporate Plan set out (on internal page 12) the priority of *"seeking real time feedback from staff and patients"*, together with examples of what action was being taken in respect of this priority. The examples given regarding staff were: *"Engaging with our staff to ensure that we our doing our best to support Happy, Healthy and Productive Teams"* and *"Recognising where we are doing things well and making the necessary changes to improve when things could be done better. Our priorities are only achievable because of our people and leadership"*. On internal page

13, the Belfast Trust set out the areas it was focusing on from 2021 - 2023 in respect of People and Culture. The areas are:

  i. *Building a culture that is safe, effective and compassionate and that facilitates an engaged workforce;*

  ii. *Keeping our staff safe and helping staff realise their best possible state of wellbeing;*

  iii. *Improving our staffing levels;*

  iv. *Continuously communicating and listening to our staff and service users to enable us to make the Belfast Trust the best possible place to work and to receive treatment;*

  v. *Developing and supporting leaders so that they can lead staff collectively and with compassion;*

  vi. *Improving how we recognise and value our staff;*

  vii. *Working collaboratively with staff, partners at all levels to develop and implement locally owned programmes and providing visible sponsorship and leadership."*

Belfast Trust Policies relevant to staff retention and support

290.   The primary measure employed by the Belfast Trust to retain and support staff is the establishment of a robust framework of policies that are subject to regular review. I have provided below a brief overview of some of the key policies relevant to the retention and support of staff. However, it would not be possible for me to address each policy that could be said to bear

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on the general issue of retention and support of employees. Should the MAH Inquiry wish to be addressed on a particular issue or policy that is not addressed within this topic, then I will take the necessary steps to provide that information.

Recruitment and Selection

291.   The Belfast Trust is committed to ensuring that its recruitment and selection processes are efficient and effective. The efficiency and efficacy of these processes is integral to ensuring that the Belfast Trust is able to recruit the highest calibre of staff. The Belfast Trust Recruitment and Selection Policy, a copy of which can be found behind Tab 6 in the exhibit bundle, sets out the standards that facilitate effective recruitment and selection, and that comply with employment legislation and best practice. The Recruitment and Selection Policy sets out the responsibilities and expectations of recruiting managers, the retained recruitment service (Human Resources) and the Regional Recruitment Shared Service. The policy applies to all appointments to the Belfast Trust, including those of medical and dental staff.

Induction

292.   Induction is a vital mechanism for welcoming an employee to the Belfast Trust and ensuring that they are equipped with the necessary support and knowledge to enable them to carry out their role. A copy of the Belfast Trust Induction Policy and Management Guidelines is provided behind Tab 6 of the exhibit bundle. In Topic 6 I address the induction process implemented by the Belfast Trust. In the interests of brevity, and to avoid repetition, I do not propose to repeat that information herein, save as to indicate that the induction process should be considered as a relevant measure in respect of retention and support of staff within the Belfast Trust.

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Equality, Diversion, and Inclusion

293.   The Belfast Trust Equality, Diversity and Inclusion policy (previously known as the Equal Opportunities Policy) outlines the Belfast Trust's commitment to equality, diversity and inclusion for all employees, regardless of gender (including gender identity and expression), religious belief, political opinion, marital/civil partnership or family status, race, age, sexual orientation, disability and whether or not they have dependents. The policy aims to promote equality and prevent unlawful discrimination and applies to all staff within the Belfast Trust. A copy of the 2018 Equality, Diversity and Inclusion Policy is to be found behind Tab 6 of the exhibit bundle.

294.   In August 2018 the Belfast Trust introduced the policy entitled "Gender Identity and Expression Employment Policy", a copy of which is to be found behind Tab 6 of the exhibit bundle. The purpose of the Gender Identity and Expression Employment Policy is to provide guidance and advice to all staff and managers on the recruitment and retention of transgender and non-binary staff. The policy was developed to support the Belfast Trust's diverse workforce and aims to create a workplace where the dignity of and respect for transgender and non-binary people is protected and promoted.

295.   The above-mentioned policies should be read alongside the Belfast Trust's Harmonious Working Statement/Joint Declaration of Protection, a copy of which is to be found behind Tab 6 of the bundle. The Harmonious Working Statement/Joint Declaration of Protection was agreed between the Belfast Trust and the Trade Unions and Staff Organisations representing employees of the Belfast Trust. The Harmonious Working Statement/Joint Declaration of Protection is brought to the attention of all staff during the induction process and is displayed prominently at various locations throughout the Belfast Trust, to include Staff Notice Boards, and online, for example, on the Belfast Trust Loop.

Disability

296.   In 2011 the Belfast Trust introduced a policy entitled 'Employment of People with Disability – Framework", provided behind Tab 6 of the bundle. The purpose of the policy is to support the recruitment and retention of disabled staff members in the Belfast Trust, and to promote a supportive a working environment for individuals with disabilities. The policy should be read in conjunction with the Belfast Trust's "Reasonable Adjustment's Guidelines for Managers" and "Disability Etiquette", copies of which are also to be found behind Tab 6 of the exhibit bundle.

Work Life Balance

297.   The Belfast Trust recognises the importance of flexible working in promoting equality of opportunity in the workplace, and in attracting and retaining highly skilled and experienced staff. In January 2009 the Belfast Trust introduced the policy entitled "Work Life Balance and Flexible Working Policies and Arrangements". The purpose of the policy is to provide staff with a range of flexible working arrangements to enable them to balance their work and home commitments, and to improve their working lives. The Work Life Balance and Flexible Working Polices and Arrangements includes a range of flexible working sub-policies and associated documents, including:

- Improving Working Lives, Work Life Balance, Flexible Working Policies and Arrangements Information Pack;

- Worklife Balance Guidelines for Managers and Staff on Flexible Working Arrangements;

- Compressed Working Policy;

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- Employment Break Policy;

- Flexi Time Policy;

- Flexible Retirement Policy;

- Homeworking/Teleworking Policy;

- Job Sharing Policy;

- Part-time Working Policy;

- Term Time Policy.

298.   In February 2011 the Belfast Trust developed and implemented the policy entitled "Special Leave Policy", a copy of which is to be found at Tab 6 of the exhibit bundle. The "Special Leave Policy" was developed in recognition of the fact that employees may on occasion require special leave to undertake obligations outside of their working life, but which may not be suitable for annual or flexible leave. The Special Leave Policy outlines the occasions for which special leave may be appropriate, and the process for applying for special leave.

Breastfeeding

299.   In 2017 the Belfast Trust developed and implemented the policy entitled "Supporting Breast Feeding Employees Policy", a copy of which is to be found behind Tab 6 of the exhibit bundle. The "Supporting Breast Feeding Employees" policy was developed to support the provision of a workforce environment that supports breastfeeding employees in continuing to

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breastfeed their infants following maternity leave. The "Supporting Breast Feeding Employees" policy outlines the responsibilities of both the Belfast Trust and the breastfeeding employee and provides for adjustments such as breastfeeding breaks and the provision of a private room for breastfeeding.

Grievance

300.   The Belfast Trust's procedure in respect of grievances is set out in the policy document entitled "Regional Grievance Procedure", a copy of which is to be found behind Tab 6 of the exhibit bundle. The Regional Grievance Procedure sets out the procedure agreed by the Regional Human Resources Policy Group (attended by representatives from all 5 HSC Trusts in Northern Ireland) and formally ratified by HSC (NI) Joint Negotiation Forum with Trade Unions. Accordingly, the procedure set out within this document applies in each of the five HSC Trusts in Northern Ireland. The Regional Grievance Procedure aims to provide employees with the ability to have their grievance considered quickly and effectively.

Conflict, Bullying and Harassment

301.   The Belfast Trust "Conflict, Bullying and Harassment in the Workplace Policy & Procedure" is to be found behind Tab 6 of the exhibit bundle. The "Conflict, Bullying and Harassment in the Workplace Policy & Procedure" outlines the Belfast Trust's commitment to creating and promoting a harmonious working environment where all staff feel safe and are treated with dignity and respect, regardless of their age, disability status, marital or civil partnership status, political opinion, race, religious belief, sex (including gender reassignment), sexual orientation, or whether they have dependents. The "Conflict, Bullying and Harassment in the Workplace Policy & Procedure" provides staff with guidance on how to handle conflict, bullying and harassment and outlines the rights and collective responsibility of staff to create

a safe, harmonious and positive working environment. The Belfast Trust's Harmonious Working Statement / Joint Declaration of Protection, referred to above, is relevant to and should be considered with this policy.

Mediation

302.   In 2013 the Belfast Trust developed and implemented the policy entitled "Mediation Policy and Procedure", a copy of which is to be found behind Tab 6 of the exhibit bundle. The Belfast Trust recognises mediation as an important and effective mechanism for maintaining employee relationships and resolving issues that may arise between employees. The purpose of the mediation policy is to provide guidance for managers and employees as to what mediation is, and when it could appropriately be used.

Stress, Health and Well-being

303.   In 2016 the Belfast Trust developed and implemented the policy entitled "Belfast Health & Social Care Policy & Procedural Arrangements relating to the Management of Stress, Health and Well Being". The policy was developed in recognition of the prevalence of stress as a cause of illness and absence at work. The key objectives of the policy are: to recognise that workplace stress is a health and safety issue and to acknowledge the importance of identifying and reducing stressors, to reduce the impact of work-related stress on the delivery of the Belfast Trust's services and to promote and protect the health and well-being of staff within the Belfast Trust. A copy of the policy is provided behind Tab 6 of the exhibit bundle.

Management of Attendance

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304.   The Belfast Trust "Management of Attendance Protocol", a copy of which is to be found behind Tab 6 of the exhibit bundle, sets out the procedure to be followed in respect of the management of staff absence. This is to ensure that absence is managed in a fair, consistent and proactive manner. The "Management of Attendance Protocol" aims to improve the health and wellbeing of employees by supporting initiatives that enable the staff member to return to or remain in work, and to take personal responsibility for their attendance by clearly setting out their obligations in respect of attendance. The policy was developed in line with the 2010 Regional Framework on the Management of Attendance, a copy of which is also to be found behind Tab 6 of the exhibit bundle.

305.   The Attendance Management team within the Belfast Trust Human Resources and Organisational Development Team provide support, training, and advice to managers throughout the Belfast Trust in relation to management of attendance. In addition, each directorate within the Belfast Trust is allocated a Band 5 Attendance Management Lead Contact within the Attendance Management Team. The Attendance Management Lead Contact is the key named contact assigned to a directorate for all matters relating to absence management. The Attendance Management Lead provides information and advice to managers regarding managing staff absence, attending case conference meetings and assisting with medical redeployments.

Recognition and Reward

306.   In 2012 the Belfast Trust developed and implemented the policy entitled "Reward and Recognition". The policy sets out the Belfast Trust's commitment to rewarding and recognising staff and ensuring that staff feel valued and appreciated. The policy provides for a range of measures aimed at assisting the Belfast Trust to recruit and retain a high-quality, committed and flexible

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workforce that provides a safe and high-quality service. A copy of the policy is to be found at Tab 6 of the exhibit bundle.

Relocation

307.   In 2012 the Belfast Trust implemented the policy entitled "Relocation and Associated Expenses Policy", a copy of which is to be found behind Tab 6 of the exhibit bundle. The policy provides guidance in respect of when the Belfast Trust will reimburse expenses incurred through relocation. It is premised on the basis that staff should not be financially disadvantaged because of reasonable costs incurred through a move that is either in the interests of the Belfast Trust or is to further the staff member's professional training.

308.   Guidance for staff regarding temporary site relocation is to be found in the policy document entitled "Temporary Across Site Relocation Policy", a copy of which is provided behind Tab 6 of the exhibit bundle.

Whistleblowing

309.   The present Belfast Trust policy in respect of whistleblowing is set out in the document entitled "Your Right to Raise a Concern (Whistleblowing Policy)" ("the Whistleblowing Policy"). The Whistleblowing Policy has been addressed within the Belfast Trust's response to Module 3, at Topic 8. I do not propose to repeat the contents of that response here, save as to acknowledge that the whistleblowing policy serves an important purpose not only in improving quality of services and patient safety, but also in retaining and supporting staff. The Whistleblowing Policy aims to ensure that staff who suspect wrongdoing at work are enabled to raise their concerns through an effective and confidential process, and to promote a culture of openness,

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transparency, and dialogue. A copy of the present Whistleblowing Policy is provided behind Tab 6 of the exhibit bundle.

Other measures relevant to staff retention and support

310.   In addition to the implementation of a robust and evolving framework of policies, the Belfast Trust implements a number of additional measures aimed at retaining and supporting staff, examples of which are provided below.

B Well

311.   In 2015 the Belfast Trust established "B Well", an interactive resource accessible as a website and through an app. "B Well" aims to unify the entire suite of employee health and well-being support offered to is staff by the Belfast Trust. It offers a range of support, advice, training, activities and tools across 5 wellbeing themes: "B active", "mind ur mind", "positive choices", "eat well" and "Here4U",

Carers Framework

312.   In 2019 the Belfast Trust developed the document entitled "Framework for staff with a caring role" (the "Carers Framework"), a copy of which is to be found behind Tab 6 of the exhibit bundle. The Carers Framework was developed to support the Belfast Trust in the development of an integrated approach to enable staff with caring commitments to remain in work whilst also safeguarding their health and well-being. The "Carers Framework" sets out the policies and guidance, support services and initiatives implemented by the Belfast Trust to support staff with caring responsibilities and outlines the Belfast Trust's 4 strand model to support the delivery of its objectives.

"Being Belfast"

313.   In May 2021 the Belfast Trust introduced "Being Belfast". "Being Belfast" is an innovative, interactive resource designed specifically to meet the needs of staff of the Belfast Trust. "Being Belfast" was generated by the Human Resources and Organisational Development team, who worked in partnership with the HSC Leadership Centre. As part of the development of "Being Belfast", various staff members from different levels, roles and professions within the Belfast Trust were consulted in order to enable the Belfast Trust to ascertain how best to support its staff. The "Being Belfast" resource aims to support all of the staff within the Belfast Trust. It includes managers' toolkits with practical resources for managing people, resources and self. An example of a toolkit is the November 2017 "Framework for the Management of Staff Affected by Organisation Change and Staff Redeployment Protocol, Manager's Toolkit", a copy of which is provided behind Tab 6.

Improving Working Lives

314.   The Improving Working Lives team within the Human Resources and Organisational Development directorate have developed a number of "Improving Working Lives" initiatives designed to support staff. Examples of the Improving Working Lives initiatives include:

- The establishment of a Belfast Trust Summer Scheme to support staff with childcare needs during the summer months.

- The implementation of a Childcare Vouchers scheme, to assist in reducing childcare bills for staff who use registered childcare providers.

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- The provision of Maternity Information Sessions to all staff members who are pregnant or who wish to avail of information on maternity related issues and regulations.

- The implementation of the "Cycle2work" scheme. The Cycle2work scheme is a government approved salary sacrifice initiative that allows staff to hire a bike and accessories up to the value of £1,500. The aim of the scheme is to improve the health and fitness of staff, improve circulation and minimise stress levels.

- The establishment of the "Menopause Café". The Menopause Café provides a forum for staff to share their experiences in respect of menopause and aims to provide support to staff in dealing with the symptoms associated with the menopause.

315. The Improving Working Lives team also organise events held throughout the Belfast Trust designed to promote the well-being of staff. Three examples of events held at MAH are:

- In 2016 the Improving Working Lives team organised a "1b Champion Challenge" at MAH. The aim of the challenge was to inspire employees to make lifestyle changes that would improve their long-term health and well-being through healthy nutrition and regular exercise.

- In 2019 the Improving Working Lives team organised a Health Fair at MAH. The Health Fair took place over a lunch time period and involved initiatives such as a "Rehydrate/Refuel" initiative designed to promote staff wellbeing during the working day.

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- In 2020 the Improving Working Lives team hosted a range of activities at MAH as part of a programme of events under the "Here4U" theme. The activities includes Yoga, Flower Arranging and Floral Art Sessions.

Staff Survey

316. In 2008 the Improving Working Lives team initiated the first Belfast Trust Staff Survey. From 2009 onwards regional Staff Surveys were carried out. The Staff Surveys were part of a continuous programme to engage with staff and seek their views on working for the Belfast Trust. The Staff Surveys enabled the Belfast Trust to build on the action taken corporately and within directorates to further improve the working lives of staff.

Exit Interviews

317. In Topic 11 I provide an overview of the Belfast Trust's process in respect of Exit Interviews. To avoid repetition, I will not repeat that information within this topic, save to acknowledge that Exit Interviews are an important mechanism in supporting the retention of staff and enabling the Belfast Trust to identify and respond to issues that may be contributing to staff attrition.

Learning and development

318. The Belfast Trust endorses a culture of lifelong learning in which staff feel valued, motivated and engaged and have the knowledge and skills required to provide safe, high quality and effective care. In Topics 2, 3, 4 and 6 I address the issue of training of staff within the Belfast Trust. I do not propose to repeat that information in this topic, save to acknowledge the fact that the support of lifelong learning and education is another important measure in retaining and supporting staff.

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North and West Belfast Trust: Measures relating to staff retention and support

319.   Unfortunately, it has not been possible to identify an individual within the Belfast Trust who can speak to the measures implemented by the North and West Belfast Trust in relation to staff retention and support. However, Ms Kerr has been able to identify and retrieve a number of archived North and West Belfast documents, to be found behind Tab 6 of the exhibit bundle, each of which may be said to bear on the general issue of staff retention and support:

- *Human Resources Strategy 2005 – 2007*

- *North and West Belfast HSS Trust Selection and Appointments Procedure*

- *North and West Belfast HSS Trust Training and Development Policy for Personal Social Services Staff; Hotel Services Training & Development Strategy January 2004, HR & Corporate Affairs Directorate*

- *Policy for the Prevention of Aggression to Staff*

- *Staff Guidelines on Dealing with Aggression*

- *Guidelines for Supervisors and Line Managers on Recording of Sickness Absence*

- *Guidance Notes for Supervisors and Line Managers on Control of Absenteeism November 2002*

- *Staff Charter and Monitoring Process February 2003*

- *Prevention of Harassment and Bullying at Work*

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- *Equal Opportunities Policy*

- *Serious Adverse Incident Policy & Procedure v1 29 June 2005*

- *Serious Adverse Incident Policy & Procedure v2 28 June 2006*

- *Adverse Events/Incidents*

- *Investigation of Adverse Events/Incidents, Near Misses, Complaints and Claims v1 23 February 2005*

- *Framework for Dealing with Sectarian Threats to Staff*

- *Joint Protocol on Handling of Threats to Staff*

- *North and West Belfast HSS Trust The Trust's Corporate Communications Strategy April 2001/2003*

- *North and West Belfast HSS Trust Risk Management Strategy 2003*

- *Staff Care Services North and West Belfast Trust, Service Usage Report 1 April 2001 - 31 March 2002*

- *Staff Care Services North and West Belfast Trust, Service Usage Report 2002 – 2003*

- *The Provision of an Employee Assistance Programme*

- *North and West Belfast HSS Trust Corporate Induction Programme*

- *North and West Belfast HSS Staff Development Profile*

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- *North and West Belfast HSS Staff Development Action Plan*

- *A flyer showing details of Selection and Interviewing Training Course held In Fostering Centre Glendinning House and Muckamore Abbey Hospital*

Topic 6 – Induction programme for new unregistered staff and temporary workers

320.   I have interpreted the MAH Inquiry's reference to "unregistered staff" as a reference to nursing assistants. The term "temporary worker" could conceivably incorporate three categories of staff; staff who are temporarily employed by the Belfast Trust, staff on the Nursing and Midwifery Bank, and agency workers. Each of these categories encompass various professional groupings. It would not be possible, within the confines of this statement, for me to address the induction programme for each professional grouping within each category of staff. I have therefore focused my evidence on the various induction processes for nursing assistants and registered nurses. Should the MAH Inquiry wish to be addressed on the induction process for any other professional grouping, steps will be taken to facilitate this.

321.   In addressing this topic, I have drawn on the assistance of:

- Ms Margaret Smith, Quality Assurance Co-Ordinator, Vocational Learning Team

- Ms Jennie Taggart, Service Manager, Human Resources and Organisational Development

- Ms Ann Marie Ward, Lead Nurse for Regulation, Learning and Informatics

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- Ethel Kelly, Professional Lead Nurse, Nurse Bank

322. There are two main strands to the induction process for employees of the Belfast Trust; corporate induction and local induction. I address below both aspects of induction.

323. In addition to the corporate and local induction, certain staff groupings have an additional induction process bespoke to their role, known as a professional induction A high-level overview of the professional induction process for newly qualified Band 5 nurses employed by the Belfast Trust is also set out below. I also address core induction for nursing assistants employed by the Belfast Trust. I addresses the issue of induction for nurses and midwives on the Nursing and Midwifery Bank and I also address the issue of induction for agency workers engaged via the Belfast Trust, focusing on nurses and nursing assistants.

Belfast Trust Induction Policy

324. The Belfast Trust recognises the importance of a timely and robust induction for its staff. The primary Belfast Trust document relating to induction is the policy document entitled "Belfast Trust Induction Policy and Management Guideline". A copy of the current version of this policy can be found behind Tab 7 of the exhibit bundle. The previous versions of this policy have already been disclosed to the MAH Inquiry

325. The process set out within the Belfast Trust Induction Policy and Management Guideline is not repeated here. In broad terms, the process is twofold; it consists of a corporate induction and a local induction. It is designed to act as a tool to effectively introduce the staff member both to the Belfast Trust as an organisation, and their role within the Belfast Trust. The process aims to

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create a positive relationship between the Belfast Trust and its employees, thereby encouraging the staff member to make an effective contribution to the Belfast Trust from the outset of their employment.

326.   The Belfast Trust's Induction Policy and Management Guideline applies to staff who are new to the Belfast Trust, and to staff who are new to a particular role or department. It applies to various professional groupings of staff within the Belfast Trust, including Medical and Dental, Nursing and Midwifery and Social Services. However, it does not apply to Agency Staff or Medical and Dental Staff in Training.

327.   The corporate induction is mandatory and now entails attendance at a one-day event known as 'The Belfast Trust Welcome Event'. The Welcome Event was established in April 2019 and runs every month. In 2020, due to the COVID 19 pandemic, the Welcome Event ceased to be a one-day event and was facilitated through a Digital Welcome, available on a digital platform known as Page Tiger.   It is a forum for staff to be introduced to the Belfast Trust as an employer and to receive important information, including details of the support and benefits available to the employee. The provision of core mandatory training is also facilitated through the Welcome Event. Employees should generally attend this event on the first day of their employment with the Belfast Trust. Further information on the Belfast Trust Welcome Event is contained in the document entitled 'Welcome to the Belfast Trust, Guidance for Managers on the Commencement of New Staff'. I have provided a copy of this document at Tab 7 of the bundle.

328.   Local induction is carried out by the new employee's line manager and is bespoke to the new employee's role. Local induction is mandatory and should generally be carried out within 4 weeks of the commencement of employment.

329.   The local induction for nurses employed by the Belfast Trust is usually carried out by a Nurse Development Lead and/or a Clinical Educator, in conjunction with the relevant managers. The local induction for nursing assistants employed by the Belfast Trust is usually carried out by the HR Vocational Learning Team.

Professional Nursing Induction

330.   In addressing this topic, I have been assisted by my colleague Ms Ann Marie Ward, Lead Nurse for Regulation, Learning and Informatics. Ms Ward commenced her role in 2017 and was therefore able to provide me with information regarding the professional nursing induction process from 2017 to the present date.

331.   A professional induction for nurses has been in place since the inception of the Belfast Trust in 2007. The purpose of professional nursing induction is, in broad terms, to support the professional socialisation of the new nurses and midwives into the Belfast Trust. Up until 2019, the professional nursing induction took place over a 5-day period, available 3 times per year. The programme content included elements of core mandatory training and awareness sessions relating to a range of subjects.

332.   In 2016/2017, the Chief Nursing Officer commissioned NIPEC to conduct a review of induction programmes for Band 5 nurses and midwives within the five HSC Trusts in Northern Ireland. The 2016 NIPEC Project Initiation Document in respect of the review is provided behind Tab 7 of the exhibit bundle.

333.   In 2017 NIPEC conducted a regional scoping exercise in respect of the induction programmes for Band 5 nurses. The findings of the scoping exercise were published in May 2017, in the report entitled "Northern Ireland Practice

and Education Council for Nursing and Midwifery Regional Scoping of Induction Programmes for Band 5 Nurses and Midwives". A copy of this report is exhibited behind Tab 7 of the exhibit bundle.

334.   The findings of the review itself are set out in the report entitled "Regional Review of Induction Programmes for Band 5 Nurses and Midwives", published in November 2017. A copy of the report is behind Tab 7 of the exhibit bundle. The themes and summary findings of the review are set out in Section 8.0 on internal pages 8 and 9 of the report. They included a finding that each HSC Trust had in place a nursing induction programme which often included topics or subjects that had been covered in pre-registration education. Furthermore, it was considered that topics included in induction programmes were more aligned to Continuous Professional Development and Learning ("CPD") which should be addressed over an agreed time frame, rather than a requirement to allow the employee to get started in the post and take up the role.

335.   The recommendations offered by NIPEC are set out in Section 10.0 on internal pages 14 and 15 of the report. The broad recommendation of the NIPEC was that a CPD Framework should be developed, supported by a passport type arrangement which maps agreed learning beginning at pre-registration, during the preceptorship period and lifelong throughout the registrant's career. Furthermore, topics included in Nursing and Midwifery induction should be addressed within the CPD Framework, aligned to extant mandatory training requirement, personal development plans and local induction.

336.   In March 2018 the Chief Nursing Officer wrote to the Directors of Nursing in each of the HSC Trusts regarding the key findings of the NIPEC review. The Chief Nursing Officer asked the 5 HSC Trusts to review their induction processes to ensure that duplication of training and learning was minimised and ensure that prior learning through recognised organisations

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was recognised. A copy of the letter is to be found at Tab 7 of the exhibit bundle.

337. In 2018 the Belfast Trust established an Induction/Mandatory Training Working Group to review the existing arrangements for Band 5 nursing and midwifery induction and implement a revised induction programme to meet NIPEC Framework recommendations. The working group was chaired by Eilish MacDougall, Senior Manager for Education Regulation and Informatics, and co-chaired by Ms Ward. The Terms of Reference for the Induction/Mandatory Training Working Group are at Tab 7 of the exhibit bundle.

338. The working group developed a revised 4-day Nursing Induction Programme. A pilot of the Nursing Induction Programme took place from April 2019 to December 2019. The launch of the 4-day pilot coincided with the implementation of the new corporate induction Welcome Event in April 2019. The corporate and professional induction process for newly qualified Band 5 nurses therefore consisted of the following 5-day programme:

- Day 1: Welcome Event, facilitated by the HR & OD directorate.

- Day 2: Professional Induction facilitated by Nurse Development Leads/ Clinical Educators on a rota basis.

- Day 3: Introduction to Core E-learning facilitated by Nurse Development Leads/ Clinical Educators.

- Day 4: Deteriorating Patient Programme (specific to the role of the individual nurse), facilitated by the Clinical Education Centre.

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- Day 5: Safeguarding Level 2 Adult and Children, facilitated by the Clinical Education Centre.

339.   The pilot Nursing Induction Programme ran monthly. It was attended by newly qualified registered nurses and midwives, as well as nurses and midwives who were awaiting registration. It included 1 day of training dedicated to the Level 2 safeguarding of adults and children. The following documents, exhibited behind Tab 7, and which relate to the pilot Nursing Induction Programme, may be of interest to the MAH Inquiry:

- Presentation on the Nursing and Midwifery Pilot Induction

- Nursing and Midwifery Induction Programme Delivery Team Booklet,

- Corporate Welcome Attendance Record

- Nursing and Midwifery E Learning Allocation

- Nursing and Midwifery Day 2 Attendance Record

- Nursing and Midwifery Day 3 E Learning Attendance Record

- Precedent Nursing and Midwifery Professional Induction Programme 2019

- Nursing and Midwifery Induction Access Guide to Learning

- BHSCT Professional Nursing and Midwifery Induction for New Staff Managers FAQs

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340.   The pilot was monitored and evaluated by the Induction/Mandatory Working Group. In December 2020, Ms Ward authored an options paper for the Senior Nursing and Midwifery Team, setting out the achievements and challenges associated with the pilot together with three proposed options. The option preferred by the working group was a 3-day induction to be delivered one month after the corporate induction, and an e-learning day to be delivered locally by the Nursing Development Leads. A copy of this paper, together with the subsequently updated Option 3 summary, is at Tab 7 of the bundle.

341.   Whilst the pilot of the revised Nursing Induction Programme concluded in December 2019, the revised programme continued to take place until March 2020. The programme was suspended from April 2020 onwards due to the onset of the COVID-19 pandemic. From April 2020 the focus of the Induction/Mandatory Training Working Group shifted from finalising the revised Nursing Induction Programme to implementing a recovery plan to design and develop content for a digital induction as an interim solution. In addition to this, the working group engaged with the Clinical Education Centre ("CEC") regarding the provision of Zoom access for the CEC course that formed part of the professional induction process.

342.   It is important to acknowledge that whilst the professional induction programme was unavoidably disrupted by COVID-19, all new nurses employed by the Belfast Trust continued to receive a local induction bespoke to their role throughout the pandemic.

343.   In October 2020 an interim digital resource was developed to facilitate a digital professional induction. The interim digital resource, available on Page Tiger, was initially piloted with a small cohort of Band 5 registrants. The digital induction was timetabled over a four-day period and was designed to mirror, as best as possible, the revised Nursing Induction Programme. The materials available on Page Tiger include; Key Performance Induction training material,

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preceptorship material, revalidation material and reflective supervision material. Prior to the development of this resource, the Nurse Development Leads were provided with the materials relevant to the professional induction and asked to incorporate these, to the best of their ability, into the local induction so as to minimise the disruption to the delivery of the professional induction.

344. The pilot was successful and the digital professional induction was formally introduced in November 2020. At present, the professional induction process takes place on a hybrid basis. Nurse Development Leads or Clinical Educators guide new Band 5 nurses on the professional induction material to be accessed and completed on Page Tiger. Quality assurance in respect of the professional induction process is monitored through a digital induction database which is updated by Nurse Development Leads or Clinical Educators, who are responsible certifying the completion of the professional induction by the individual registrant.

345. The following documents relating to the digital induction may be of interest to the MAH Inquiry (copies are provided behind Tab 7 in the exhibit bundle):

- BHSCT Nursing Induction 2020/21

- Invitation to the Pilot Digital Nursing Induction Programme

- Programme Evaluation

- Communication regarding the Digital Induction

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346.   In 2022 a Nursing Induction sub-group of the Induction/Mandatory Training Working Group was established to review and further develop the digital professional nursing induction programme. The sub-group was chaired by Ms Ward and includes Nurse Development Leads and Clinical Educators. The review of the digital induction programme was completed in February 2022, and a revised digital professional nursing induction programme was launched in October 2022. The updated version of the digital resource was to include Page Tiger content to allow for a more engaging programme. Updated KPI presentation content and videos were incorporated in addition to supervision, revalidation and preceptorship. This update was completed prior to incorporating delivery via MS Teams platform.

347.   This section focuses on the induction for a newly qualified Band 5 registrant. Should the MAH Inquiry wish to be addressed on the professional nursing induction for nurses newly employed at a higher banding, then steps can be taken to facilitate this.

Induction for Nursing Assistants employed by the Belfast Trust

348.   As explained above, I have interpreted the MAH Inquiry's reference to 'unregistered staff' to mean nursing assistants. Nursing assistants are also known as nursing auxiliaries (Band 2) or healthcare support workers (Band 3).

349.   In addressing this topic, I have been assisted by Ms Margaret Smith.

350.   Nursing assistants who are newly employed by the Belfast Trust undertake the corporate and local induction process referred to above. In addition, there is a bespoke induction programme for nursing assistants, delivered by the Vocational Learning Team ("VLT") within the Human Resources and Organisational Development directorate.

351.   The VLT was established in 2007 and is made up of a team of five registered nurses. The VLT is responsible for the delivery of vocational qualifications for unregistered nursing support staff employed at Band 2 and Band 3. In 2013, the VLT developed a mandatory induction programme for nursing assistants: the Nursing Assistant Induction Programme.

352.   The Nursing Assistant Induction Programme was initially delivered over a two-week period, running every three months. Staff members are required to complete the Induction Programme before commencing their role on a ward or department. The Induction Programme initially included:

- Mandatory training;

- Information regarding the role of Nursing Assistant and the associated responsibilities;

- Information regarding Patient Centred Care and activities of daily living;

- Venepuncture and Vital Signs training for certain Band 3 staff.

353.   The Nursing Assistant Induction Programme evolved over time. For example, between 2013 and 2018 various training sessions, including Mental Health Awareness, Learning Disability Awareness and Dementia Awareness, were added to the programme. In September 2018 the Nursing Assistant Induction Programme was reduced from 10 days to 5 days. The programme was adjusted further upon the introduction of the Belfast Trust Welcome Event in April 2019. In October 2020, in response to the COVID-19 pandemic, an interim digital resource was developed on Page Tiger to facilitate digital induction for Nursing Assistants. The digital induction was timetabled over a

4-day period and was designed to mirror, as best as possible, the revised Nursing Assistant Induction Programme.

354.   The following documents, relevant to the Nursing Assistant Programme, may be of interest to the MAH Inquiry (copies are provided behind Tab 7 in the exhibit bundle):

- February 2023 presentation, "Digital Induction Programme for new staff"

- Information sheet "Nursing Assistant Induction Person Centred Care and Fundamentals of Nursing"

- 2023 Digital resource "Welcome to your Nursing Assistant Induction"

- 2022 Presentation "Person Centred Care & Fundamentals of Nursing"

355.   Since November 2015, some 682 Nursing Assistants employed by the Belfast Trust have completed the Mandatory Nursing Assistant Induction Programme.

356.   In February 2018, the Department of Health introduced mandatory standards for Nursing Assistants, set out in a document entitled "Standards for Nursing Assistants employed in HSC Trusts in Northern Ireland" (the "2018 Nursing Assistant Standards"). A copy of this document is exhibited behind Tab 7. The document sets out four standards for Nursing Assistants:

- Support the delivery of safe, person-centred and compassionate care to people who use our standards.

- Communicate openly and honestly to promote the health and wellbeing of people who use our services.

- Maintain your knowledge, skills and experience to enable you do your job properly, in order to improve the quality of care to people who use our services.

- Respect and protect at all times the right to confidentiality, privacy and dignity for people who use our services.

357.   The 2018 Nursing Assistant Standards apply to all Nursing Assistants employed to support registered Nurses in HSC Trusts. The 2018 Nursing Assistant Standards are informed by the NMC guidance for registered nurses in respect of delegation.

358.   The Department of Health also published a document setting out an induction pathway for nursing assistants in February 2018. The document, entitled "Induction and Development Pathway for Nursing Assistants employed by HSC Trusts in Northern Ireland" ("the 2018 Nursing Assistant Pathway") is provided behind Tab 7 of the exhibit bundle. The 2018 Nursing Assistant Pathway is underpinned by the Standards for Nursing Assistants and is comprised of 4 steps which HSC Trusts can build on to develop Nursing Assistants in their role, and them to meet the needs of patients and clients.

359.   The four steps in the pathway are:

- Step 1: Role Induction

- Step 2: Work-based Induction

- Step 3: Regulated Qualifications Framework Development Programme

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- Step 4: Ongoing Development

360.   In 2018 the Belfast Trust established an Induction/Mandatory Training Working Group to review the existing arrangements for Band 2 and Band 3 Nursing Assistants. The working group was chaired by Ms Eilish MacDougall, Senior Manager for Education Regulation and Informatics, and co-chaired by Ms Ward. The purpose of the Induction/Mandatory Training group was to ensure that the Nursing Assistant Induction Programme was in line with the 2018 Nursing Assistant Standards and the 2018 Nursing Assistant Pathway. The Nursing Assistant Induction Programme was subsequently amended to include discussion of the 2018 Nursing Assistant Standards.

361.   The 2018 Nursing Assistant Pathway is encapsulated in the three tiers of induction for nursing assistants employed by Belfast Trust: corporate induction, local induction, and the Nursing Assistant Induction Programme.

362.   Step 1 is achieved through the Nursing Assistant Induction Programme. Step 2 is achieved through the bespoke local induction. As regards Step 3, Band 2 Nursing Assistants employed by the Belfast Trust must hold a Level 2 RQF Certificate at the commencement of their employment. All Senior Nursing Assistants (Band 3) must hold a Level 3 RQF Certificate. If Senior Nursing Assistants do not hold a Level 3 Certificate at the point of appointment to the role, they are supported by the Belfast Trust to undertake the Level 3 course and obtain the Certificate.

363.   Step 4 is facilitated through the annual Staff Development Review that all employees of the Belfast Trust undertake with their relevant line manager. The purpose of the Staff Development Review ("SDR") is to provide an opportunity for the employee to discuss personal development needs with their line manager, thereby promoting a culture of lifelong learning. The SDR

is a core element in the Nursing Assistant Induction Programme. A copy of a presentation relating to the Belfast Trust SDR is to be found behind Tab 7 of the bundle.

Induction process for Bank Staff

364.   The Belfast Trust Nursing and Midwifery Bank ("the Bank") was established in 2008 to ensure that temporary staffing cover for short periods of time was available at short notice. The Bank is comprised both of staff who hold substantive posts within the Belfast Trust and wish to avail of additional shifts, and staff who do not hold a substantive post with the Belfast Trust but wish to avail of shifts in the Belfast Trust. The Bank consists of nursing assistants, registered nurses and midwives.

365.   The primary Belfast Trust document relating to the Bank is the policy document entitled, "Nursing and Midwifery Bank Operational Policy". A copy of the current version of the policy is provided behind Tab 7 of the bundle. Previous versions of the policy will be provided as part of the ongoing disclosure exercise. The process for induction is set out at Section 5.16 of internal pages 9 – 10 of the policy:

> *"5.16 Training / Induction / Development*
>
> *It is accepted that staff holding substantive contracts will, as part of their induction, have completed both the Trust's Welcome Programme and Department Induction Training, and their mandatory and statutory training as outlined within the Trust's Statutory and Mandatory Training Policy. All training should be completed within 6 months of starting and any staff working in Mental Health sectors will have to have completed MAPA training before they take up their shift. Staff on bank only contracts will be required to attend the Trust's Welcome Programme. All other mandatory/statutory training as set out in the Trust's Statutory and Mandatory Training Policy will be provided*

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by the Trust and individuals will be expected to attend. Bank staff will be responsible for maintaining the appropriate skills level. Mandatory and statutory training will depend on the Service Area, the grade and type of staff. Information can be obtained from the Bank Office or the manager. Training required to work in specialist areas is held by the Bank Office."

366.   All staff who are members of the Bank ("Bank staff") are required to complete a short local induction at each location they undertake a shift, regardless of whether they hold a substantive post within the Belfast Trust. The local induction at MAH for bank nurses and nursing assistants is conducted by an allocated staff member as supervisor of the induction and consists of an overview of health and safety, fire plan, environmental orientation and a handover of patient care plans and positive behaviour support plans.

367.   The Ward Sister or Charge Nurse must complete a checklist for all bank and agency nurses undertaking a shift on a ward for the first time. The checklist must also be completed if the nurse has not worked on the ward in question for some time. The checklist includes a key check in respect of the induction/orientation of the nurse. It must be signed by the staff member and the Ward Sister/Charge Nurse. Copies of the checklists are retained at ward level. A pro-forma checklist is provided behind Tab 7 of the bundle.

368.   Bank Nurses will complete an induction checklist even if they are expected to work one shift, this checklist will be completed before undertaking a shift on a ward for the first time. If the Bank Nurse is expected to be engaged for a longer period, an induction booklet is completed before undertaking a shift on a ward for the first time.

369.   Bank Nursing Assistants will complete an induction checklist even if they are expected to work one shift, this checklist will be completed before

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undertaking a shift on a ward for the first time. If the Bank Nursing Assistant is expected to be engaged for a longer period, an induction booklet is completed before undertaking a shift on a ward for the first time.

370. Whilst not strictly relevant to the induction process, it may be of assistance to the MAH Inquiry if I provide a brief overview of the training requirements for nurse and nursing assistants on the Bank.

371. As set out above, the Belfast Trust Core Statutory and Mandatory Training policy addresses the minimum core mandatory training requirements for all Belfast Trust staff and volunteers. The policy, a copy of which is to be found behind Tab 3 of the exhibit bundle, applies to all Bank staff, regardless of whether the staff member holds a substantive role with the Belfast Trust. The training of Bank staff is managed by the Professional Lead for the Nurse Bank. Training records for Bank staff are held on the Belfast Trust's Healthroster system, which is monitored by the Bank office within the Belfast Trust.

372. Bank nurses and nursing assistants who undertake shifts at MAH are also required to undertake Safety Intervention Training and mandatory training to support them in their role prior to undertaking a shift at MAH. The lead nurse and ward sister or change nurse are responsible for ensuring this training is completed.

Induction process for Agency Workers

373. The Trust is currently working to the Framework "Agency Workers – Nursing and Healthcare Support" Lots 1 and 2. Lots 1 and 2 relate to registered nurse and non-registrants (healthcare support workers).

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374.   The Belfast Trust Induction Policy and Management Guidelines (provided behind Tab 7 of the exhibit bundle) does not apply to agency workers. However, the policy includes some general guidance in respect of the local induction/orientation that agency staff must complete:

Section 5.6, internal page 11:

"This Policy does not apply to Agency Staff or Medical and Dental staff in training. Managers responsible for the local induction of Agency Staff should refer to the Belfast Trust Guidelines on Local Induction for these groups of staff as outlined in section 2.0 above."

Section 2.0, internal page 5:

"This policy does not apply to Agency Staff in that they will not undertake the Trust's Welcome programme. Managers responsible for the engagement of Agency staff must ensure that they receive a local induction/orientation of the relevant area to include fire safety. Managers should refer to the Belfast Trust protocols for engagement of agency staff. The protocols can be found on the HR Policy and guideline section of the Trust Intranet. Managers should adapt the local induction template (appendix 1) to inform local induction/orientation for Agency Staff. Managers need to ensure that the induction/orientation is appropriate and sufficient to meet the needs of the service and also the role that the agency staff member will undertake."

375.   The local induction for agency workers will vary depending on the role of the agency worker and the service area in which they are engaged. For the purposes of my present evidence, I have focused on the local induction for nurses and nursing assistants, engaged by the Belfast Trust through an agency, to work at MAH. For brevity, I will simply refer to these workers simply as agency nurses and nursing assistants for the remainder of this topic.

376.   The engagement of agency nurse and nursing assistants at MAH is managed by the Belfast Trust Bank Office. However, the responsibility for the induction of the agency nurse or nursing assistant lies with the relevant management staff at MAH. The local induction should be completed on the individual's first day of work at MAH.

377.   The local induction for nurses engaged to work at MAH is carried out by a designated staff member and overseen by the ward sister/charge nurse. In broad terms the local induction consists of orientation to the ward, health and safety, fire plan, overview and handover of patients care plans and PBS plans, and will check what training the staff member has in place or needs in the immediate period. Upon completion of the local induction, a checklist is completed by the person who carried out the induction. A copy of the induction checklist is exhibited at Tab 7.

378.   The local induction for nursing assistants engaged to work at MAH is carried out by a designated staff member and overseen by the ward sister/charge nurse. Upon completion of the local induction, a checklist is completed by the person who carried out the induction. A copy of the induction checklist is exhibited at Tab 7.

379.   The checklist referred to above must also be completed by the Ward Sister or Charge Nurse in respect of agency nursing staff undertaking a shift on a ward at MAH.

380.   Whilst not strictly relevant to the induction process for agency staff, it may be of assistance to the MAH Inquiry if I briefly address the training requirements for agency nurses and nursing assistants engaged to work at MAH.

381.   All staff engaged through agencies are required to have had their core mandatory training needs met by their employer (the agency) before commencing work in the Belfast Trust. The agency is also responsible for ensuring that agency staff are compliant with their core mandatory training requirements, and legislative and regulatory requirements.

382.   The MAH Inquiry may wish to consider the following regional documents, each of which may be said to bear on the issue of the training of agency nurses: (copies of the documents can be found behind Tab 7 in the exhibit bundle):

- 2008 Department of Health *"Nursing Agencies Minimum Standards"*.

- 2021 RQIA *"Provider Guidance 2021-22 Nursing Agencies"*

- 2022 RQIA *"Provider Guidance 2022-23 Nursing Agencies"*

- March 2022 RQIA *"Monitoring Quality in a Nursing Agency: Guidance for Registered Providers (Regulation 20 of the Nursing Agencies Regulations (Northern Ireland) 2005)"*

- 2019 RQIA *"Provider Guidance 2019-20 Nursing Agencies"*

- Undated RQIA Training Guidance – Nursing Agencies

- 2018 RQIA *"Provider Guidance 2018- 19 Nursing Agencies"*

383.   Agency nurses and nursing assistants engaged to work at MAH must also complete the following specific training before undertaking a shift at MAH: Safety Intervention Training, Safeguarding level 3 and Positive

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Behaviour Support awareness. The Ward Sister or Charge Nurse is responsible for ensuring that agency staff at MAH complete the specific training.

Topic 7 – Practice regarding supervision of unregistered staff

384.   As indicated in Topic 6, I have interpreted the MAH Inquiry's reference to unregistered staff to mean nursing assistants, and not daycare assistants (who fall within the remit of Social Work).

385.   There are two main types of oversight for non-registered nursing staff; that which is carried out by a registered nurse during delegation of a duty to the nursing assistant, and that which is carried out by the Ward Sister or Charge Nurse as part of the overall management of a ward. I will deal with each of these types of supervision separately.

Delegation

386.   Nursing assistants undertake aspects of nursing care delegated by the Nurse or Midwife. It is the responsibility of a registered nurse or midwife to ensure delegation is appropriate. Delegation is defined by the NMC as *"the transfer to a competent individual, of the authority to perform a specific task in a specific situation"*. The registered Nurse or Midwife remains responsible for the delegated care.

387.   A registered nurse or midwife is accountable for the decision to delegate care and should only delegate a duty to a nursing assistant whom the registrant deems to be competent to carry out the duty in question. Accountability is defined by the NMC as *"the principle that individuals and organisations are responsible for their actions and may be required to explain them to others."*

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388.   Accordingly, the issue of oversight of nursing assistants is inextricably linked to the principles of delegation and accountability. My evidence in respect of this issue will focus on delegation in respect of registered nurses, however the principle applies equally to midwives.

389.   At the point of successful entry onto the NMC register, a nurse will have completed an NMC approved degree programme. The NMC Code, as referred to in Topic 2, sets the standards of professional conduct required for nurses and midwives. A nurse must commit to upholding the standards set out in the NMC Code at the point of joining the register and at each renewal of registration. Adherence to the Code is of fundamental importance. Failure to uphold the Code can ultimately result in removal from the register.

390.   A copy of the 2018 version of the NMC Code is to be found behind Tab 8 of the exhibit bundle. Section 11 of the NMC Code (on internal page 14) sets out the requirements in respect of accountability for the delegation of tasks:

"11 Be accountable for your decisions to delegate tasks and duties to other people

To achieve this, you must:

11.1   only delegate tasks and duties that are within the other person's scope of competence, making sure they fully understand your instructions

11.2   make sure that everyone you delegate tasks to is adequately supervised and supported to they can provide safe and compassionate care

11.3   confirm that the outcome of any task you have delegated to someone meets the required standard"

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391.   In 2019 the NMC published the document entitled "Delegation and Accountability, Supplementary Information to the NMC Code", a copy of which is to be found behind Tab 8 of the bundle. The document provides guidance on the issues of delegation and accountability, and specifically addresses the application of these principles in respect of regulated nursing associates. The role of a nursing associate, does not currently exist in Northern Ireland.

392.   In November 2018 the Royal College of Nursing published "Accountability and delegation: A guide for the nursing team" ("the 2018 RCN Guide"). A copy of the 2018 RCN Guide, which is currently under review, is to be found behind Tab 8 of the exhibit bundle. The 2018 RCN Guide describes the principles of delegation in the following terms (at internal pages and 7):

* Delegation must always be in the best interest of the patient and not performed simply in an effort to save time or money.

* The support worker must have been suitably trained to perform the intervention.

* Full records of training given, including dates, should be kept.

* Evidence of competence assessment should be recorded, preferably against recognised standards such as National Occupational Standards.

* There should be clear guidelines and protocols in place so that the support worker is not required to make a 'stand-alone clinical judgement'.

* The role should be within the support worker's job description.

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- The team and any support staff need to be informed that the activity has been delegated (for example, a receptionist in a GP surgery or ward clerk in a hospital setting).

- The person who delegates the activity must ensure that an appropriate level of supervision is available and that the support worker has the opportunity for mentorship. The level of supervision and feedback provided must be appropriate to the activity being delegated. This will be based on the recorded knowledge and competence of the support worker, the needs of the patient/client, the service setting and the activities assigned.

- Ongoing development to ensure that competency is maintained is essential.

- The whole process must be assessed for the degree of risk.

393.   In January 2019 the NIPEC published "Deciding to Delegate, A Decision Support Framework for Nursing and Midwifery" ("the 2019 NIPEC Framework"). A copy of the 2019 NIPEC Framework is to be found behind Tab 8 of the exhibit bundle. The employing organisation is responsible for ensuring that there are appropriate arrangements in place to support safe and effective delegation of duties. The 2019 NIPEC Framework defines three main requirements to be considered by the employing organisation in respect of delegation, each of which underpins and ensures the safety and effectiveness of any decision to delegate taken by nurses and midwives. In broad terms, the three requirements (set out on at internal page 6) are:

- That care and practice environments are organised to support effective decision-making processes.

- That organisational governance arrangements are in place to support effective delegation decisions.

- That professional, legislative, and regulatory requirements that confer responsibility and accountability on registered and non-registered staff across and between organisations are considered.

394.   The 2019 NIPEC Framework also sets out, on internal pages 7 – 11, the seven elements that should be applied to each decision to delegate, in broad terms, the seven elements are:

- Accountability

- Responsibility

- Process which comprises the right:

- Task

- Circumstance

- Person

- Direction

- Support and Evaluation

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395.   Training in respect of delegation, accountability and supervisions is delivered as part of the induction programme and ongoing as part of continuing professional development.

396.   Failure to uphold any part of the NMC code by a registered nurse, may result in action being taken against the nurse by both the Belfast Trust, through its capability procedures, internal Fitness to Practice processes, and if required, referral to the NMC.

<u>Supervisory role of the Ward Sister/Charge Nurse</u>

397.   I have explained the role of a Ward Sister / Charge Nurse in Topic 3. To briefly recap, the Ward Sister / Charge Nurse has a leadership role which encompasses elements of clinical practice, management, leadership, education and teaching. Whilst accountability for the delegation of care to a nursing assistant lies with the registered nurse who made the decision to delegate, the Charge Nurse / Ward Sister should ensure appropriate oversight of the delegation of care to nursing assistants. The ward sister or charge nurse is responsible for the oversight of the safety and quality aspects of all care in their ward and department.

Topic 8 – Programme at MAH for clinical audits/ University placement audits/ NIMDTA placement audits.

398.   This topic involves three separate processes: clinical audits, university placements and NIMDTA placement audits. I shall deal with each process in turn below. In doing so, I have drawn on the assistance of:

- Ms Billie Hughes, Co-Director of Intellectual Services, former Divisional Nurse at MAH

- Ms Jenni Armstrong, former Resource Nurse, MAH

- Ms Carol Chambers, Lead Nurse Practice Education Co-ordinator

- Dr Simon Johnston, Director of Medical Education and Consultant Gastroenterologist

Programme at MAH for Clinical Audits

399.   A clinical audit is a quality improvement process that seeks to improve patient care and outcomes through a systematic review of care against explicit standards. The relevant Belfast Trust policies relating to clinical audits, together with relevant Healthcare Quality Improvement Partnership guidance documents, were addressed as part of the Belfast Trust's response to Module 3.

400.   I am not personally aware of any fixed programme of clinical audits at MAH. Ms Hughes has been able to assist me in identifying examples of clinical audits presently carried out at MAH. However, Ms Hughes commenced the post of Divisional Nurse at MAH in March 2022, and therefore her knowledge is limited to the clinical audits carried out from March 2022. Examples of clinical audits presently carried out include: Hand Hygiene Audits, SKIN Bundle Audits and Induction Audits.

401.   In addition, I am informed by Ms Armstrong that various other types of audits have been carried out at MAH from 2009. Examples of service level audits carried out at MAH include:

- Adult Safeguarding Audits: A copy of the Audit Report for an Adult Safeguarding Audit carried out in October 2019 is provided behind Tab 9 of the exhibit bundle.

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- Belfast Risk Audit and Assessment Tool ("BRAAT") Audits;

- Care Plan Audits: An example proforma Care Plan Audit is provided behind Tab 9 of the exhibit bundle.

- Community Integration Audits: An example proforma Community Integration Audit is provided behind Tab 9 of the exhibit bundle.

- Safety Brief Audits: A copy of a Safety Brief Audit carried out in July 2018 is provided behind Tab 9 of the exhibit bundle.

- Equate Audits;

- Patient Satisfaction Audits.

402.   I am informed by Ms Jenni Armstrong that seclusion audits were introduced in MAH in 2019. Ms Armstrong carries out seclusion audits on a monthly basis, by reference to the MAH Seclusion Database and individual patient PARIS records relating to seclusion.

403.   It may assist the MAH Inquiry if I briefly explain what the MAH Seclusion Database is, and how it is managed. In general terms, the MAH Seclusion Database is a live spreadsheet setting out the details of each use of seclusion within MAH. It includes the name of the patient placed in seclusion, the duration of the period of seclusion, the start and finish time, the reason for the use of seclusion and the place of seclusion. The information on the MAH Seclusion Database is derived from daily ward reports. The wards reports are monitored by Mr Mark Armour, Medical Records Librarian at MAH, who inputs the relevant information into the Seclusion Database.

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404.   The findings of a seclusion audit are set out in a "Seclusion Report" authored by Ms Armstrong. The Seclusion Reports are provided to ward managers and senior management within MAH. An example copy Seclusion Report (for September 2019) is to be found behind Tab 9 of the exhibit bundle. A full set of the available Seclusion Reports will be provided to the MAH Inquiry as part of the ongoing disclosure process. It is important to acknowledge that seclusion audits are only carried out for the months during which a period of seclusion is recorded. Seclusion has not been used at MAH since August 2022, and therefore the most recent seclusion audit at MAH was that for the month of August 2022.

405.   It should be noted that whilst monthly seclusion audits were introduced as recently as 2019, the recording and reporting of seclusion is a long-standing process at MAH. By way of example, a copy of the report entitled "Muckamore Abbey Hospital Seclusion Report August 2008" is provided behind Tab 9 of the exhibit bundle. A full set of the available seclusion records and associated reports will be disclosed to the MAH Inquiry through the ongoing disclosure process.

406.   It may assist the MAH Inquiry if I briefly address the local governance arrangements previously in place regarding audits.

407.   In September 2009, the Mental Health and Learning Disability ("MHLD") Audit Lead Committee was established. The Terms of Reference for the MHLD Audit Lead Committee are provided behind Tab 9 of the exhibit bundle. The MHLD Audit Lead Committee was chaired by the Senior Manager for Service Improvement, Modernisation and Governance and involved various staff members from the MHLD Service Group, an audit manager, and a carer/user representative. The MHLD Audit Lead Committee met

approximately six times per year until approximately 2017. Its aims and functions were:

- To review audit priorities annually for the Service Group;

- To approve audits for the Service Group;

- To facilitate staff undertaking audit and assist with the application process;

- To ensure staff undertaking audits are working within the application process;

- To encourage multidisciplinary audit within the Service Group.

408.   A list of the audits carried out through the MHLD Audit Lead Committee, and that were registered with the Belfast Trust Standards, Quality and Audit Committee, is provided behind Tab 9 of the bundle. Available minutes of the MHLD Audit Lead Committee will be provided to the MAH Inquiry as part of the ongoing disclosure exercise.

409.   In approximately 2010 the MHLD Audit Forum was established through the MHLD Audit Lead Committee. The Audit Forum provided a platform to share good practice and learning from audits that had taken place. By way of example, copy notes for the MHLD Audit Forum held on 25 May 2010 are provided behind Tab 9 of the exhibit bundle.

410.   A MHLD Audit Conference took place in May 2014. The MHLD Audit Conference was organised by the MHLD Audit Lead Committee. A copy of the

programme for the MHLD Conference is provided behind Tab 9 of the exhibit bundle.

Programme at MAH for university placement audits

411.   In addressing the issue of university placement audits at MAH, I have focused on those carried out in relation to nursing students, as the majority of university students undertaking a placement at MAH are student nurses.

412.   In Topic 2 of this statement, I address the education and training of RNLDs. As I explained above, there were 10 practice learning areas within MAH. At present, six practice learning areas are in used for student nurses: Sixmile, Cranfield 1, Cranfield 2, Killead, Moyola and Behavioural Services.

413.   Within Topic 2 I also explain how the NMC requires approved education institutions and practice learning partners to regularly review all learning environments and provide assurance that they are safe and effective. This assurance process is facilitated through the completion of a "Practice Learning Environment Educational Audit" ("PLEE Audit"). PLEE Audits are completed for each practice learning area on a biannual basis. The PLEE Audit is completed by the education institution in conjunction with the practice learning partner. The Practice Education team is closely involved with the completion of PLEE Audits within the Belfast Trust.

414.   PLEE Audits have been carried out from the inception of the Belfast Trust in 2007, although their format has developed over time. A copy of the NIPEC document, 'Future Nurse Future Midwife Guidance: Practice Learning Environments Education Audit", is provided at Tab 9 of the exhibit bundle. Appendix 5 of the Belfast Trust Policy for the Management of the Nursing and Midwifery Council (NMC) Standards for Education and Training Parts 1, 2 and 3, and Standards of Proficiency for Registered Nurse (NMC 2018) and

Midwives (NMC 2019), deals specifically with process in respect of PLEE Audits within the Belfast Trust.

415. I have provided copies of two PLEE Audits relating to practice learning areas at MAH. A copy of the PLEE Audit in respect of the Erne Ward, carried out in February 2017, is to be found behind Tab 9 of the exhibit bundle. A copy of the PLEE Audit for the Sixmile Ward, completed on 13 June 2022, is at Tab 9 of the exhibit bundle. Should the MAH Inquiry wish to receive copies of the other PLEE Audits undertaken at the practice learning areas within MAH, then steps can be taken to collate these documents and disclose them to the MAH Inquiry as part of the ongoing disclosure process.

416. Whilst not strictly part of the auditing process, it may assist the MAH if I briefly address the additional monitoring and assurance arrangements implemented regarding student nurses at MAH, from 2017 to present.

417. In 2017, following the emergence of allegations of patient abuse at MAH, a series of meetings were organised between the Belfast Trust and both Queen's University Belfast and the Open University. These meetings related to student nurse experience on placement at MAH and were an additional level of assurance from the ongoing Educational Audits.

418. The meetings with Queen's University Belfast, generally referred to as 'Partnership meetings', take place every six weeks. The meetings are attended by Ms Chambers, Ms Crawford, senior nursing staff and Professor Lynn Marsh, Senior Lecturer at Queen's University Belfast. The agenda for these meetings generally includes the provision of an overview of placement experiences and student supports, divisional updates, lines of communication and areas for collaboration. I have provided, by way of example, a set of copy minutes from a meeting which took place on 14 May 2019 and a set of copy minutes from a meeting which took place on 29 June 2021. They can be found at Tab 9 of the

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exhibit bundle. Minutes for the other meetings can be made available to the MAH Inquiry, should the MAH Inquiry wish to consider them.

419. The meetings with the Open University ("OU") are known as Practice Progress Meetings. The meetings take place 4 times per year and are usually attended by Ms Chambers, Ms Crawford, senior nursing staff and various staff members from the OU. In broad terms, the meetings provide a forum to regularly review the progress of OU nursing students, identify nursing students with practice or academic issues, and review the practice allocation processes. I have provided a copy of the Terms of Reference for the meetings, together with example copy minutes from the meeting held on 14 April 2022, behind Tab 9 of the bundle.

420. The 2017 CCTV investigation resulted in 3 Open University student nurses being placed on Interim Protection Plans ("IPPs"). "Progress Review" meetings are held on a monthly basis with each of the student nurses placed on IPPs. The purpose of the Progress Review meeting is to discuss the continued support, supervision and assessment required for the relevant student nurse.

421. On 6 August 2018, the OU carried out a risk assessment in respect of the potential compromise to the learning environment at MAH. The risk assessment was carried out by Claire McGuigan, Staff Tutor employed by the OU. The risk assessment was specific to the Moyola Day Centre, as it was the only practice learning environments at MAH available for OU student nurses at that time. The outcome of the risk assessment was that there was no identified risk at Moyola Day Centre. The risk assessment was reviewed on 21 September 2018 and 10 December 2018. A copy of the risk assessment document is found at Tab x in the exhibit bundle.

422. On 7 August 2018, the Psychiatric Intensive Care Unit ("PICU") in MAH was temporarily withdrawn as a practice placement area due to reduced

mentor capacity. In any event, there were no student nurses placed in PICU at that time.

423.   Education activities at MAH are also monitored by the Belfast Trust Workforce Education Nursing Working Group. The Workforce Education Nursing Working Group was established as a sub-group of the Belfast Trust's Directors' Oversight Co-ordination Steering Group MAH. The Workforce Education Nursing Working sub-group meets on a weekly basis and includes senior management at MAH, HR representatives, senior nursing staff and representatives from the Practice Education team.

424.   In August 2022 the Practice Education Team provided a written presentation to the Chief Nursing Officer, Ms Charlotte McArdle, on the nursing student experience at MAH.

425.   In October 2022 the Chief Nursing Officer, Ms Maria McIlgorm, requested that the Ms Creaney provide assurance on the quality and safety of nursing student placements at MAH. On 24 October 2022 Ms Creaney provided Ms McIlgorm   with a summary document, entitled "Brief Summary of Practice Education Involvement on Muckamore Abbey Hospital Site". The summary document included the following:

- A summary of the role of the Belfast Trust Practice Education Facilitator;

- An overview of the meetings held with Queens University Belfast and the Open University;

- An overview of the student induction at MAH;

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- Summary of actions plans and reviews of PLEE Audits carried out at MAH in 2017, 2020, 2021 and 2022;

- A copy of the PLEE Audit of Sixmile dated 13 June 2022;

- Sample QUB Student Evaluations from March 2022 – July 2022.

426.   The Belfast Trust meet with the Chief Nursing Officer and/or her team to discuss Nursing Workforce in Muckamore Abbey Hospital on a regular basis. This is also covered at the Muckamore Departmental Assurance Group (MDAG) which is chaired by the Chief Nursing Officer and the Chief Social Worker.

Programme at MAH for NIMDTA placement audits

427.   In Topic 4 I address the education and training of ID psychiatrists. There I explained that NIMDTA is responsible for the quality management of all GMC approved foundation and speciality approved training programmes in Northern Ireland. Whilst NIMDTA is the employer of doctors and dentists in training, the training and education of the trainees is delivered through the 5 HSC Trusts in Northern Ireland (known as Local Education Providers ("LEPs") or Host Organisations.)

428.   I am not aware of NIMDTA placement audits carried out at MAH. I am informed by Dr Johnston that the training environment at MAH is regularly monitored and assessed by NIMDTA through inspection visits. Inspection visits, known as "Deanery Visits" are one of the ways in which NIMDTA ensures that LEPs are meeting the GMC's Standards for Postgraduate Medical Education and Training.

429.   NIMDTA describes the aims for the Deanery Visits in the following terms:

- *"Monitor that GMC standards are being met in the LEP through collection of primary, independent, qualitative data that can be triangulated with information from Deanery Self-assessment LEP Reports and Deanery Trainee Surveys.*

- *Explore good practice and concerns within the LEP through face-to-face interviews*

- *Promote good practice and developments*

- *Facilitate local problem solving*

- *Provide verbal and written feedback to the LEP on areas of concern and actions necessary to improve postgraduate medical education and training. These areas of concern and actions will be risk stratified as green, amber and red.*

- *Promote collaboration, partnership and personal relationships between NIMDTA staff and staff in Local Education Providers."*

430.   Deanery Visits are carried out either by site (i.e. Trust or Hospital site) or by Speciality. The Deanery Visits at MAH are part of the Psychiatry specialty within the Belfast Trust.

431.   There are three types of Deanery Visit: Clinical Monitoring Visit, Interim Visit and Problem-Solving Visit. Clinical visits are carried out on a cyclical basis. Interim Visit are carried out if it is necessary to follow up a Cyclical Monitoring Visit to review progress on an agreed action plan arising from the

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Cyclical Monitoring Visit. Problem-Solving Visits are carried out where an issue of concern has been raised.

432.   During the Cyclical Monitoring Visits, representatives from NIMDTA interview the trainee doctors and the Education Leads. Education Leads may include the Training Programme Director (who is responsible for a regional training programme), a Speciality Tutor, a Clinical Supervisor, and an Educational Supervisor. The relevant LEP is provided with an initial factual accuracy report, followed by a final report. Anonymised and redacted versions of previous visit reports are published on the NIMDTA website. In broad terms, the reports outline a summary of the findings against the GMC Standards for Postgraduate Medical Education and Training, including the areas of good practice, areas for improvement and areas of concern.

433.   Copy reports of the Deanery Visits at MAH, together with the associated action plans, are provided behind Tab 9 of the bundle.

Topic 9 – Provision for trend analysis of Datix incident reporting and response

434.   In addressing this topic, I have been assisted by Claire Cairns, Co-Director Risk & Governance, and Robert Henry, Service Manager Risk & Governance.

435.   I will address this topic in three main parts. Firstly, I will explain what the Datix system is, and the history of its use within the Belfast Trust and MAH. Where it is possible to address the use of Datix by the North and West Belfast Health and Social Services Trust within this part, I will do so. Secondly, I will provide an overview of how the Datix system is managed within the Belfast

Trust. Thirdly, I will provide an overview of the "incident" module of Datix and the mechanisms for identifying, analysing and responding to trends.

An overview of Datix and its use within the Belfast Trust and MAH

436.   In broad terms, Datix is an integrated risk management system. The system was developed by RLDatix Ltd, a global private software company. RLDatix describes its services as "…*a technology platform designed to support hospitals and other healthcare providers with risk mitigation, regulatory compliance and workforce management solutions.*" According to its website, RLDatix technology is employed across healthcare services in 20 countries, by over 6,000 partner organisations. The terms RLDatix and Datix often appear interchangeably when referring to the Company and the software.

437.   It is important to note that RLDatix software (formerly Datix Ltd and RL Solutions) is client specific, it is not a single static software platform. Individual clients may purchase select features and functions from within a wide range of solutions. The services can then further be tailored to suit the needs of individual clients. Similarly, the software is updated over time, in response to both technological evolution and changing client requirements.

438.   In this introductory discussion of the Datix system, the phrase "incident" or "event" is used in a broad sense, intended to encompass a diverse range of different occurrences, examples of which may include the failure of a medical device, or the dissemination of a health and safety alert. It should not be confused with "Incident" which has a specific "module" within Datix, as explained below.

439.   From around 2002 Datix technology was utilised by the North and West Belfast Health and Social Services Trust. This original system was called "Datix Rich Client". This system utilised hardcopy incident reporting forms, which were then inputted manually into this electronic platform.

440.   The Belfast Trust has engaged with RLDatix Ltd, and deployed a gradual migration of services, since its inception in 2007. Different elements of the platform, and differing iterations therein, have applied to various services within the Belfast Trust over time. How this applies specifically to MAH is further explained below.

441.   From 2009 the Belfast Trust purchased a new Datix Rich Client system, starting afresh with no historical data. This system utilised centralised software, and the completion and forwarding of hardcopy reporting for input into Datix Rich Client software. This process involved either hard copy Incident forms or another source document, such as a letter of claim or complaint, being manually inputted by staff. In the case of hard copy incident forms, these were signed-off by the line manager, before being sent via the internal mail to the Corporate Governance team for inputting into the electronic system.

442.   In July 2010 the Belfast Trust commenced using the electronic platform "Datixweb" in pilot areas across the service. In broad terms, Datixweb is the updated version of Datix Rich Client. Datixweb replaces the hardcopy stage for reporting of incidents and events. Instead there is an online web-based portal where the inputting staff member (referred to hereafter as the "end user") is able to directly input on to the electronic platform, and thus initiate an Incident report. This web-based portal function initially only applied to the Incident reporting module. The Incident reporting module of Datixweb is explained in more detail below.

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443.   The pilot areas for Datixweb in MAH were as follows; from July 2010 Cranfield 1, Cranfield ICU, and Killead wards. In February 2011 Donegore ward joined the pilot, and from July 2011 Mallow ward also joined.

444.   From around April 2012 all MAH wards utilised Datixweb for the electronic recording of Incidents (as distinct from other events – see below). From this point, April 2012, all staff in MAH who had an IT services user profile, had the ability to input an Incident into the system. Select staff groups do not have IT user profiles due to the nature of their role. This would include those staff engaged in patient and client support services (PCSS staff) for example, porters and domestic staff, where IT access is not required to facilitate the core role. These staff groups would had to report an incident verbally, or in writing, to a supervisor for onward reporting via Datixweb.

Datix modules

445.   The Datixweb online portal functions utilised by the Belfast Trust include five modules for user inputting. A sixth module remains on the more historical Datix Rich Client. There is also a seventh centralised module. The centralised module is called "contacts". This can be likened to a hypothetical address book, where data is captured about the person to whom any incident or event relates (staff or patient). The separate modules demarcate the data. The modules are subject to separate ownership and responsibility within the Belfast Trust. The Datixweb functions for end-users in MAH allowed inputting into the Incident module only.

446.   The six modules, or categories of reporting, are as follows (the first five of which relate to Datixweb):

- Incidents (including Serious Adverse Incidents)

- Complaints

- Claims (including Inquests)

- Risks (Corporate Organisation and Departmental Risks)

- Safety Alerts

- Requests for Information (RFI) (this module remains on Datix Rich Client)

447.   As part of the gradual migration from Datix Rich Client to Datixweb the module demarcation has evolved. For example, Datix Rich Client previously provided a separate inquest module, and this module remained on Datix Rich Client after 2012. Datixweb does not have a standalone inquest module and therefore since around 2019/2020 this has been combined within the "Claims" module.

An overview of the management of Datix within the Belfast Trust

448.   The strategic management of the Datix system (Datixweb) is the responsibility of the Corporate Governance Team. The role of the Corporate Governance team includes reviewing enhancements, designing forms and assigning user accounts and permissions.

449.   The management of the data, also known as operational responsibility, within each module sits within different portfolios. This is not to be conflated with the responsibility for acting upon data output. The responsibility for

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acting on data output lies with the relevant management team within the relevant directorate to which the data relates.

- The Corporate Governance Team has operational responsibility for the Incidents, Risks and Safety Alert modules.

- The Complaints Team has operational responsibility for Complaints, this includes the core business of receiving a complaint and logging this on the system.

- The Legal Services Team has operational responsibility for the Claims module.

- The Corporate Communications Team has operational responsibility for the RFI module.

450.   The Corporate Team, Complaints Team and Legal Team each sit within the Risk and Governance department of the Medical Directorate. The Corporate Communications Team sits within the Planning, Performance, and Informatics Directorate. It is important to acknowledge that the responsibility for acting upon data is fluid; it will generally depend on the nature of the risk associated with the relevant data.

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The Incident module of Datix and the mechanisms for identifying, analysing, and responding to trends

The definition of an "Incident"

451.   The definition of "Incidents" applied to the Incident module is deliberately broad; this ensures the category captures a wide range of data. The Belfast Trust initially used the definition of an "Incident" set out within the 2006 Department of Health, Social Services and Public Safety guidance document, *"How to classify adverse incidents and risk"*, a copy of which is to be found behind Tab 10 of the bundle. The definition is as follows:

> *"Any event or circumstances that could have or did lead to harm, loss or damage to people, property environment or reputation"*

452.   In 2020 the Belfast Trust adopted the definition of "Incident" set out in the Belfast Trust Adverse Incident Policy (v5), a copy of which is to be found behind Tab 9 of the bundle. The definition within the policy is a regional definition, drawn from the 2016 HSCB Policy and Procedure for the reporting and follow-up of Serious Adverse Incidents. The definition is as follows:

> *"Any event or circumstance that could have or did lead to harm, loss or damage to people, property, environment or reputation arising during the course of the business of an HSC organisation/special agency or commissioned service."*

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Datixweb Incident reporting process

453.   It may assist the MAH Inquiry if I provide an overview of the process for inputting data onto the Incident module of Datixweb.

454.   Firstly, the end-user accesses the Datixweb portal and populates the data fields. This includes the necessity of choosing an approving manager. An "Incident" cannot be completed without selecting a named individual to whom responsibility passes for approval. A second (back-up) manager may be selected as an alternative, in the absence of a primary approver. At a ward level, the primary approver would generally be the ward manager, with deputy ward manager as a contingency approver. Generally, at ward level, the Datixweb system is set up such that approving managers not only see incidents where they are the selected approver, but also all incidents in their respective area of responsibility.

455.   The end user is also required to select the relevant location for the incident. On Datixweb a series of drop-down menus are employed, this is designed to ensure an "Incident" is connected to, and visible to, other approved users. This will include selecting the relevant directorate such as, for example, the Mental Health, Intellectual Disability, and Psychological Services directorate, followed by a subsection within, such as, for example, MAH. The end user will then input the information regarding the "Incident" in question. It is important to note that the approver or other manager will generally have access to Incident data for the relevant service area or division on Datixweb, and accordingly will be able to ascertain whether the "Incident" has already been inputted.

456.   Once an incident report is submitted the approving manager receives a notification email. The approving manager is responsible for checking the information submitted. The approving manager then has an initial seven days to approve an "Incident" in one of two ways: as "investigation ongoing" or "investigation complete". If it remains unapproved an escalation process commences. Between the point of submission and the process of approval this "Incident" is visible to those with appropriate permissions within the Directorate. An audit trail is kept electronically by the Datixweb system of all amendments to Incident reports.

457.   The approving manager may also elect to reject the incident. The approver must select a reason for rejection. This could be because this is a duplication, or the reported "Incident" does not meet the definition of an "Incident" set out above. The rejected "Incident" is not deleted; it is stored by the server and is retrievable. This process of rejections is not monitored by Corporate Governance.

458.   "Incident" content and administrative edits are overseen by the Corporate Governance administration team. Each incident is linked, where possible, to the patient, service user, and/or staff member(s) relevant to the incident. Most amendments to the form are captured within the electronic audit trail. The Corporate Governance team's quality assurance processes do not include quality assuring the substantive content or response, such as the decisions made by the approving manager, or the outcomes. The responsibility for quality assuring any "Incident", the action taken in response to the "Incident", and the outcome reported, lies with management within the Directorate/Division.

459.   It is important to acknowledge that the Belfast Trust promotes a culture of openness and responsibility, and for every member of staff to understand the duty to provide quality care. Whilst the Corporate Governance team is not responsible for quality assuring outcomes of any "Incident", it should be noted all staff within the team are encouraged to flag anything of concern with a line-manager in Corporate Governance when administratively reviewing an "Incident" submitted by individual users.

Provision for trend analysis of Datix "Incident" reporting

460.   There are a number of mechanisms in place to ensure data flows between corporate services and staff responsible for decision making within the Belfast Trust. The emphasis is on Divisional teams to manage their own data. These mechanisms begin with staff with the appropriate Datix permissions having access to a Dashboard on Datixweb. The Datixweb Dashboard is the landing page when a user first logs into the system. The Dashboard was activated for all users with access to the Incident module in September 2017. The Dashboard displays the user's "Incident" data as a collection of reports in the form of charts, graphs or tables. The charts and graphs allow users to see the status of their live data in a visual way which helps with the identification of key issues and trends as well as assisting in the management of "Incidents". There is an accompanying user guide which is available on a link within the Datixweb incident forms.

461.   Within the Belfast Trust, staff in management roles can run reports on certain incidents, determined by their role and system permissions. The Datixweb system allows for local access to incidents and therefore, over time, services have been able to become more self-sufficient in relation to analysing their own "Incident" data and running their own bespoke reports. Data can be readily extracted at a ward level. Records can be searched and viewed

individually, or in the form of reports within the system. There are defined restrictions on front line users to ensure information governance compliance. For example, end users cannot fully interrogate the system for individual patients.

462. By October 2019, a number of management changes had occurred in MAH. At this stage MAH did not have a dedicated data analyst within the Intellectual Disability services management team. However, staff based at MAH provided weekly data to the Planning, Performance and Informatics Directorate to inform a weekly safety report. Therefore, notwithstanding the fact that there was no dedicated analyst for MAH, the management team at MAH were provided with data analysis on a weekly basis. In 2020 the recruitment of a Band 7 Quality Improvement and Business Support Manager at MAH was progressed. This was a newly created post designed to strengthen the resources within the management team at MAH. This post was filled in August 2020.

463. The Corporate Governance team produce various types of reports which are provided to the management of the relevant Directorate/Division. Examples of these reports include:

- Weekly Governance Report: The Weekly Governance Report is utilised at the weekly Corporate Governance meetings. The report includes details of incidents with a catastrophic severity or extreme risk grade, patient incidents with a severity of moderate and above where the "Being Open" principles have not been applied or are not applicable, and new Serious Adverse Incidents (SAIs), normally for the preceding 7 days. Exceptions to the 7-day reporting arise in the event of, for example, bank holidays, which can result in the report covering more

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than 1 week. This report feeds directly into the weekly governance call, explained further below.

- <u>Monthly and Quarterly Directorate reports</u>: Monthly and Quarterly Reports are provided in Excel format and consist of summary tables with listing reports per service area in subsequent worksheets. The format of these reports has remained largely unchanged over the years apart from changes in coding in April 2019. Directorates have also requested changes to the breakdown of their listing reports e.g., by Specialty instead of Service Area. The monthly and quarterly directorate reporting process commenced on or around April 2010. The first Monthly Directorate reports produced were for the month of April 2010, and the first Quarterly Directorate reports were for the period from April to June 2010. This system has been paused since August 2022 due to staff shortages within the Corporate Governance team.

- <u>Quarterly Trust Incident and SAI Assurance Report</u>: The Quarterly Trust Incident and SAI Assurance Report includes graphs and charts showing high level incident data across the Belfast Trust, thus providing comparative analysis. This report is prepared for the Trust Assurance Committee. The Trust Assurance Committee is explored within module 2 "Health Care structures and Governance". There are records in the Risk and Governance shared folders of this information being presented to the Assurance Committee from 2008 onwards.

- <u>Quarterly Infographic Reports</u>: Quarterly Infographic Reports include Incident and SAI data for each Directorate. The data within these reports is further dissected to divisional level. This style of report was initially presented as a pilot on 30 July 2019. The Board reported that it found the information helpful, and this approach has therefore become part of core business for the Risk & Governance team.

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- <u>Scheduled Specialist Reports</u>**:** Scheduled Specialist Reports are provided for certain types of incidents/services. The volume and types of reports have varied over time, as additional reports have been requested, and services have developed the skills to run these reports themselves. These include:

  i. ICT and Information Governance

  ii. Financial Loss

  iii. Acute Pain

  iv. PARIS system

  v. Fit Testing

  vi. Incident information for Quality Management System

  vii. Incident information for Safety & Quality Leadership walk-arounds

464. In addition to the above-mentioned reports, individual service areas can request Corporate Governance to provide bespoke reports either on an ad hoc basis or to be regularly provided for areas of risk or concern.

465. The weekly governance call was established in 2017. The purpose of the meeting is described in the Weekly Governance Call Terms of Reference as; "*to act as an organisational sense check in facilitating discussion, identification of early learning, and escalation of key governance issues that have occurred/been reported over*

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the previous week (or are pending for report)." A copy of the Terms of Reference is to be found behind Tab 10 of the bundle.

466.   The meeting is chaired either by the Deputy Medical Director, the Risk & Governance Co-Director, or, if required due to absence, a senior manager within the Risk and Governance department.

467.   From around mid-2018 the Weekly Governance Report had a formal pathway to the Executive team. In or around September/October 2018 it was decided that the Weekly Governance Report would be provided to the Trust Headquarters. Furthermore, the Weekly Governance call report was restructured to include an overview of emerging events from the previous week under the following headings:

- Incidents graded as catastrophic or extreme risk during the previous week.

- Serious Adverse Incidents.

- Early alerts made to Department of Health.

- Newly received high risk complaints.

- Newly received NIPSO recommendations.

- Newly identified corporate risk.

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Datix training and guidance

468.   All staff with a responsibility to approve and manage "Incidents" must attend Datixweb for Incidents (approver) training prior to gaining access. This training is delivered by the Corporate Governance team. Training sessions commenced in 2011 and have evolved over time. Training sessions include an overview of "Incident" reporting, a demonstration of how to approve/update an "Incident", and how to risk grade "Incidents". The training is supported by a "Datixweb for Incidents Guidance" document. The document includes instructions on approving and updating "Incidents" as well as running searches and creating reports.

469.   In addition to delivering Datixweb training, the Corporate Governance team also receive and respond to user queries and requests for advice on a daily basis.

Datixweb support specific groups/teams

470.   There are a number of groups and teams within the Belfast Trust who review, monitor and analyse specific types of "Incidents". This allows for thematic responses to data. Corporate Governance support this work by responding to service requests and developing/enhancing Datixweb forms, tailoring user permissions, creating bespoke report formats, and providing advice and guidance. Examples of specialist groups/teams are:

- Falls Forum

- Medicines Risk and Safety Assurance

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- Dysphagia

- Radiation

- Radiotherapy

- Physical Intervention (Restrictive Practices)

- Medical devices

- Health & Safety Department

471.   The information provided within this topic is intended to show the range of available data accessible by individual users, together with the variety of reports, and tools available to individual managers, and their teams, to facilitate the identification of emerging or existing trends. However, it is important to acknowledge that whilst Datixweb is a source of information and reporting, the system is reliant on the data inputted by the user.

472.   This topic does not purport to address how this data is linked to the stratification of risk, how Datixweb "Incidents" link to Serious Adverse Incidents or how this is further triangulated within the risk management strategy or Belfast Trust Assurances processes. Should the MAH Inquiry wish to be addressed further on these matters, steps will be taken to facilitate this.

Topic 10 – Overview of turnover and vacancy rates on wards

473.   In addressing this topic I have drawn on the assistance of Stephanie Read, Human Resources Service Manager / Business Partner, Kerry Reynolds, Human Resources Co-Director, Ms Hilary Marshall, Directorate Accountant

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(Adult, Child and Older People, Allied Health Professionals, Mental Health, Learning Disability & Psychological Services) and Ms Roisin McMahon, Senior Nurser Manager Quality and Assurance.

<u>Overview of Staff Turnover</u>

474.   Staff turnover rate is the percentage number of staff members who leave an organisation within a defined period. Staff turnover rates within the Belfast Trust are measured by the Organisational Management Team within the Human Resources and Organisational Development directorate. Staff turnover rates are not generally measured at ward level; rather, they are measured at directorate level. Should the MAH Inquiry wish to be addressed on staff turnover in relation to a specific ward within the Belfast Trust, then efforts will be made to collate and provide the information that is available in relation to that ward.

475.   The Belfast Trust also publishes the annual Trust-wide staff turnover rate in the Belfast Trust "Annual Report and Accounts" report. A copy of the Belfast Trust Annual Report and Accounts for 2020 / 21 is to be found behind Tab 11 of the bundle. The analysis of staff turnover is set out on internal page 105 of the report. The Belfast Trust also provides staff turnover information to the Department of Health.

476.   From 2009 to 2017, the Organisational Management team produced an annual Workforce Balanced Scorecard ("Scorecard") for each operational directorate within the Belfast Trust. The Scorecard contains the cumulative turnover percentage rate for the directorate and the rolling 12-month turnover percentage rate. The percentage rates are based on staff who have permanent contracts of employment with the Belfast Trust, and excludes staff with temporary contracts of employment, and staff on the Nurse, Midwifery and Social Bank.

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477.   Scorecards are provided to the Director of each directorate. The purpose of the Scorecard is to enable each Director to identify, and respond to, workforce trends within their directorate. Accordingly, the Scorecards assist in workforce planning for the directorate. Staff turnover rates should be considered along with a range of other factors, including service demand, age of the workforce and recruitment activities.

478.   Whilst staff turnover rates are generally provided by directorate level, turnover rates can be broken down into the professional groups upon request. Information about turnover in respect of professional groups is not included on the Scorecards.

479.   The annual Scorecards relevant to MAH from 2009 to 2017 are provided behind Tab 11 of the exhibit bundle. From April 2017, Scorecards have not been routinely issued to directorates. However, the Organisation Management Team continued to populate the Scorecard template for each directorate, primarily for turnover information. This information would be provided to directorates upon request.

480.   It is important to acknowledge that the Scorecards are only one mechanism for identifying workforce trends within the directorate. Where there is an obvious pattern of staff leaving a particular service area or directorate, this would generally be identified through the governance arrangements within the directorate. For example, concerns about staff turnover within a ward may be escalated to the relevant Service Manager and/or Divisional Nurse by the Charge Nurse or Ward Sister. The Service Manager provides a workforce update during the monthly directorate meeting, attended by the operational Director. The Divisional Nurse attends the monthly Senior Nursing and Midwifery Team ("SNMT") meeting, chaired by the Executive Director of Nursing and User Experience. The SNMT is a forum for

issues, such as workforce issues, to be raised by Divisional Nurses. Workforce issues would also be discussed during meetings of the Collective Leadership Team, of which the Divisional Nurse is a member. In summary, the governance structures within a directorate are designed to ensure that issues relating to workforce, including attrition levels, are kept under regular review.

481.   In Topic 11, I provide an example of when staff turnover was identified as an area of concern at MAH and explain the measures that were taken to respond to the concern.

Overview of Vacancy Rates

482.   The definitions of "vacancy" and "vacancy rate" adopted by the Department of Health are set out in the 2018 DoH publication, "Workforce Sources and Definitions". A copy of this document is to be found behind Tab 11 of the exhibit bundle. The definitions set out therein are as follows:

> *"Vacancy – A vacancy as any position that is currently with the recruitment team and being actively recruited to. This will include those going through pre-employment checks, up to the point of a start date being agreed. Once a start date has been agreed with both parties (i.e. manager and applicant) this will no longer be classed as a vacancy. Vacancies that are on hold by managers are not included.*

> *Vacancy Rate - The vacancy rate is the total number of vacancies expressed as a percentage of the total staff complement (i.e. vacancies plus staff in post)."*

483.   Vacancy data is not generally measured at ward level, but rather by cost centre. A cost centre is an area of activity with related costs, for example, a ward or a site, such as MAH. I am informed by Ms Marshall that there are important caveats that should be applied to vacancy data provided by analysing

information regarding the cost centre associated with a particular ward. For example, the data relating to a ward cost centre will not include, for example, night staff and management. Neither of these types of staff members would necessarily be specific to a ward, but will sit in a specific night shift or management cost centre, though an element of their efforts will be applicable to each ward.

484.   The Belfast Trust vacancy data relates to staff in post against funded staff levels. The data is collected on the Belfast Trust Collaborative Planning System. A post in respect of which a start date has been agreed will not be included in the staff "in post" figures. The Collaborative Planning system is accessible to staff within each directorate, and may be used to inform workforce planning.

485.   The Belfast Trust provided vacancy data to the Department of Health on a quarterly basis until March 2022. The Department of Health published this data, along with vacancy data from other HSC organisations in Northern Ireland, in a document entitled *"Northern Ireland Health and Social Care Workforce Vacancies Tables"*. By way of example, a copy of the Northern Ireland Health and Social Care Workforce Tables December 2022 is provided behind Tab 11 of the exhibit bundle.

Nursing and Nursing Assistant Vacancies at MAH in 2021 and 2022

486.   In Topic 1, I addressed the issue of workforce planning. In Topic 12 below, I address in broad overview various measures taken by the Belfast Trust to stabilise the workforce at MAH from 2017 to present. In the interests of brevity, and to avoid repetition, I will not repeat that information within these topics, save to acknowledge that each of these matters are relevant to the issue of staff turnover and vacancy rates at MAH.

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Nursing vacancies throughout the Belfast Trust

487.   The Belfast Trust Nursing Workforce Strategy 2021/22 to 2025/26 ("The 2021 Nursing Workforce Strategy"), as referred to in Topic 1, was developed to address the significant and unsustainable nursing vacancy rates within the Belfast Trust. At the date of the paper (June 2021) the average nursing vacancy rate within the Belfast Trust was 18%. The average vacancy rate for Band 5 nurses within the Belfast Trust was considerably higher, at 24%. This figure reflected a gradual growth in the Band 5 vacancy rate, which stood at 12% in 2016. The nursing vacancy for RNLDs, as at January 2021, was 72%. The annual nursing vacancy rates within the Belfast Trust from 2016 to 2021 are set out on internal pages 8 and 9 of the "2021 Nursing Workforce Strategy". Unfortunately, this strategy has not addressed the workforce challenges in Muckamore Abbey Hospital. As previously referenced ongoing recruitment and incentivisation has not had an impact on the vacancy position resulting in the ongoing requirement to use agency staff to ensure safe and effective care.

488.   The 2021 Nursing Workforce Strategy outlines proposals for reducing the unsustainable average vacancy rate of 18% to a more manageable rate of 5%. The proposals included the short-term measure of increasing the number of nurses recruited though the International Nursing Recruitment, and the longer-term measure of maintaining trainee numbers at levels of approximately 1,325 per year. Unfortunately International Nurses do not have the required skills to care for patients with a learning disability.

Regional Nursing Vacancy rate

489.   In Topic 1, I addressed the 2020 Northern Ireland Audit Office report entitled "Workforce planning for nurses and midwives" (the "2020 NIAO Report"). A copy of the 2020 NIAO Report is to be found behind Tab 2 of the

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bundle. Regional nursing vacancy rates are addressed on internal pages 2 and 16 of the report:

Page 2:

"2. For some time, the demand placed on the local healthcare system has been increasing due to a growing population which is living longer and developing more long term conditions. Although the HSC registered nursing workforce has increased by 8.8 per cent between 2012 and 2019, this has been insufficient to meet the rising demand. Assuming similar delivery structures, workforce levels should have grown by over 23 per cent to match this increased level of demand.

3. The scale of increase in HSC nursing and midwifery staff vacancies illustrates the extent of current staffing pressures. Total vacancies have risen from 770 in 2013 to over 2,700 in December 2019, and now include 2,100 registered nursing vacancies. Between 2014 and 2019, the registered nursing vacancy rate increased from 3.2 per cent to 11.5 per cent.

4. In addition to the current 2,100 HSC nursing vacancies, 1,600 further nurses are required to ensure safe staffing levels. The shortage of nurses and a recurrent funding gap of almost £40 million have hampered efforts to recruit these staff."

Page 16:

In the face of rising demand for care, vacancy levels have been increasing

2.7 Since 2012, we estimate that the number of registered nurses required to deliver care in the HSC sector would have needed to rise by over 23 per cent, compared to the actual 8.8 per cent increase to fill vacancies which were being actively recruited to at March 2019. As demand for care is increasing at a faster rate than available staffing levels, the Department has been unable to grow the workforce sufficiently to meet this, and the number of workforce vacancies has been sharply rising (Figure 5).

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2.8 When the 2009 Workforce Review (the 2009 Review) was published, there were 397 vacancies across the nursing and midwifery workforce group. This subsequently rose to 725 in 2012, before reducing to 620 in 2014. Whilst some degree of staffing turnover and attrition will always be inevitable, there has subsequently been a steep upward trend in vacancies, and at December 2019, these had risen to just over 2,750. Some 2,114 of these are registered nursing vacancies (Figure 5). Whilst registered nurses comprise 71 per cent of the workforce group, they account for 77 per cent of vacancies.

2.9 Trends for the percentage of vacancies confirm that, whilst significant workforce gaps have developed across the three staffing streams, these are most acute amongst registered nurses. Between 2014 and 2019, registered nursing vacancies increased from 3.2 per cent to over 11.5 per cent. In this period, midwife vacancies also rose sharply from 1 per cent to 6.4 per cent. Nursing support staff vacancies increased from 2.5 per cent to 9.8 per cent (Figure 5).

Vacancies have increased across all Trusts and all fields of nursing practice

2.10 Vacancy numbers have increased very significantly in all Trusts since 2012, and the increase in vacancies has also impacted on all fields of nursing practice. Analysis by the Department in December 2019 suggested that the largest registered nursing staff group had a vacancy rate of 13 per cent and that almost 10 per cent of mental health and learning disability nursing posts were vacant (Figure 5).

490.   The 2020 NIAO Report indicated that the *"significant and prolonged reduction in training places"* had contributed to the rising vacancy levels. The number of undergraduate nursing training places commissioned by the Department of Health was increased between 2017 and 2021. The Belfast Trust's expectation of meeting the target nursing vacancy rate of 5% in September 2023 is in part due to the increased number of nursing graduates, however whilst the RNLD placements have increased, this has not improved the current registrant vacancy situation in MAH.

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491.   A series of recommendations are set out on internal pages 6 and 7 of the
2020 NIAO Report, two of which directly relate to vacancies:

*1. The Department should ensure that enhanced data is gathered for HSC
vacancies. In particular, it should: introduce more robust methodologies for
gathering vacancy data; and routinely gather data on vacancies by nursing
specialism, at Trust level, and on long-term vacancies. The Department should
also explore if it is feasible to gather data which would facilitate more
comprehensive benchmarking with the rest of the UK.*

…

*6. Allied to the rising demand for care and high vacancy levels, the Department
should consider whether workforce planning has taken sufficient account of the
age profile of the nursing and midwifery workforce, and re-assess whether
current projections will suitably address existing and longer-term staffing
gaps.*

492.   The Department of Health will be better placed to address the MAH
Inquiry in respect of the actions taken in response to the 2020 NIAO report and
the recommendations offered therein.

Safe staffing

493.   The issue of turnover and vacancy rates on wards is closely linked to the
issue of safe staffing levels. The Belfast Trust recognises safe staffing levels to
be critical for patient safety and quality of care.

National documents relevant to safe staffing levels in health and social care settings

494.   The following national documents, each of which may be said to bear on the issue of safe staffing, may be of interest to the MAH Inquiry (copies can be found behind Tab 11 in the exhibit bundle):

- August 2013, National Advisory Group on the Safety of Patients in England *"Berwick report, A promise to learn – a commitment to act: Improving the Safety of Patients in England"*

- 2013 National Quality Board *"How to ensure the right people with the right skills, are in the right place at the right time: A guide to nursing midwifery and care staffing capacity and capability"*

- July 2014 National Institute for Health and Care Excellence *"Safe Staffing for nursing in adult inpatient wards in acute hospitals"*

- July 2016 National Quality Board *"Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time, Safe sustainable and productive staff"*

Rostering for the Belfast Trust nursing workforce.

495.   Safe staffing levels are mainly achieved through effective rostering. The primary Belfast Trust document relating to nurse rostering is the *"Nursing and Midwifery Roster Management"* policy document, a copy of which is to be found behind Tab 11 of the exhibit bundle. In broad terms, the policy outlines the best and agreed practice in relation to the rostering of nursing and midwifery staffing and aims to ensure safe and appropriate staffing for all departments through the use of fair and consistent rotas.

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496.   In 2012 the Belfast Trust purchased an electronic rostering system, known as "HealthRoster", for use by the nursing and midwifery workforce. A manual rostering system was used prior to the implementation of the e-roster in 2012. There were various difficulties associated with the manual roster; manual rostering was a time-consuming and complicated process, which was often ineffective. Accordingly, difficulties ensued in providing assurances regarding nurse to bed ratios, and the ratio of nurses to nursing assistants (known as "skill mix"). The introduction of "HealthRoster" has resulted in considerable improvement to the efficiency of the rostering of nursing and midwifery staff. It enables day to day operational changes to be made in real-time and facilitates the redeployment of staff across wards to avoid over-staffing. It also ensures that the rosters are fairer to staff, reduces spend on agency and bank staff, and provides measurable and accurate governance data.

497.   It may assist the MAH Inquiry if I provide a brief overview of the implementation of the "HealthRoster" system, and the associated rostering software tools ("RosterPerform" and "SafeCare-Live") subsequently implemented by the Belfast Trust. Should the MAH Inquiry wish to be addressed in further detail in relation to these matters, steps will be taken to facilitate this.

498.   "HealthRoster" was implemented throughout the Belfast Trust on a phased basis, commencing in 2012. A series of working groups were established to ensure appropriate governance and assurance in respect of the implementation process. The various groups and their respective roles are set out within the 2012 Belfast Trust document entitled, "*Project Plan, Implementation of Electronic Rostering for Nursing & Midwifery Staff February 2012 V3*", a copy of which can be found behind Tab 11 in the exhibit bundle. In broad terms, a Roster team, comprising of four Roster Administrators and an Implementation Manager (Ms McMahon), was established within the Nursing

and User Experience directorate. Ms McMahon reported to the Belfast Trust Electronic Rostering Implementation Group, chaired by the Senior Manager for Workforce Planning. The Electronic Rostering Implementation Group reported to Electronic Rostering Steering Group, chaired by the Co-Director of Nursing Workforce. The Electronic Rostering Steering Group held overall responsibility for the delivery of the project and reported to the Executive Director of Nursing and User Experience.

499.   The Roster team conducted a series of workshops and information sessions with the nursing and midwifery workforce within the Belfast Trust, and devised an implementation plan, which was assessed and adjusted as rollout progressed.

500.   "HealthRoster" was implemented in MAH in 2015. Implementation throughout the Belfast Trust was completed in 2016. The timeline for the completion of the roll out was in part due to the retraining and re-education that was required within the nursing workforce, as use of "HealthRoster" was significantly different to the previous manual system. Furthermore, various systems already in use by the Belfast Trust, such as the Nurse and Midwifery Bank system and the Human Resource, Payroll, Travel and Subsistence system, required to be aligned with "HealthRoster". Examples of documents relevant to the implementation of HealthRoster are provided behind Tab 11 of the bundle:

- 2011 Allocate Software *"Implementation Workshops – Healthroster"*

- 2010 Allocate Software *"Data Gathering Workshop"*

- Allocate Software *"Employee Online – Log In & Viewing a Roster"*

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- 2016 Allocate Software *"Approve & Analyse Rosters (v10)"*

- Belfast Trust presentation, *"MAPS HealthRoster Cluster Launch Meeting"*

- Belfast Trust *"Application for Healthroster Training & Access"*

- Belfast Trust *"Approving and Finalising Rosters"*

- Trade Union PowerPoint presentation, *"Implementation of an Electronic Rostering System for: Nursing & Midwifery Staff"*

- Belfast Trust Factsheet: *"Health Roster Combining E-Rostering and Staff Bank"*

501.   In April 2016, the management dashboard system "RosterPerform", was introduced throughout the Belfast Trust. "RosterPerform" is a management dashboard that focuses on highlighting workforce operational issues when reviewing "Healthroster" data. Further information regarding "RosterPerform" is set out within the 2016 Allocate Software guidance document entitled *"Getting Started with RosterPerform"*, a copy of which is provided behind Tab 11 of the bundle. As described on internal page 4 of the guidance document, the management dashboard system processes the "Healthroster" data into six metrics: Safety, Fairness, Effectiveness, Unavailability, Establishment and Cost.

502.   In 2016, the Belfast Trust purchased "SafeCare-Live". "SafeCare-Live" is a tool within the "Healthroster" system that takes into account patient numbers and their acuity and/or dependency demand, thereby enabling managers to make evidence-based decisions about staffing levels, based on real-time information. "Safecare-Live" displays daily staffing information and provides visibility of staffing levels across wards and departments within the

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Belfast Trust. Ultimately, "SafeCare-Live" assists managers to ensure that safe staffing levels are achieved; that the right number of staff were available to deliver compassionate, person centred, safe and effective service, in accordance with the strategic direction set out in "*Delivering Care: Nurse Staffing in Northern Ireland*" (March 2014, Department of Health).

503. The following documents, each of which are relevant to the implementation of "SafeCare-Live" within the Belfast Trust, may be of interest to the MAH Inquiry (copies of the documents can be found behind Tab 11 in the exhibit bundle):

- 2016 Allocate Software "*Safe Staffing Project: Project Initiation Document, Belfast Health and Social Care Trust*"

- 2016 Allocate Software "*HealthRoster (v10) – SafeCare, SafeCare Ward User Guide*"

- 2018 Belfast Trust "*An Evaluation of SafeCare-Live Pilot*"

- Belfast Trust PowerPoint presentation "*Introduction of Safe Care Live into RBHSC*"

- Belfast Trust PowerPoint presentation "*Safe Care Kick Off Meeting E Rostering Team*"

504. The tool used by the Belfast Trust to measure acuity dependency is the "Safer Nursing Care Tool", developed by the Shelford Group.

505. Prior to the implementation of "SafeCare-Live", the primary method used to calculate nurse staffing requirements within Belfast Trust inpatient facilities, including MAH, was the Telford method. The Telford method is

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centred on professional judgement; it is underpinned by the clinical judgement and experience of registrants and is often used with other methods of workforce calculation in order to provide a degree of triangulation. Whilst the Telford method is a useful tool for workforce planning, it does not highlight or consider workforce intensity and patient acuity. The Telford method is presently used in conjunction with "SafeCare – Live", thereby allowing consideration of both the qualitative and quantitative issues that can contribute to workforce planning. A blank Belfast Trust "Telford Template" is be found behind Tab 11 of the exhibit bundle.

506.   The MAH Task and Finish Group was established in July 2017 to consider and address the various staffing issues at MAH, to include recruitment, retention, sickness absence and vacancies. The objective of the MAH Task and Finish group was to strengthen capacity and capability within the workforce at MAH. The MAH Task and Finish Workforce group ("the Workforce sub-group") was subsequently established to support the work of the MAH Task and Finish Group. The Workforce sub-group included senior management at MAH and members of the Roster team. The Terms of Reference for the Workforce sub-group are provided behind Tab 11 of the exhibit bundle. In broad terms, the role of the sub-group was to:

- Identify the workforce required (at that time) to deliver services;

- Identify the workforce required when the last remaining settlement ward closed on the site;

- Identify the workforce required following the review of the services in the "Core" hospital.

507.   As part of its work, the Workforce sub-group produced the following documents, copies of which are to be found behind Tab 11 of the exhibit bundle.

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- *"Workforce Information for Muckamore Abbey Hospital"*

- *"Muckamore Abbey Hospital Staff Information"*

- *"MAH Roster Analysis"*

508.   The Roster team members involved on the Workforce sub-group conducted Telford exercises for various wards at MAH and reviewed a selection of rosters as part of the preparation for the implementation of "SafeCare-Live" at MAH. In addition, the Roster team carried out a series of workshops at MAH prior to the implementation of "SafeCare-Live" at MAH throughout March 2018. The purpose of the workshops was to raise awareness as to the process. The documentation produced as part of these workshops can be made available to the MAH Inquiry, should the MAH Inquiry wish to consider it.

Topic 11 – Exit interviews: management and analysis

509.   In order to address this topic I have drawn on the assistance of Stephanie Read, Human Resources Service Manager and Business Partner, and Jacqui Kennedy, Director of Human Resources and Organisational Development.

510.   The process to be followed when an individual is leaving the employment of the Belfast Trust is set out in the document entitled "Leavers Checklist for Managers", a copy of which is to be found behind Tab 12 of the exhibit bundle. The first stage of that process involves directing the employee to the Exit interview Questionnaire on the Human Resource, Payroll and Travel System ("HRPTS").

511.	HRPTSS is a regional database that is used throughout the Health and Social Care System in Northern Ireland. It is an online staff information system for staff and management. HRPTS has been used by the Belfast Trust since 2013 and is accessible only to employees of the Belfast Trust. Therefore, agency workers, bank staff and locum staff do not have access to HRPTS.

512.	All employees leaving the Belfast Trust, with the exception of Medical and Dental staff, are asked to complete the Exit Interview Questionnaire ("EIQ").

513.	A copy of the EIQ can be found behind at Tab 12 of the exhibit bundle. The EIQ contains three questions:

- *Reasons you have been attracted to new employment / a change in employment status – select up to 3*

- *Reasons for leaving employment with this Organisation – select up to 3*

- *Would you recommend this Organisation as a place to work?*

514.	The EIQ is an important mechanism to support the retention of staff within the Belfast Trust. Completed EIQs are collated and reviewed by the Modernisation and Workforce Planning ("MWP") team within the Human Resources and Organisational Development directorate. The information gathered in the EIQs is used to inform advice given by the MWP team to a directorate or division as to the reasons the employees within that area have left the employment of the Belfast Trust. The information also assists the identification of actions that may be taken to support the retention of staff within that area.

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515.   Whilst employees leaving the employment of the Belfast Trust ("leavers") are encouraged to complete the EIQ, its completion is not mandatory. Accordingly, the completion rate varies. The annual completion rates from 2016 – 2022 are as follows:

- 2016/17: 10% of leavers completed the EIQ

- 2017/18: 23% of leavers completed the EIQ

- 2018/19: 25% of leavers completed the EIQ

- 2019/20: 18% of leavers completed the EIQ

- 2020/21: 19% of leavers completed the EIQ

- 2021/22: 18% of leavers completed the EIQ.

516.   Since 2021, the completion rate of EIQs and the content of the responses has been reported to the Executive Team as part of the Belfast Trust's Quality Management System ("QMS"). The information is reported through the annual QMS report provided to the Executive Team by the Human Resources and Organisational Development directorate.

517.   In addition to collating the data within EIQs, the MWP team can, if requested, provide additional support to areas within the Belfast Trust that are experiencing a high turnover of staff. By way of example, in November 2017, Ms Mairead Mitchell, Interim Co-Director of the Adult Social and Primary Care Directorate, requested support from the MWP team in relation to concerns about the number of staff leaving Muckamore Abbey Hospital ('MAH") due to resignation or retirement.

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518.   The MWP team considered the request and produced a paper entitled "Retention within Muckamore Abbey Hospital", a copy of which is to be found behind Tab 12 of the exhibit bundle. Therein, the MWP team confirmed that 21 staff based at MAH had left the Belfast Trust from April 2016 – September 2017. The MWP team identified that of the twenty-one leavers, only one leaver had completed the EIQ. Accordingly, the EIQ data was insufficient to enable the MWP team to advise Ms Marie Heaney, the Director of the Adult, Social and Primary Care directorate, about the reasons staff had left, or the steps that could be taken to support staff retention. The MWP team therefore developed a bespoke 5-step process for MAH leavers, designed to obtain a comprehensive overview of the reasons staff were leaving MAH. The 5-step process is set out on internal pages 1 and 2 of the Retention within Muckamore Abbey paper. In broad terms, it established a system whereby leavers would be asked to complete an online survey and attend an interview with the MWP team.

519.   A pilot of this system was carried out between December 2017 and April 2018. A summary of the findings is set out in the document entitled "Summary Report Exit Interviews ASPC Directorate, Muckamore Abbey Hospital (MAH)", dated 16 August 2018 ("the 2018 Summary Report"). A copy of the 2018 Summary Report is to be found behind Tab 12 of the exhibit bundle.

520.   A total of eleven leavers were interviewed as part of the pilot. Of the eleven leavers, ten were Band 5 nurses and one was in an administrative and clerical post. Of the ten Band 5 nurses, seven had resigned and three retired. The seven Band 5 nurses who resigned had secured alternative employment in other HSC Trusts in Northern Ireland, in areas outside of learning disability nursing.

521.   The leavers provided various reasons for leaving MAH, however the most common 'main' reason given was "Wellbeing and Safety at work". Five staff members cited this as their main reason for leaving, and a further three

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staff members cited it as a contributory reason. 64% of staff indicated that they would not recommend Muckamore Abbey Hospital as a place to work, however 82% indicated that they would recommend the Belfast Trust as a place to work. A synopsis of the issues raised by leavers is listed in Appendix 2 the 2018 Summary Report, on internal pages 10 – 12. The issues raised by staff related to the following issues:

- Patient Safety/ Governance

- Well Being and Safety at Work

- Stress /morale low

- Management of staff

- investigations/ safeguarding

- Lack of support from management/senior management

- Worklife Balance

- Induction/ Training

- Communication

- Job satisfaction

522.   The MWP team recommended the implementation of a series of actions designed to address the issues raised by staff. The actions (set out on internal page 6 of the 2018 Summary Report) were:

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- Adequate induction programme to support newly qualified Band 5 staff

- Ensure staff complete preceptorship in a timely manner

- Review of new staff at quarterly intervals

- Time to reflect on practice where an incident of challenging behaviour occurs

- Awareness on the appropriate use of CCTV

- Feedback process on all IR 1 forms

- Identify what safe staffing levels are for all shifts and ensure ward is adequately resourced

- Demonstrate a cohesive management approach by senior managers within the hospital

- Increased visibility on an ongoing basis of Senior Management on site.

523.   The MWP team provided the report to Ms Mitchell on 16 August 2018.

524.   The MWP team carried out further exit interviews during the period from the end of October 2019 to December 2019. A summary of the findings of the exit interviews conducted during this period is set out in the document entitled "Summary Report Muckamore Abbey Hospital (MAH) Exit Interviews (For the period October to December 2019)", dated 31 December 2019 ("the 2019 Summary Report"). A copy of the 2019 Summary Report is to be found behind Tab 12 of the bundle.

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525.	Six leavers were interviewed during the period in question. Five of the leavers had resigned, and one had retired. Of the six leavers, two were Band 5 Nurses, three were Band 3 Healthcare Support Workers (referred to as nursing assistants throughout this witness statement) and one was from the Medical and Dental professional grouping.

526.	Two of the Band 3 Healthcare Assistants cited "Wellbeing and Safety at Work" as their main reason for leaving, and one additional staff member cited this as a contributory reason for leaving. Other reasons cited by staff included "Career/Promotion prospects", "Retirement" and "Flexible working/Work life balance".

527.	The leavers were asked a series of set questions during the interviews, including what they had enjoyed whilst working at MAH, and what they had found challenging whilst working at MAH. In relation to the former, the leavers responded that they enjoyed "the great team of staff and working with the patients". Various responses were received in respect of the latter question, including: exposure to physical aggression, lack of certainty about the future of MAH, negative publicity and public perception of the hospital and care delivered to patients, unsafe staffing levels and issues with management. The complete synopsis of issues identified by staff in response to this question is set out on internal page 3 the 2019 Summary Report. Quotes from the staff interviews are set out in Appendix 2 on internal pages 8 – 9 of the 2019 Summary Report.

528.	The 2019 Summary Report was considered by the Interim Director for MAH, Ms Gillian Traub, and Ms McKinney, then MAH Divisional Nurse. In response to the report, Ms Traub and Ms McKinney considered that listening exercises should be conducted with staff at MAH, to give staff currently working at MAH a confidential forum to concerns or issues. A series of listening exercises were scheduled for March 2020, however few staff attended

the first two sessions, and the remaining sessions were cancelled due to the COVID – 19 pandemic. The response to the concerns identified within the 2018 Summary Report and the 2019 Summary Report formed part of a wider response to workforce stabilisation at MAH, addressed in further detail in Topic 12.

Topic 12 – Impact of (and response to) suspensions and increased use of agency staff

529.   In addressing this topic I have drawn on the assistance of:

- Ms Brenda Creaney, Executive Director of Nursing and User Experience

- Ms Billie Hughes, Interim Co Director and substantive Divisional Nurse

- Ms Patricia McKinney, Co-Director Child Health and NISTAR

530.   I have interpreted this topic as relating to the suspensions of Belfast Trust MAH staff, and the consequential increased use of agency staff, arising from the viewing of the March to September 2017 CCTV footage, and the ongoing PSNI investigation arising therefrom ("the 2017 CCTV Investigation").

531.   At the outset, it is important that I acknowledge the extensive nature of this topic. For the purposes of this statement, I give a broad overview in response, but it is likely that the Belfast Trust will need to provide a much more detailed statement about the issues arising from the 2017 CCTV investigation and the impact they have had.

532.   The first MAH staff suspension took place on 22 August 2017. By June 2021, a total of 76 staff members had been placed on precautionary suspension,

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and 3 staff members had been dismissed. At present, 66 staff members remain on precautionary suspension, and 11 staff have been summarily dismissed. In addition, a total of 70 staff have been placed on Interim Protection Plans. The 2017 CCTV Investigation has spanned some five years to date, and is not yet complete.

533.   The Belfast Trust has, since 2017, taken extensive action to address issues of patient safety at MAH, and to investigate, in broad terms, the issues of abuse and poor practice identified on the 2017 CCTV footage. The action taken by the Belfast Trust in this regard is inextricably linked to the impact of, and response to, staff suspensions, and the increased use of agency staff. It would not be possible, within the confines of this statement and the time available, to comprehensively address the MAH Inquiry on the action taken by the Belfast Trust in relation to MAH, both in terms of patient safety and the closely linked issue of workforce stabilisation, from 2017 to the present. That is because, as is the case with each of the topics that are the subject of this witness statement, there is no one person who can alone speak to this issue. Many senior members of staff, both at MAH and at higher levels within the Belfast Trust, have been involved in action taken in relation to the 2017 CCTV footage. Many of those individuals are now either in different roles or have since left the employment of the Belfast Trust. Accordingly, the information provided within this statement is limited to that which it was possible to prepare and provide within the permitted timeframe.

534.   The Belfast Trust will wish to comprehensively address the MAH Inquiry on the extensive action it has taken in response to the 2017 CCTV footage. However, the process of providing that information will, by necessity, involve various individuals, and will consequently take further time. Notwithstanding these unavoidable limitations, I have endeavoured to provide a broad overview response to this topic in this witness statement.

Regulatory Referrals to the Nursing and Midwifery Council

535.   Since 2017 Belfast Trust has made 50 number of referrals to the Nursing and Midwifery Council. These referrals have resulted in 20 interim Suspension Orders on the NMC register, 5 Conditions of Practice orders and 24 with no actions taken. In addition, one member of staff previously referred to NMC for an incident outside of the 2017 CCTV Investigation has received a 9 month suspension order. These referrals have been assessed to meet the requirements for referral following the 2017 CCTV Investigation by Adult Safeguarding and the PSNI. This process is overseen by the Muckamore Abbey Assurance Group and the Operational Group, populated by Belfast Trust Senior Management Team, the PSNI and RQIA.

Request for professional alerts to the Chief Nursing Officer

536.   Until December 2022, a process existed within the Department of Health where the Chief Nursing Officer ("CNO") considered concerns about the practice of registrants. Where concerns were assessed as valid, the CNO issued an alert to the Health and Social Care system in Northern Ireland. In respect of alerts related to the 2017 CCTV Investigation, 50 requests were made and 40 alerts were issued. This professional alert process was revoked in December 2022. Consequently, these professional alerts have been removed between January and February 2023 and the Belfast Trust advised accordingly. The Executive Director of Nursing and User Experience of the Belfast Trust has updated the Nursing and Midwifery Council in this regard. Where staff have been subject to any of these processes and are no longer employed the Belfast Trust, the Executive Director of Nursing and User Experience will update the current employer of the registrant where she has this information.

Reports and reviews relating to MAH

537.   The Belfast Trust's response to Module 6 addresses various reports
related to MAH, several of which were commissioned in response to the 2017
CCTV Investigation. They include the:

- September 2018, Report of the Independent Assurance Team
Muckamore Abbey Hospital;

- November 2018 Level 3 Serious Adverse Incident – *"A Review of
Safeguarding at Muckamore Abbey Hospital – A Way to Go"*

- August 2019 report of the East London NHS Foundation Trust
consultation to Belfast Health and Social Care Trust *"Services for people
with learning disability in Northern Ireland"*

- July 2020 report from the Muckamore Abbey Hospital Review Team
(sponsored by the HSCB/PHA) entitled *"A Review of Leadership and
Governance at Muckamore Abbey Hospital"*

- 2021 report to the Belfast Trust Board *"What is different now?"*

- 2021 HSCB *"Independent Review of the Learning Disability Resettlement
Programme in Northern Ireland"*

538.   In the interests of brevity, and to avoid repetition, I do not propose to
address these reports, and the action taken by the Belfast Trust in response to
the reports, within this witness statement. However, it is important to
acknowledge that each of these reports, and the actions taken by the Belfast
Trust in response to them, are likely to be relevant to and bear on the issues of

the impact of, and response to, staff suspensions and increased use of agency staff.

RQIA reports relating to MAH from 2017

539.   The RQIA has carried out several inspections at MAH from 2017, to include:

- 4 and 5 September 2017 Erne Ward 2;

- 2 to 4 October 2017 Killead Ward;

- 24 October 2017 Erne Ward 1;

- 20 December 2017 Cranfield Ward 2;

- 5 and 6 February 2018 Cranfield Psychiatric Intensive Care Unit;

- 20 and 21 February 2018 Six Mile;

- 7 and 8 March 2018 Cranfield Ward 2;

- 9 and 10 July 2018 Cranfield Ward 1, Ward 2 and the Psychiatric Intensive Care Unit:

- 22 November 2018 Cranfield Ward 1;

- 26 February to 28 February 2019 MAH all wards;

- 15 and 16 April 2019 MAH all wards;

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- 1 July 2019 (Finance);

- 10 December to 12 December 2019 (Enforcement);

- 2 April to 16 April 2020 (Enforcement);

- 27 and 28 October 2020 MAH all wards;

- 21 January 2021 Erne Ward;

- 28 July to 19 August 2021 MAH all wards;

- 2 March to 31 March 2022 MAH all wards;

- 1 July to 29 July 2022 MAH all wards.

540.   Issues related to staffing at MAH, which includes the actions taken by the Belfast Trust in respect of staffing and the use of agency staff, were addressed during each of the RQIA inspections. Accordingly, the above RQIA Inspection Reports may speak to the issue of the impact of and response to suspensions and increased use of agency staff. Again, for brevity, I do not propose to rehearse the contents of the RQIA reports within this statement. Copies of the RQIA Inspection Reports in relation to the above listed inspections are provided behind Tab 13 of the exhibit bundle.

The impact of and response to suspensions and increased use of agency staff

541.   The availability of suitably trained staff has been an issue at MAH from before the issues arising from the impact of the 2017 CCTV investigation.

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However, the extent of necessary suspensions, regulatory referrals and Interim Protection Plans resulting in the inevitable increased use of agency staff that resulted, has caused significant destabilisation of the workforce at MAH.

542.   Achieving safe staffing levels at MAH has been a significant and sustained challenge for the Belfast Trust from 2017. It is an issue that has been closely monitored by the Belfast Trust, and by RQIA. It has been the subject of extensive engagement with the Department of Health, RQIA and other Trusts. It has, amongst other things, necessitated attempted regional recruitment exercises, and financial initiatives.

543.   In addition, the imposition of Interim Protection Plans, the suspension of staff, and the dismissal of staff at MAH has resulted in low morale of the staff who continue to work at MAH. It has caused or contributed to the high attrition rate (as referred to in Topic 11).

544.   Notwithstanding the various initiatives, including those overseen by the Department of Health, the Belfast Trust has experienced significant difficulty in both recruiting staff for MAH, and retaining staff at MAH. Experience has unfortunately shown that there has been no easy answer to this issue, or not one that the combined efforts of the Belfast Trust and the Department of Health have been able to provide.

545.   Examples of measures taken by the Belfast Trust to stabilise the workforce at MAH from 2017 to date have included:

Situation Reports ("SITREPS")

546.   Situation Reports (or "SITREPS") were established in the wake of the allegations of abuse in MAH. SITREP reports are also known as 'Safety Reports'. They contain information on a number of key Care Metrics designed

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to measure and monitor safety. SITREPs were initially generated on a weekly basis and are now completed monthly. Staffing information relating to MAH, to include staff vacancies and the numbers of staff in post and on precautionary suspension, would generally be included within SITREPs. SITREP reports are reviewed and monitored by senior management at MAH, the Collective Leadership Team who provide regular reports through their Director to Executive Team, Trust Board and Muckamore Assurance Group chaired by the Department of Health. An example SITREP report is provided behind Tab 13 of the exhibit bundle. A copy of a PowerPoint presentation regarding SITREPs in also provided behind Tab 13 in the exhibit bundle.

Safety Huddle

547.   From October 2019 a daily 'Safety call' was introduced at MAH. The Safety Call takes place each morning at 8am and is attended by all Ward Sisters/ Charge Nurses or the nurse in charge of a ward. The purpose of the Safety Call is to provide a forum for the daily staffing requirements within each ward at MAH to be reviewed, and to allow for issues with staffing to be addressed at the earliest stage.

Weekly Collective Leadership Team Report

548.   From around 2019 the Divisional Nurse at MAH provided to various senior staff members of the Belfast Trust (to include Ms Creaney, Ms Forrest, Ms Owens and Ms Traub) a weekly retrospective report on the nursing workforce at MAH. The weekly retrospective reports were also provided to the Chief Nursing Officer at the Department of Health, and the nursing representative Director of Nursing at the PHA. The reports included details regarding vacancies, recruitment and issues of concern in relation to MAH.

Rostering

549.   From about 2019 the Divisional Nurse at MAH also reviewed staff rotas on a weekly retrospective basis to monitor whether the required staffing levels determined using the Telford method had been achieved.

MAH Task and Finish Group and MAH Task and Finish Workforce sub-group

550.   As explained in Topic 10, the MAH Task and Finish Group, and its subgroup, the MAH Task and Finish Workforce Group were established to consider and address the various staffing issues at MAH, to include recruitment, retention, sickness absence and vacancies.

Nurse Bank and Agency Staff

551.   Management at MAH liaised closely with the Nursing and Midwifery Bank to source Bank and agency staff. Eventually the Belfast Trust secured the provision of 50 registered nurses through an agency in England. These registrants were engaged for periods of time, and in some cases they have remained for several years. The registrants secured through this agency were either RNLDs, RNMHs, or dual qualified. The local induction and training in respect of agency workers was overseen by the Nurse Development Lead at MAH. In 2022 an "upskilling" training programme was established at MAH, to support RNMHs in developing the specialist skills held by RNLDs. The upskilling programme is managed by Ms Michelle Curran, Nurse Consultant, and Ms Teresa Green, Clinical Nurse Lecturer for Queens University Belfast.

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Listening Exercises

552.   In 2017, the Belfast Trust conducted a series of listening sessions for staff at MAH. The purpose of the listening sessions was to provide staff with a confidential forum to discuss any issues of concern. Invitations to attend the listening sessions were extended to all staff working MAH, including medical staff, nurses, nursing assistants, AHPs, and patient/client support staff. The findings for some of the listening sessions, and the recommendations in respect of the sessions, are set out in the document entitled *"Report on Listening Groups Muckamore Abbey"*, a copy of which is to be found behind Tab 13 in the exhibit bundle.

553.   In 2017 the Service Improvement and Governance Team delivered a presentation to MAH Task and Finish Group regarding the findings of the listening sessions. A copy of the presentation is also provided behind Tab 13.

554.   Ms McKinney and Ms Traub developed an Action Plan in response to the recommendations set out within the "Report on Listening Group Muckamore Abbey". The actions identified within the Action Plan overlapped with actions being progressed and/or monitored through other mechanisms, such as the risk assessment process referred to below. Accordingly, the Action Plan document, a copy of which is provided behind Tab 13, was not continued as a stand-alone action.

Risk assessments

555.   Various risk assessments carried out at MAH in 2020 through to 2022 provide useful information on the staffing issues. The risk assessments related to staffing issues and identified the staffing core risks, and controls in respect of the risks. The risk assessment documents referred to below provide a detailed overview of the various mechanisms in place to monitor and address the workforce issues at MAH:

- Risk assessment dated 28 August 2020, updated on 2 September 2020 and 7 September 2020;

- Risk assessment dated 22 September 2021, updated 29 September 2021 and 5 October 2021

- Risk assessment dated 10 January 2022.

556.   Copies of the risk assessment documents are provided behind Tab 13 in the exhibit bundle.

Report on Professional Nursing Assurance Muckamore Abbey Hospital, January 2020

557.   On 31 May 2019 the Chief Nursing Officer at the Department of Health wrote to the Belfast Trust's Executive Director of Nursing and User Experience, Ms Brenda Creaney, and sought assurances regarding patient care and treatment and professional nursing in MAH. Ms Creaney responded to the Chief Nursing Officer by letter dated 20 June 2019. A copy of this letter is provided behind Tab 13 in the exhibit bundle. Later in 2019, the Belfast Trust commissioned Mr Francis Rice, former Executive Director of Nursing and Interim Chief Executive for Southern Trust, as Professional Nursing Advisor for MAH. Mr Rice's primary role was to assist in stabilising the nursing workforce at MAH.

558.   Mr Rice commenced his work at MAH in September 2019. In January 2020 Mr Rice produced a report entitled "*Report of Professional Nursing Assurance Muckamore Abbey Hospital Findings, Recommendations and Action Plan*" ("the 2020 MAH Professional Nursing Assurance Report"), a copy of which is to be found behind Tab 13 in the exhibit bundle. The Terms of Reference for Mr

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Rice's work as Professional Nursing Advisor, as set out on internal pages 4 and 5, were as follows:

- *To work alongside clinicians and management in BHSCT with responsibility for services provided at Muckamore Abbey Hospital.*

- *To provide expert professional advice and guidance to colleagues in the BHSCT around all aspects of nursing care for individuals with a learning disability.*

- *To provide expert professional advice and guidance to colleagues in the BHSCT around all aspects of nursing governance, training and development for nurses and healthcare support workers working in Muckamore Abbey Hospital.*

- *To ensure that there is a clear and effective clinical, professional, and operational structures in place for all registrants and health care support workers and that staff are aware of these.*

- *To ensure that all registrants and health care support workers are aware of how to escalate or raise concerns and feel confident and supported in doing so.*

- *To establish if current nursing practice and care in Muckamore Abbey Hospital is safe, effective and compassionate.*

- *To review the quality and effectiveness of nursing care and practice currently being delivered in conjunction with ward sisters and ensure that it is in keeping with NICE and other relevant evidence based clinical guidelines and that progress is being monitored and evaluated.*

- *To identify and where appropriate introduce appropriate routine outcome measures to nursing care as delivered in Muckamore Abbey Hospital.*

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- *To report on the above to CNO via the Muckamore Departmental Assurance Group and other mechanisms as appropriate.*

559. In broad summary, Mr Rice found that staff, carers and advocates at MAH to be receptive to his work at MAH. Mr Rice also ascertained a *"significant level of commitment to ensure the complex needs of patients were met and that patients received the best care possible"* in what Mr Rice considered to be very difficult circumstances. However, Mr Rice identified a range of issues relating to the MAH workforce, governance and safety, communication and leadership. Mr Rice, in conjunction with Senior Staff, developed a draft Action Plan (internal page 14 – 24 of the report) designed to address those issues.

560. Mr Rice also identified a range of "future challenges" that remained to be addressed, and that would have a direct impact on the present and future sustainability of MAH (internal page 12 if the report):

A. *The inability to permanently recruit and retain the nursing workforce required to ensure the safe and effective nursing care of the current and future Learning Disability patient population.*

B. *The absence of a Comprehensive needs assessment of our Learning Disability population in Northern Ireland, to inform the development of a regional strategic approach to an integrated hospital and community service model, clinical practice, standards of service provision, and future accommodation needs.*

C. *The need for an increased focus on quality improvement, user, carer and advocacy involvement in Co. design and delivery of services.*

D. *The absence of suitable accommodation to facilitate the complete resettlement of the complex patients who are currently cared for in the Muckamore Abbey Hospital and the need for consideration of a regional approach to this.*

E. *The absence of an agreed modern care pathway and model of Acute Hospital Care Service provision for Learning Disability patients.*

F. *The absence of a modern Community Learning Disability Care and treatment model for Learning Disability patients to include forensic, home treatment, crisis response, assertive in and out reach multi-disciplinary teams.*

G. *The absence of a comprehensive and fully integrated training and development multi-disciplinary programme to equip staff with the skills, knowledge, and expertise to assess and care for all Learning Disability patients.*

H. *The lack of development of Clinical and Social Care 'Leaders' in the field of Learning Disability.*

561.   It will be evident from the above list that many of the issues are systemic and regional. The action plan was implemented and maintained.

Nursing Workforce Staffing Model

562.   In October 2019 the Belfast Trust Executive Director of Nursing and User Experience, Ms Brenda Creaney, directed a review of the nursing workforce at MAH to enable the development of a nurse staffing model for in-patient learning disability services within the Belfast Trust. The inpatient learning disability services relates to those at MAH and Iveagh. The purpose of the nurse staffing model was to ensure that there was safe and effective nurse staffing levels with the appropriate skill and grade mix.

563.   The review was carried out by Ms Esther Rafferty, Divisional Nurse and former MAH Service Manager. Ms Rafferty's findings, together with the proposed nurse staffing model, are set out within the paper entitled "Nursing Workforce Staffing Model Inpatient Learning Disability Service " ("the 2019 Nursing Workforce Paper"), a copy of which is to be found behind Tab 13 in the exhibit bundle. The draft paper was provided to the Director of Nursing at the Public Health Agency for consideration.

564.   At the time of the review MAH provided care to four groups of patients:

- Assessment and treatment in-patient population

- Regional low secure forensic patient population

- Complex delayed discharge patient population

- Resettlement patient population

565.   In broad terms, the 2019 Nursing Workforce Paper proposed an interim staffing model to be implemented with immediate effect, and a longer-term model based on a reduced bed compliment. The proposed staffing models set out within the 2019 Nursing Workforce Paper reflected the direction of travel for the model of in-patient learning disability care discussed and agreed following a regional workshop facilitated by the Health and Social Care Board on 27 January 2016; the agreed model is described on internal page 3 of the 2019 Nursing Workforce Paper:

> *"The model agreed following this consultation requires active treatment services for men and women who require acute admission for the least possible length of time and in the least restrictive environment possible. A small number of psychiatric intensive care beds and a specialist inpatient service for men with intellectual disability and forensic histories will continue to be provided. The potential to provide low secure treatment services for males and females is being considered to future proof the service and provide for the continuum of care. All these services will require a full range of multi-professional input, including psychiatry, psychology, nursing, social work, occupational therapy, speech and language therapy and other specialist inputs."*

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566.   The draft staffing model was not agreed or implemented as the strategic direction of Learning Disability Services changed to a full resettlement model. The staffing model has reduced in line with resettlements and as the hospital reduces in bed numbers.

567.   A further review of the nursing workforce, specific only to MAH, was carried out in 2021/2022 by Ms Patricia McKinney. Ms McKinney's findings, together with the proposed nurse staffing model, are set out within the paper entitled "Nursing Workforce Staffing Model Inpatient Learning Disability Service" ("the 2022 Nursing Workforce Paper"), a copy of which is to be found behind Tab 13 in the exhibit bundle. The paper is in draft form.

568.   The issues with staff recruitment and the use of agency staff are addressed on internal page 3 of the 2022 Nursing Workforce Paper:

"Despite active recruitment over the past 2 – 3 years there has been a reduction in the numbers of Registered Learning Disability Nurses (RNLDs) in MAH. Currently, there are 24 whole time equivalent (wte) RNLDs working on site. The BHSCT RNLD workforce is spread across the five clinical areas in an effort to maintain safe staffing levels while providing the essential clinical expertise and support to patients. In order to meet the current needs of the service a high number of block booked agency staff supplement the BHSCT nursing teams (circa 50 wte), the majority of whom are Registered Mental Health Nurses (RNMH). Although many of the agency staff have been working on site for more than 1 year and are familiar with the care needs of the service users, they do not hold an RNLD qualification, which is an inherent risk the Trust is currently carrying. Ultimately, the workforce vacancies have had a direct and negative impact on the ability of the clinical teams to admit new patients for assessment and treatment

Until October 2021, the last admission to MAH was in December 2019. The most recent admissions have been for detained patients with moderate intellectual disability

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for which all alternatives to detention and admission, i.e. Therapeutic Support Services, Multi-Disciplinary approaches, had failed.

These recent admissions have required wider discussion with the Health and Social Care Board (HSCB), Department of Health (DoH), Police Service of Northern Ireland (PSNI) and the Regulation and Quality Improvement Authority (RQIA) with an acceptance within the system that the pathway into MAH has been the least worst option for these individuals at the time, but is not without risk to care the provision to the existing population on site."

569.   In broad summary, the 2022 Nursing Workforce Paper provides an overview of the current position at MAH and offered a proposal reflecting the Belfast Trust's aim of "managing and balancing the ongoing care needs of the existing patient population whilst strengthening the capacity and capability within its LD nursing workforce through the development of expertise to enable LD Nurses to provide specialised assessment and treatment inpatient & forensic services". The recommendations in respect of the nursing workforce at MAH are set out on internal pages 12 – 14 of the 2022 Nursing Workforce Paper.

570.   This model is currently being utilised in Muckamore Abbey Hospital overseen by the Collective Leadership Team.

571.   As I indicated at the outset of this topic the suspensions and increased use of agency staff has had a very significant impact on the operation of MAH, and its staff. The Belfast Trust has done all it can to manage those issues, with what assistance the region and the department has been able to provide.

Signed: Brona Shaw

Dated: 06 April 2023

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T02.15	March 2013 Health and Social Care Board, *"Transforming Your Care, Vision to Action, A Post Consultation Report"*	1428
T02.16	April 2017 Northern Ireland Audit Office, *"Management of the Transforming Your Care Reform Programme"*	1583
T02.17	2012 Regional Workforce Planning Group Interim Terms of Reference	1657
T02.18	DHSSPS 2015 Regional HSC Workforce Planning Framework	1659
T02.19	2018 Department of Health *"Domiciliary Care Workforce Review Northern Ireland 2016 – 2021"*	1675
T02.20	2020 Department of Health *"Workforce Review Report Prosthetics 2019 - 2029"*	1771
T02.21	2022 Department of Health *"Workforce Review Report Dietetics 2019 – 2029"*	1786
T02.22	2020 Department Health *"Workforce Review Report Physiotherapy 2019 –2029"*	1865
T02.23	2020 Department of Health *"Workforce Review Report Speech and Language Therapy 2019 –2029"*	1927
T02.24	2020 Department of Health *"Workforce Review Report Podiatry"*	1977
T02.25	2022 Department of Health *"Workforce Review Report Occupational Therapy 2019 – 2029"*	2039
T02.26	2022 Department of Health *"Social Work Workforce Review Northern Ireland 2022"*	2103
T02.27	Department of Health *"Pharmacy Workforce Review 2020"*	2176
T02.28	2022 Department of Health *"Workforce Review Report Music, Art, and Drama Therapies 2019 – 2029"*	2231
T02.29	2016 Committee for Health, Social Services and Public Safety, *"Review of Workforce Planning in the Context of Transforming Your Care"*	2345
T02.30	2016 DOH *"Systems, Not Structures: Changing Health and Social Care"* (also known as the Bengoa Report)	2900
T02.31	2017 DHSSPS *"Health & Wellbeing 2026 – Delivering Together 12 Month Progress Report – October 2017"*	2992
T02.32	2019 DHSSPS *"Health & Wellbeing 2026 – Delivering Together Progress Report – May 2019"*	3018
T02.33	2021 DHSSPS *"Health & Wellbeing 2026 – Delivering Together Progress Report – December 2021"*	3058
T02.34	2018 DHSSPS *"Health and social care workforce strategy 2026: Delivering for Our people"*	3198

T02.35	2022 DOH *"Health and social care workforce strategy 2026: Delivering for Our people, Second Action Plan (2022-23 to 2024-25)"*	3266
T02.36	2010 DHSSPS *"A Partnership for Care: Northern Ireland Strategy for Nursing and Midwifery 2010 – 2015"*	3298
T02.37	2012 Department of Health, DHSSPS, Welsh Government & Scottish Government *"Strengthening the Commitment: The Report of the UK Modernising Learning Disabilities Nursing Review"*	3338
T02.38	2014 DHSSPS and NIPEC *"Modernising Learning Disabilities Nursing Review strengthening the Commitment: Northern Ireland Action Plan March 2014"*	3414
T02.39	2005 Department for Health, Social Services & Public Safety *"Equal Lives Review of Policy and Services for People with a Learning Disability in Northern Ireland"*	3431
T02.40	2012 DHSSPS *"The Learning Disability Framework"*	3613
T02.41	2012 DHSSPS *"The Bamford Action Plan 2012 – 2015"*	3771
T02.42	2010 Guidelines & Audit Implementation Network *"Guidelines on Caring for People with a Learning Disability in General Hospital Settings"*	3841
T02.43	DHSSPS *"Delivering Care: Nurse Staffing in Northern Ireland. Section 1: Strategic Direction and Rationale for general and specialist medical and surgical adult in- hospital care settings"*	3909
T02.44	DHSSPS *"Delivering Care: Nurse Staffing in Northern Ireland. Section 2: Using the Framework for general and specialist medical and surgical adult in-hospital care settings"*	3940
T02.45	2017 DOH *"Delivering Care Phase 2 Emergency Departments Staffing Model, A Policy Framework for Nursing and Midwifery Workforce Planning in Northern Ireland."*	3970
T02.46	2017 DOH *"Delivering Care Phase 3 District Nursing, A Policy Framework for Nursing and Midwifery Workforce Planning in Northern Ireland."*	3979
T02.47	2017 DOH *"Delivering Care Phase 4 Health Visiting, A Policy Framework for Nursing and Midwifery Workforce Planning in Northern Ireland."*	3989
T02.48	2017 DOH *"Delivering Care Phase 5A (Inpatients) Mental Health, As part of the Policy Framework for Nursing and Midwifery Workforce Planning in Northern Ireland."*	3999
T02.49	2016 DHSSPS & NIPEC *"Evolving and Transforming to Deliver Excellence in Care – A Workforce Plan for Nursing and Midwifery in Northern Ireland 2015 – 2025"*	4033

T02.50	2020 DOH "*Nursing and Midwifery Task Group (NMTG) Report and Recommendations March 2020*"	4123
T02.51	DOH "*Nursing and Midwifery Task Group Next Steps Framework – A Three Phased Approach 2020 – 2026*"	4221
T02.52	21 April 2022 Correspondence from CNO to HSC and PHA	4229
T02.53	2020 NIAO "*Workforce planning for nurses and midwives*"	4231
T02.54	2008 to 2009 BHSCT "*Workforce Information Report for the Mental Health and Learning Disability Service Group*"	4299
T02.55	2009 BHSCT "*Programme to Increase Workforce Planning Capacity and Capability for Service Managers*"	4307
T02.56	BHSCT "*Practical Workforce Planning Workshops*"	4319
T02.57	2020 BHSCT "*Nursing and Midwifery Workforce Update and Action Plans*"	4320
T02.58	2021 BHSCT "*Nursing Workforce Strategy 2021/22 to 2025/26*"	4429
T02.59	2013 BHSCT "*ASPC Workforce Development and Equality Plan*"	4450
T02.60	2014 BHSCT "*ASPC Workforce Plan Steering Group – Terms of Reference*"	4454
T02.61	2016 BHSCT "*ASPC Workforce Plan presentation to Modernisation Board*"	4456
T02.62	2016 BHSCT "*Adult Social & Primary Care Directorate Integrated Workforce Plan April 2015 – March 2020*"	4494
T02.63	2017 BHSCT "*Monitoring Report on the Integrated Workforce Plan April 2015 – March 2020*"	4623
T02.64	2018 BHSCT "*Monitoring Report on the Integrated Workforce Plan April 2015 – March 2020*"	4641
T02.65	2019 BHSCT "*Monitoring Report on the Integrated Workforce Plan April 2015 – March 2020*"	4656
T02.66	2014 BHSCT "*MAH Resettlement Programme Update Report January 2014*"	4672
Tab 3 – Topic 2 Training and Recruitment of Learning Disability Nurses		
T03.01	2006 DHSSPS "*Quality Standards for Health and Social Care*"	4677
T03.02	October 2006 The Bamford Review of Mental Health and Learning Disability (Northern Ireland) "*Forensic Services*"	4717
T03.03	November 2008 Emerson & Hatton, Centre for Disability Research "*Estimating Future Need for Adult Social Care Services for People with Learning Disabilities in England*"	4881
T03.04	October 2009 DHSSPS "*Delivering the Bamford Vision. The Response of Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability Action Plan 2009-2011*".	4906

T03.05	2012 DHSSPS "*Service Framework for Learning Disability*" (revised 2015)	5045
T03.06	2012 DOH et al "*Strengthening the Commitment: The Report of the UK Modernising Learning Disabilities Nursing Review*"	5203
T03.07	March 2014 DHSSPS "*Modernising Learning Disabilities Nursing Review, Strengthening the Commitment, Northern Ireland Action Plan*"	5279
T03.08	Belfast Trust and Open University information for BHSCT Staff leaflet	5296
T03.09	Belfast Trust and Open University Nursing Manager Information Checklist	5298
T03.10	April 2002 "*The NMC Code of Professional Conduct: Standards for conduct, performance and ethics*"	5302
T03.11	January 2015 NMC "*The Code: Professional Standards of practice and behaviour for nurses, midwives and nursing associates*" (updated in 2018)	5311
T03.12	2008 NMC "*Standards to support learning and assessment in practice*"	5337
T03.13	2018 NMC "*Future nurse: Standards of proficiency for registered nurses*"	5422
T03.14	2018 NMC "*Realising professionalism: Standards for education and training: Part 1: Standards Framework for nursing and midwifery education*"	5462
T03.15	2018 NMC "*Realising professionalism: Standards for education and training. Part 2: Standards for supervision and assessment*"	5477
T03.16	2018 NMC "*Realising professionalism: Standards for education and training. Part 3: Standards for pre-registration nursing programmes*"	5489
T03.17	2021 NIPEC "*Future Nurse Future Midwife Northern Ireland Standards for Student Supervision and Assessment, A Guide for those Responsible for Student Supervision and Assessment in Practice*". (Also known as FNFM)	5508
T03.18	2020 NIPEC "*Northern Ireland Future Nurse Future Midwife- Key Facts*"	5528
T03.19	2020 NIPEC "*Future Nurse Future Midwife Key Information for Registered Health and Social Care Professionals Supporting Nursing and Midwifery Students in Practice*"	5530
T03.20	Practice Assessment Document BSc Hons/PGDIP Specialist Nursing, Community Nursing, Community Nursing Learning Disabilities/Learning Disabilities Nursing.	5535
T03.21	BHSCT Nursing Practice Learning Handbook	5659

T03.22	2019 BHSCT Policy for the Management of Nursing and Midwifery Council (NMC) Standards for Education and Training Parts 1,2, and 3 and Standards of Proficiency for Registered Nurses (NMC 2018) and Midwives (NMC 2019)	5689
T03.23	BHSCT 2015 Capability Procedures Policy	5697
T03.24	BHSCT 2018 Employment of People with Disabilities -Framework	5707
T03.25	BHSCT 2018 Your Right to Raise a Concern (Whistleblowing) Policy	5794
T03.26	BHSCT 2019 Assistance to Study Policy	5815
T03.27	BHSCT 2020 Adverse Incident Reporting and Management Policy	5844
T03.28	BHSCT 2020 Policy and Procedure for the Management of Comments, Concerns, Complaints and Compliments	5866
T03.29	2023 Timetable for OU Student Nurse Induction to MAH	5933
T03.30	BHSCT policy TP 71/11 Core Statutory and Mandatory Training Policy	5934
T03.31	Learning Disability Services - Mandatory Training Matrix	5953
T03.32	2017 CEC Looking Forward, A Strategy for the HSC Clinical Education Centre 2018 – 2023	5956
T03.33	2008 NMC "*Standards to support learning and assessment in practice: NMC standards for mentors, practice teachers*"	5972
T03.34	2012 NIPEC "*Preceptorship Framework for Nursing, Midwifery, and Specialist Community Public Health Nursing in Northern Ireland*"	6057
T03.35	2020 NMC "*Principles for Preceptorship*"	6089
T03.36	2022 NIPEC "*Preceptorship Framework*"	6105
T03.37	BHSCT June 2016 "*Preceptorship Portfolio (adult)*"	6123
T03.38	BHSCT July 2016 "Preceptorship Portfolio (Learning Disability and Mental Health)"	6173
T03.39	March 2012 BHSCT "*Post-Registration Education Commissioning Framework (Nursing and Midwifery)*"	6224
T03.40	January 2023 BHSCT "*Post-Registration Education Commissioning Framework (Nursing and Midwifery)*"	6260
T03.41	2011 NIPEC Evaluation Process for Post-Registration Education Programmes, commissioned by the DHSSPS	6301
T03.42	2021 NIPEC Learning Agreement & Evaluation of Learning on Practice Framework	6312
T03.43	2019 NMC "*Revalidation, Employers guide to Revalidation*"	6324
T03.44	2019 NMC "*How to revalidate with the NMC*"	6348

T03.45	2016 NMC Guidance sheet, "*E-portfolios and Revalidation*"	6405
T03.46	NMC "*Revalidation Template Pack*"	6408
T03.47	NMC "*Revalidation leaflet*"	6416
T03.48	NMC "*Revalidation Poster*"	6418
T03.49	2019 BHSCT "*Registration and Reverification Policy*"	6419
T03.50	2018 BHSCT "*Process for Monitoring and Reporting NMC registrations and revalidations for Nurse and Midwives*"	6440
T03.51	BHSCT "*Process for Monitoring and Reporting NMC Registration and Revalidations for Bank Only Nurse and Midwives*"	6441
T03.52	BHSCT "*Nurse Bank Registration Processes*"	6443
T03.53	BHSCT 2020/2021, "*Assurance report for Revalidation of Registered Nurses and Midwives*"	6444
T03.54	2006 "*Report of the Review of Clinical Supervision for Nursing in the HPSS 2006 on behalf of the DHSSPS*"	6454
T03.55	2017 BHSCT Policy "*Nursing Supervision for Registered Nurses – Facilitating Reflective Practice*"	6458
T03.56	2016 -2017 BHSCT "*Annual Report on Supervision for Registered Nurses*"	6571
T03.57	2016 NIPEC "*Project Initiation Document - Supervision Framework*"	6582
T03.58	2022 NIPEC "*Reflective Supervision, A Framework to Support Nursing and Midwifery Practice in Northern Ireland*"	6594
T03.59	2013 Northern Ireland Adult Safeguarding Partnership, '*Northern Ireland Adult Safeguarding Partnership Training Strategy*'	6612
T03.60	Safety Intervention Running Guide for MAH	6628
T03.61	2010 BHSCT Recruitment and Selection Policy (version 1)	6633
T03.62	2016 BHSCT Recruitment and Selection Policy (version 2)	6652
T03.63	2010 Protocol for the Recruitment and Employment of staff under the requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and Vetting and Barring Scheme (version 1)	6676
T03.64	2013 Protocol for the Recruitment and Employment of staff under the requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and Vetting and Barring Scheme (version 2)	6725
T03.65	2015 Protocol for the Recruitment and Employment of staff under the requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and Vetting and Barring Scheme (version 3)	6778

T03.66	2020 Protocol for the Recruitment and Employment of staff under the requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and Vetting and Barring Scheme (version 4)	6827
T03.67	2010 Safer Recruitment and Employment Alert Notice System and Procedure Internal Operating Procedure (version 1)	6846
T03.68	2010 Safer Recruitment and Employment Alert Notice Policy (version 2)	6878
Tab 4 – Topic 3 Leadership education for managers of wards and senior nurses/key performance indicators		
T04.01	2004 Department of Health *"The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process"*	6924
T04.02	2011 NHS Leadership Academy *"Clinical Leadership Competency Framework"*	7198
T04.03	2013 NHS Leadership Academy *"Healthcare Leadership Model, the nine dimensions of leadership behaviour"*	7265
T04.04	2012 NHS Leadership Academy *"Leadership Framework: Self-Assessment tool"*	7281
T04.05	2013 NIPEC *"The Northern Ireland Practice and Education Council for Nursing and Midwifery Standards for person centred nursing and midwifery record keeping practice"*	7295
T04.06	2011 NIPEC *"Leading Care Job Description – Core Elements for Ward Sisters/Charge Nurses"*	7307
T04.07	2010 NIPEC *"Leading Care: Supporting Learning and Development for the role of Experienced Ward Sister/ Charge Nurse: Development Programmes Outline Descriptors"*	7318
T04.08	2010 NIPEC *"Supporting Professional Development: A Competence Assessment Tool for Ward Sisters/Charge Nurses"*	7323
T04.09	2010 NIPEC *"Leading Care: Supporting Learning and Development for the role of Newly Appointed Ward Sister/ Charge Nurse: Orientation Template"*	7365
T04.10	2013 NIPEC *"Guidance to Support the Commissioning, Design, Delivery and Application of Learning and Development Activities for Ward Sister/Charge Nurse and Community Team Leader roles"*	7371
T04.11	BHSCT, KPI Training, PowerPoint Presentation	7395
Tab 5 – Topic 4 Training, recruitment and deployment of learning disability psychiatrists, psychologists, speech and language therapists occupation therapists and physiotherapists		
T05.01	2006 GMC *Good Medical Practice*	7422
T05.02	2009 GMC *Tomorrow's doctors*	7474
T05.03	2011 GMC *The Trainee Doctor*	7582

T05.04	2011 GMC *Outcomes for provisionally registered doctors with a licence to practice* (updated 2015)	7642
T05.05	2013 GMC *Good medical practice*	7652
T05.06	2015 GMC *Promoting Excellence: standards for medical education and training*	7692
T05.07	2016 GMC and Medical Schools Council *First, do no harm: Enhancing patient safety teaching in undergraduate medical education*	7744
T05.08	2017 GMC *Excellence by design: standards for postgraduate curricula*	7788
T05.09	2017 GMC *Designing and maintaining postgraduate assessment programmes*	7832
T05.10	2017 GMC *Generic professional capabilities framework*	7886
T05.11	2018 GMC *Outcomes for graduates*	7915
T05.12	2019 GMC *Practical Skills and Procedures*	7943
T05.13	2009 RCP *Good Psychiatric Practice*	7950
T05.14	2010 RCP *Specialists in Psychiatry of Learning Disability, A Competency Based Curriculum for Specialist Training in Psychiatry (updated May 2017)*	7992
T05.15	2013 RCP *Core Training in Psychiatry CT1 – CT3, A Competency Based Curriculum for Specialist Core Training in Psychiatry (updated June 2017)*	8058
T05.16	2018 RCP *Safe patients and high-quality services, Job descriptions for consultant psychiatrists*	8161
T05.17	2022 RCP *Psychiatry of Learning Disability: Royal College of Psychiatrists Higher Specialty Curriculum (ST4 – ST6)*	8241
T05.18	2022 RCP *Core Psychiatry, Royal College of Psychiatrists Core Training Curriculum (CT1 – CT3)*	8259
T05.19	2022 RCP *Psychiatry Silver Guide, Guidance for Psychiatric Training in the UK*	8272
T05.20	2022 *Conference of the Postgraduate Medical Deans UK (COPMeD) Gold Guide 9th Edition*	8361
T05.21	2015 NIMDTA *Failure to Comply with the Requirements of the Training Programme (NI Deanery Policy)*	8459
T05.22	2015 NIMDTA *Engagement with Trainees*	8468
T05.23	2020 NIMDTA *Allocation of Placements Policy: Foundation, Core and Speciality Trainees*	8476
T05.24	2021 NIMDTA *Professional Support Unit Policy*	8494
T05.25	2023 BHSCT *Education and Workforce Team – Speciality Tutor Job Description*	8509

T05.26	NIMDTA *Clinical Supervisor Job Description*	8514
T05.27	NIMDTA *Education Supervisor Job Description*	8515
T05.28	2020 NIMDTA *Psychiatry Training: Placement Quality Review 2020*	8517
T05.29	Mandatory Training from MS Teams (Psychology)	8539
T05.30	2020 NHS Education for Scotland '*Clinical Psychology Workforce Planning Report'*	8540
T05.31	2021 Health Education England, '*Psychological Professions Workforce Plan'*	8585
T05.32	Statutory and Mandatory Training – Speech and Language Teams	8624
T05.33	LDOT Training Matrix	8627
T05.34	BHSCT In-Service Training Programme for Occupation Therapists for 2014 – 2015	8628
T05.35	Physiotherapy Mandatory Training Matrix V3	8632
Tab 6 – Topic 5 Measures relating to staff retention and support		
T06.01	2008, BHSCT, "*The Belfast Way: A Vision in health and social care for Citizens 2008-2013*"	8640
T06.02	BHSCT "*Employment Equality and Diversity Plan*" 2011-2014	8648
T06.03	BHSCT "*Employment Equality and Diversity Plan*" 2014-2017	8671
T06.04	BHSCT Good Relations Strategy 2012-2017	8691
T06.05	BHSCT Good Relations Strategy 2017-2022	8731
T06.06	BHSCT People Strategy 2016-2020	8741
T06.07	2008-2009 BHSCT Corporate Management Plan	8757
T06.08	2009-2010 BHSCT Corporate Management Plan	8787
T06.09	2010-2011 BHSCT Corporate Management Plan	8795
T06.10	2011-2012 BHSCT Corporate Management Plan	8807
T06.11	2012-2013 BHSCT Corporate Management Plan	8815
T06.12	2013-2014, 2014-15 and 2015-16 BHSCT Trust Vision and Corporate Plan	8835
T06.13	2016-2017 BHSCT Corporate Management Plan and Summary of Directorate Management Plans	8879
T06.14	2017-2018 BHSCT Corporate Management Plan	8906
T06.15	2018-2021 BHSCT Corporate Management Plan	8925
T06.16	2021-2023 BHSCT Corporate Management Plan	8941
T06.17	BHSCT Recruitment and Selection Policy 2016 v2	8957
T06.18	BHSCT Induction Policy and Management Guidelines 2012 v4	8981

T06.19	BHSCT Equality Diversity and Inclusion Policy August 2018 v4	9011
T06.20	BHSCT Gender Identity and Expression Employment Policy 2018 v1	9021
T06.21	BHSCT Harmonious Working Environment Policy Statement 2018 v4	9040
T06.22	BHSCT Employment with People with Disabilities Framework, April 2011 v2.2.	9045
T06.23	BHSCT Work life Balance Flexible Working Policy Arrangements 2020 v9	9132
T06.24	BHSCT Special Leave Policy 2020 v5	9218
T06.25	BHSCT Supporting Breast Feeding Employees Policy 2017 v1	9243
T06.26	BHSCT Grievance Policy May 2018 v1	9250
T06.27	BHSCT Conflict, Bullying and Harassment Policy June 2019 v1	9260
T06.28	BHSCT Mediation Policy 2013 v1	9290
T06.29	BHSCT 2016 Policy and Procedural Arrangements relating to the management of stress, health and wellbeing	9304
T06.30	BHSCT Management of Attendance Protocol 2018 v3	9355
T06.31	2010 Regional Framework on Management of Attendance	9434
T06.32	BHSCT Recognition and Reward Strategy 2019 v2	9439
T06.33	BHSCT Relocation of Associated Expenses Policy 2012 v1	9452
T06.34	BHSCT Temporary Across Site Relocation Policy 2010 v2	9466
T06.35	BHSCT Whistleblowing Policy 2018 v3.2	9472
T06.36	BHSCT Framework for Staff with a Caring Role	9493
T06.37	BHSCT 2017, Framework for the Management of Staff Affected by Organisation Change and Staff Redeployment Protocol, Manager's Toolkit	9505
T06.38	BHSCT Human Resources Strategy 2005-2007	9514
T06.39	North and West Belfast HSS Trust Selection and Appointments Procedure	9520
T06.40	North and West Belfast HSS Trust Training and Development Policy for Personal Social Services Staff; North and West Belfast HSS Trust Hotel Services Training and Development Strategy	9530
T06.41	North and West Belfast HSS Trust Policy for the Prevention of Aggression to Staff	9548

T06.42	North and West Belfast HSS Trust Staff Guidelines on Dealing with Aggression	9552
T06.43	North and West Belfast HSS Trust Guidance for Supervisors and line Managers on Recording of Sickness Absence	9563
T06.44	North and West Belfast HSS Trust Guidance Notes for Supervisors and line Managers on Control of Absenteeism Nov 2002	9570
T06.45	North and West Belfast HSS Trust Staff Charter and Monitoring Process Feb 2003	9589
T06.46	North and West Belfast HSS Trust Prevention of Harassment and Bullying at Work	9599
T06.47	North and West Belfast HSS Trust Equal Opportunities Policy	9617
T06.48	North and West Belfast HSS Trust Serious Adverse Incident Policy and Procedure v1	9620
T06.49	North and West Belfast HSS Trust Serious Adverse Incident Policy and Procedure v2	9639
T06.50	North and West Belfast HSS Trust Adverse Events and Incidents	9657
T06.51	North and West Belfast HSS Trust Investigation of Adverse Events and Incidents, near misses, Complaints and Claims	9698
T06.52	North and West Belfast HSS Trust Framework for Dealing with Sectarian Threats to Staff	9720
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