

**MUCKAMORE ABBEY HOSPITAL INQUIRY  
WITNESS STATEMENT**

**Statement of Miriam Somerville  
Date: 27<sup>th</sup> April 2023**

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I, Miriam Somerville, make the following statement for the purpose of the Muckamore Abbey Hospital (MAH) Inquiry.

The statement is made by me in response to a request for evidence by the Inquiry Panel.

This is my first statement to the Inquiry.

In exhibiting any documents, I will use my initials "MS" so my first document will be "MS/1".

**Section 1: Qualification and Position**

1. Qualified as speech and language therapist 1975, Leicester
2. Masters in the management of services for people with learning disabilities, University of Kent 1990
3. Post grad diploma in cognitive behavioural therapy, Belfast 2012
4. I was director of learning disabilities services in North and West Belfast HSCT from 2002 – 2006 and co-director of learning disabilities services in Belfast HSCT from 2006 until I retired in 2011.

**Section 2: Modules – Topics to be addressed**

5. Module 6(a) will address the 'Eastern Health and Social Services Board and North and West Belfast Health and Social Services Trust: Review of Policies and Procedures to Safeguard Children and Vulnerable Adults in Muckamore Abbey Hospital' (the Review) which was completed in December 2005.

**Section 5: Other relevant information**

6. I was Chair of the Review Panel whose work culminated in the Review.

7. I refer to a copy of the report marked MS/1.

### **Section 7: Declaration of Truth**

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

Signed: 

Date: 27.4.2023

**List of Exhibits (Miriam Somerville)**

MS/1 Eastern Health and Social Services Board and North and West Belfast Health and Social Services Trust: Review of Policies and Procedures to Safeguard Children and Vulnerable Adults in Muckamore Abbey Hospital completed in December 2005

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## **Eastern Health and Social Services Board and North and West Belfast Health and Social Services Trust**

### **Review of Policies and Procedures to Safeguard Children and Vulnerable Adults in Muckamore Abbey Hospital**

#### **1.0 Introduction**

The report has been written following a joint review carried out by North and West Belfast Trust and The Eastern Health and Social Services Board. This report sets out current practice at Muckamore Abbey Hospital to ensure that children and vulnerable adults are safe during their stay in hospital. It details policies and procedures used within the hospital, training and support provided for staff and monitoring mechanisms. The report also addressed how these systems work in practice. As part of the process, a number of recommendations have emerged which will further improve practice.

#### **1.1 Terms of Reference**

The terms of reference agreed by the group for the review are as follows:-

- To produce a report which assures North & West Belfast H&SS Trust and EHSSB that appropriate child protection measures are in place at Muckamore Abbey Hospital.
- To describe how these measures are monitored and what reporting mechanisms are in place.
- To assure the Trust and EHSSB of the robustness of vulnerable adult procedures.

#### **1.2 Process of the Review**

Officers involved in the review, examined the systems and the relevant policies and procedures. They also read the casenotes of a selection of current patients to ascertain the level to which Child Protection and Vulnerable Adults policies and procedures are being implemented.

- 1.3 It was agreed that the files of all EHSSB children and Young People aged under 19 years who had been treated on an adult ward during 2005 should be reviewed.

There were 7 such children and Young People; 4 female aged 14-17 years and 3 male aged 15 years and 16 years.

Also the files of a 40% sample of all children admitted to Conicar Ward were reviewed.

There were 6 children in the sample. All were boys aged 9-16 years.

The files of all the EHSSB patients who had been involved in Vulnerable Adults Procedures during 2004 and 2005 were also reviewed. The files of 9 people involved in 8 Vulnerable Adults investigations were reviewed. These involved 7 men and 2 women.

Appropriate social work and nursing professionals from outside the hospital reviewed these files.

A Consultant Paediatrician with responsibility for Child Protection within the Trust reviewed five files. Three of these are children in adult wards and two are children in Conicar.

## **2.0 Context**

- 2.1 The review must be set in the context of a hospital for people with learning disabilities which is in a state of transition. Patients in the hospital come from across the province (although the majority of people are from the Eastern and Northern Boards). The hospital is moving from being a traditional long-stay hospital to one, which offers shorter-term assessment and treatment services for people who require a period of in-patient care. Patients will, in future, be admitted because of mental illness or severe challenging behaviour. Phase 1 of the redevelopment programme provides new accommodation for 35 assessment and treatment beds.
- 2.2 The hospital has also historically been the regional centre for people with learning disabilities who require hospital admission because of offending behaviour (forensic services). Phase 1 of the redevelopment programme also provides 23 forensic beds. Until the new unit is opened, such patients are accommodated elsewhere in the hospital and receive supervision as indicated by clinical risk assessments.
- 2.3 A children's ward, Conicar is still on the hospital site. A business case was developed by the Trust in 1995 to relocate this to a more appropriate community location. This business case was not approved at the time and a further business case is in the process of being submitted to the Boards and the Department. Fifteen children remain in Conicar.
- 2.4 The Trust and the EHSSB remain concerned that young people continue to be admitted to adult wards. There is however, no specific provision in Northern Ireland for young people with learning disabilities who require inpatient assessment and treatment services. In the absence of alternative provision and if Conicar is unsuitable, young people are admitted to adult wards. The approved business case for the redeveloped hospital clearly refers to the fact that services for adolescents were not to be included in the redeveloped hospital and this remains an issue yet to be addressed.

2.5 All the patients in the hospital are vulnerable and most exhibit varying degrees of challenging behaviour. The hospital accepts referrals from across Northern Ireland and people may be admitted from the other two learning disability hospitals because of the severity of the condition requiring treatment. A variety of therapeutic approaches are therefore required to manage people appropriately and safely. This also means that complex decisions about managing risk are being taken by all clinical / professional staff on a daily basis.

2.6 Muckamore Abbey Hospital is recognised as a centre of good practice in the field of learning disabilities. The majority of learning disability nurses in Northern Ireland undertake student placements at the hospital. It is also a centre approved by the Royal College of Psychiatrists for the training of doctors in the psychiatry of learning disability. There is close collaboration with the University of Ulster to provide student placements for allied health professionals. The hospital has also been able to attract high calibre staff across all the professional groups including allied health professionals, social work and clinical psychology.

2.7 The review team noted that the hospital has a strong track record of reform and modernisation. Recent achievements include the following:-

- The third successive charter mark for the hospital was awarded in 2005.
- The hospital has been designated as a Good Practice site in 2005 as part of the Public Service Reform Unit.
- A Service Improvement Project undertaken at the Hospital in 2005 has been selected as the N.I. entry in the International Quality Healthcare Forum.
- The Hospital has been selected by the Home Office as a pilot site for a recently devised Adapted Sex Offenders' Treatment Programme. This will be delivered in partnership with the Probation Service.
- The development of a multidisciplinary quality audit tool specifically for learning disability services. This is called Evaluating Quality Care (EQC) and may shortly be copyrighted and shared across the province.

### **3.0 Monitoring Mechanisms - Child Protection Procedures**

3.1 The hospital operates a procedure, which complies with and complements the core policy and procedures set out in Co-operating to Safeguard Children (May 2003) and the Regional Child Protection Policy and Procedures (May 2005). The Regional Policy and Procedures make particular reference to child protection in hospital settings and to the needs of children with disabilities. The hospital procedure has been drafted with these issues in mind.

3.2 Following an Inspection by SSI in 2003, the review team noted that the hospital undertook to strengthen child protection policies, procedures and

training of staff. It was evident that considerable progress has been made in this field, including the following:-

- The development of specific procedures for hospital staff, which provide clear guidance and comply with Trust and regional policies and procedures. These have been developed in association with members of the Trust Child Protection Panel and specific advice from the Trust Child Protection Nurse. **(Appendix 1)**
- Hospital representation on the Trust Child Protection Panel.
- The availability of the Trust Child Protection Nurse and Consultant Paediatrician for specialist advice.
- Hospital staff receive the Trust Child Protection training programme with some adaptations to take account of the hospital environment. Two nurse managers have been trained as trainers and this training programme is now mandatory for all nursing staff. Although considerable progress has been made with the training programme, it must be recognised that it will take some time to train all staff and priority is given to those who have most contact with children. Targets are being set for the numbers and type of staff who should receive training each year and progress will be monitored. **(Appendix 2)**

3.3 Children's and young people's files were specifically reviewed in search of evidence of awareness by staff of child protection issues, policies and procedures and adherence to the Looked After Children(LAC) arrangements.

#### **Good Practice Examples**

- In all social work files reviewed of children and young people on adult wards, there was clear evidence of awareness of the additional risks posed by the adult environment.
- Nursing notes indicated a number of instances where ward staff reported child protection concerns to social workers. Both social work and nursing files indicated the outcome.

3.4 **Specific Child Protection Issues raised in the Files.** There were three specific child protection issues raised in the files reviewed.

#### **Issue 1**

Ward staff reported to Social Services their concerns about the account of a 17 year old who had been 'sitting on the lap of her Grandmother's partner while driving'.

A referral was made to Social Services in the community, investigation interviews took place with the young person and with the adults involved.

A decision that no further action was to be taken within the child protection procedures was relayed to the Hospital.

The Grandmother and partner were advised of the inappropriateness of this action.

Social work, nursing and medical files all contained reference to this incident and to the outcome.

### **Issues 2 and 3**

A 15 year old in an adult ward also raised issues, which were discussed in terms of child protection.

Firstly, a report that the boy had seen self-harm by another patient is discussed in terms of 'invoking child protection protocols'. After a discussion with Social Services, the Ward Manager and community Social Services, no further child protection action was taken. One to one supervision was in place already.

Secondly, a graze was noticed on the boy's head and brought the following reaction from the consultant to the Senior Social Worker in the hospital, 'Given the importance of Child Protection Procedures I would be grateful if you might investigate the circumstance'.

These examples indicate both awareness of the issues on the part of all professional staff involved and the appropriate use of child protection policies and procedures.

- 3.5 Although evidence from nursing notes indicated good practice in relation to LAC Reports the Review Team considered that there were three areas in which further improvements could be made to nursing notes..

These are:-

- Ensuring that the nursing care plan is regularly updated in all areas.
- Consistent use of growth charts for children
- Ensuring that the Person Centred Care Plan highlights a child's likes and dislikes.

- 3.6 The review team considered that one case requires further discussion between the Consultant Paediatrician and the Consultant Psychiatrist in relation to some child behaviour noted in the medical file. This will be actioned.

3.7 The review team considered that although much progress has been made in addressing the child protection recommendations in the SSI report, taking some additional measures could further strengthen child protection work in the hospital. **The Review Team recommend increasing hospital representation on the Trust Child Protection Panel by including a doctor or nurse in the membership. A further suggestion has been made that a Child Protection Committee is established at the hospital. This would meet every six months, would have representation from Family and Childcare Services, Trust Child Protection Nurse and Consultant Paediatrician as well as hospital staff. This Committee would provide advice and monitor progress with training and other aspects of child protection. (Recommendation 6)**

3.8 **LAC Reviews.** All children and young people are reviewed under the Looked After Children (LAC) guidance. Establishing a LAC Review is the responsibility of the "owning" community trust.

3.9 Evidence from the notes indicates that LAC reviews are often late and can be unproductive as it is difficult for staff in community trusts to prioritise the needs of children and young people in the hospital. Across the range of children and young people in the Adult and the Children's wards, there was a 100% involvement with Looked After Children arrangements evident from the files. However, the levels of compliance with the required timescales and recording fell below the acceptable levels in a number of cases. In particular there seemed to be difficulties in adhering to the 6 months timescale for reviews.

In some cases it was obvious that efforts were being made to convene the meetings but gaps of 9 months were not uncommon and in one case a year elapsed.

3.10 There was evidence of comprehensive Looked After Children reports and recording, especially when the process afforded the opportunity for multi-disciplinary assessments and discussions. However, in other examples, unsigned photocopies of the original documentation were all that was present. The review team noted however that each child/young person has their own Community Social Work file where originals are more appropriately kept.

3.11 It should also be noted that generally attendance at Looked After Children reviews was very good in terms of multi-disciplinary attendance, family attendance and professionals from the community.

3.12 Children subject to LAC reviews often spend inappropriate lengths of time in hospital due to a lack of robust community infrastructure. Unfortunately LAC reviews have little impact in resolving this situation. **This review indicated a need for trusts to be reminded of their responsibilities in respect of LAC reviews. (Recommendation 5)**

#### Examples of Good Practice in LAC Reviews.

- Nursing Reports to LAC Review were of a particularly high quality and were highlighted by the review team.

**3.13 Advocacy Services for Children.** Evidence from the notes indicate the use of independent advocacy services for some children. **The review team considered that it would be helpful if community trusts were able to increase the availability of advocacy for children and adolescents who were already or were in danger of becoming delayed discharges. (Recommendation 9)**

**3.14 Multidisciplinary Meetings.** The wards to which children and young people are admitted are subject to a weekly multidisciplinary ward meeting. This is chaired by the consultant psychiatrist and attended by the ward manager and a variety of professional staff. Care managers and other appropriate community staff are invited to this meeting. The review team noted that this is the main clinical decision-making process for patients. Although the discussion may be guised in different terminology, managing risk is a major feature of this meeting. Examination of the notes indicate that risk assessments and action plans are recorded in a number of different places. **The review indicated however, that it would be helpful to consider the inclusion of a separate sheet that clearly records risk assessments. How best to operationalise this is currently under consideration.**

#### Example of Good Practice

- Behaviour Nurse Therapy's framework for Risk Assessment was identified by the review team as a useful tool that could be adapted for the multi-disciplinary team.

**3.15** A similar challenge applies to the outcome of discussions in relation to child protection. Decisions made and actions taken were found recorded in three or four different places. This indicates that although the practice is good, improvements could be made to recording systems. The procedure indicated in **Appendix 3** addresses this issue and will be implemented.

**3.16** The hospital uses an electronic patient record system called EPEX. This system has the potential to provide a simple but effective means of detailing patient movement between wards and any risks that a patient may pose. The system is currently not used consistently by staff. **It is recommended that the trust reviews the use of EPEX to explore how helpful it may be in capturing multidisciplinary working and risk management. (Recommendation 8)**

**3.17 Supervision Policies.** A regular feature of the ward meetings is how best to supervise patients who may be particularly vulnerable or those who present a particular risk to others. The review team noted that a Constant Supervision Policy is in operation, which details different levels of observation and how staff are deployed at each level. (**Appendix 4**) Individual patients who are subject to constant supervision are reviewed regularly by the multidisciplinary team. The mix of patients in outdated accommodation can make such supervision difficult. Providing the necessary levels of supervision to achieve this is often a difficult balance between safety, availability of staff and affordability and can from time to time create financial challenges for the trust. High levels of supervision and observation can also be anti-therapeutic for the patient. The priority however, is always the safety of patients and staff.

**Examples of Good Practice**

- Nursing notes highlighted good recording of the levels of supervision, complaints and incidents and the appropriate action taken was well recorded.
- Each file contained references to the young persons status as a child and regularly noted the presence of one to one staffing in place to afford the child and young person additional protection.

**E.g. '16 year old female child will require constant supervision as child on adult ward' taken from notes on admission, and " has a nurse provided on constant supervision to maintain her safety on an adult ward' taken from Looked After Children Review report.**

**3.18 Admissions of adolescents to adult wards.** This is an undesirable position but on occasion, unavoidable. The decision to admit is taken following discussion between the referring consultant, the consultant for Conicar and the Medical or Clinical Director at the hospital. The reasons why an admission to the children's ward is inappropriate is fully explored. Admission only occurs when it is clear that an inpatient assessment is necessary and no alternative is available. The decision to admit to an adult ward is taken by the consultant psychiatrist in consultation with relevant nursing and other professional staff in the hospital. This is recorded in the clinical notes and the care plan. An Incident Report is also completed for all children admitted to adult wards. The Trust Chief Executive is notified as is the Mental Health Commission and the EHSSB. The hospital has a written admission procedure, which covers all patients. **It is recommended that a specific admission protocol be developed for adolescents. This will take account of the fact that this should be an unusual occurrence and immediately raises awareness of vulnerability and issues of protection. This will be implemented and will take account of both new referrals and children transferred from Conicar to adult wards. (Recommendation 1)**



3.19 All adolescents admitted to adults' wards receive at least 1:1 supervision on a 24hour basis on admission. This is reviewed as appropriate and changes will be noted on the risk management sheet. While, for most, they will continue to receive this level of supervision while they are in the hospital, others are provided with safe opportunities to assist in enhancing their level of independence. Constant supervision does not always make for the most therapeutic of environments. Always having a member of staff at your side may not be helpful and may simply provide an unsettled adolescent with further irritation. It is however, the most appropriate strategy to safeguard young people in adult wards and in the absence of a discrete adolescent service, this position will remain unchanged.

3.20 Evidence from the notes demonstrated clearly consideration having been given and being regularly reviewed of the appropriateness or inappropriateness of the child/young person being admitted or re-admitted to the Conicar Children's Ward.

In these situations, risks posed by the young person to other children/young people in Conicar were taken into account in the decision making about admitting an adolescent to an adult ward.

3.21 There was evidence from clinical notes that from time to time, young people require seclusion. The team found that consent for the use of seclusion was not always documented. This is in the process of being addressed by the clinical team at the hospital.

#### **Examples of Good Practice**

- A 14 year old admitted to an adult ward from Conicar is planned to return to Conicar soon.
- A 15 year old admitted directly to an adult ward was considered for Conicar at a Looked After Children Review but the decision was that due to risk to others, it was 'not an option'.
- It was also clear from a number of files that when possible, these children and young people were sleeping in single rooms as part of efforts to protect them in an over crowded environment.

The review team considered that it would improve practice to produce a separate admissions policy for children and one for children admitted to adult wards (Recommendation 1).

**3.22SSI Inspection.** The children's service in the hospital was inspected by the SSI in 2003. Following receipt of the report in 2004, an Action Plan was drawn up jointly with EHSSB. Many of the actions have been completed, some are ongoing and some are longer term. The hospital produced an Action Plan following receipt of the SSI report in 2004. Details of work skill in progress is indicated in **Appendix 5**. The recent SSI report Care At Its Best, made reference to the planned relocation of Conicar into the community. This will not however, take place for some time and does not address the needs of adolescents.

#### **4.0 Monitoring Mechanisms – Protection of Vulnerable Adults**

**4.1** The hospital complies with the Vulnerable Adults Policies and Procedures developed within the trust during 2004/5. Specific guidance for hospital staff has been written and shared with staff as part of the training process. (Appendix 6)

**4.2 When to use Vulnerable Adults Procedures.** The review team noted that the implementation of Vulnerable Adults procedures has meant a change in practice for hospital staff. Before the introduction of Vulnerable Adults procedures, many of the issues were dealt with through the formal complaints process. Patients and carers will still use the complaints system to raise matters as this is a more familiar process for them. The decision about when to use the Vulnerable Adults procedures as opposed to the complaints system or indeed other tools such as Root Cause Analysis, is complex and requires consideration of a number of factors. Obviously, all patients within the hospital are vulnerable. There are also a large number of incidents reported each day as is expected in a learning disability hospital. Not all of these could or should be considered under Vulnerable Adults Procedures. Consideration is therefore given to such factors as the patient's current mental health, whether or not the incident is atypical and what is known about the circumstances surrounding the incident.

**4.3** Complaints and incidents are discussed by the appropriate multidisciplinary clinical team who will express a view on how an issue should be handled. A recent additional improvement is that all complaints and potential Vulnerable Adults cases are also discussed by the hospital management team on a weekly basis. A final decision is reached by means of these two processes operating together. This provides for careful consideration of the issues by a number of different people. Decisions are recorded in notes of the management team meetings, and in patients' notes. A complaints file is also kept which records how the complaint has been managed.

**4.4** The review highlighted that recording could be improved by ensuring that one file note is kept that confirms outcomes and actions taken following consideration of a Vulnerable Adults case. The files indicated the need for guidance as to the factors which should suggest entry into Vulnerable Adults. A process for decision-making should be implemented within the hospital, which clarifies the role of the designated officer. The procedure outlined in Appendix 7 explains how this will be implemented. (Recommendation 7)

**4.5 Responsibilities of "owning" trusts.** The lead in setting up a Vulnerable Adults process rests with the "owning" community trust. As described previously in relation to LAC reviews, staff in community trusts have competing priorities and work with hospital patients can remain low on their agenda. Delays in establishing a Vulnerable Adults process can

defeat the purpose and so it often falls to hospital staff to take the lead. This is not the most satisfactory practice. **It is recommended that community trusts are reminded of their responsibility in relation to this. (Recommendation 5)**

4.6 This was supported by evidence from the files, indicating marked difficulty with engaging 'owning' Trusts in the Vulnerable Adults process – particularly when required to convene and to chair. The review team noted confusion in one Trust's reluctance to become involved in the Vulnerable Adults process because it involved an allegation against a staff member and it was their view therefore that it was a disciplinary issue for the hospital Trust.

4.7 **Supervision Policies for Adults.** The use of the Constant Supervision Policy and Procedure operates for all patients within the hospital as described above in 3.4. It is evident from notes that decisions in relation to changes in levels of supervision or a move from one ward to another need to be made quickly and a bureaucratic process which would slow this down is to be avoided. Nevertheless, it is difficult to track from records how these decisions are made and by whom. **The review team recommend that a set of "guiding principles" are produced which provide a framework within which these decisions are made. This will not hinder the need to take action but will provide reassurance that a number of issues, including the vulnerability of others, have been fully explored as part of the decision making process. (Recommendation 3)**

4.8 **Patients who have the potential to offend.** The review team noted that the hospital will continue to provide a regional service for people with learning disabilities who require hospital assessment and treatment because of offending behaviour. This is part of the core business and the hospital aims to continue the development of a centre of excellence for the assessment and treatment of this group. Much of this work relates to sexual offending and the hospital is a designated Home Office pilot site for the delivery of a new Adapted Sex Offenders Treatment programme. Patients whose sexual offending puts others at risk are assessed and managed using a variety of clinical tools. Full multiagency reviews take place and the care and supervision package is organised as required. Supervision forms an important part of the management of these patients and is reviewed each week at the multidisciplinary team meeting.

## **5.0 Other Internal Monitoring Mechanisms**

There are several other systems in place, which provide additional safety for children and vulnerable adults.

**5.1 Complaints Procedure.** The Trust operates a comprehensive complaints procedure and complaints received in the hospital are responded to as part of this. All response letters to complainants are signed by the Chief Executive or Deputy Chief Executive. All complaints are recorded and summarised in a report which is presented to the Complaints Committee on a quarterly basis. This Committee is part of the trust's governance arrangements and is chaired by a non executive director. It is good practice for less formal complaints to be dealt with face to face by staff on the wards. Each ward keeps a complaints record book which details all complaints raised on the ward by patients, staff or visitors. All complaints are discussed at the weekly hospital management team meeting and actions agreed and recorded. This means that some of the more complex considerations e.g. about when a complaint should be investigated through the Vulnerable Adults process can be thoroughly explored.

**5.2 Incident Reporting.** Staff are encouraged to report all incidents no matter how trivial. Ongoing training continues to raise awareness about the importance of incident reporting and ward managers receive reports indicating any trends or issues of particular significance for their area of responsibility. All incident reports are seen by a number of senior staff including the Medical Director and Assistant Director of Service Improvement and Governance. Medical Staff Committee reviews individual incident reports on a regular basis, as does the head of nursing. The Chief Executive receives reports on any patients or staff who have received a significant injury or been admitted to hospital as the result of an incident. The hospital management team receives quarterly reports and an annual report is taken to the trust's Executive Management Board. This provides the safeguard of a comprehensive system enabling a number of different individuals to raise areas of concern at a number of different stages in the process.

**5.3 Risk Management and Risk Registers.** Risk management is not an exact science and in a hospital such as Muckamore Abbey, decisions about risk are taken by staff several times a day. Notes indicate that recording of decisions can, quite appropriately, be found in several different places e.g. nursing notes indicating a change in supervision levels following a discussion with the ward consultant psychiatrist; actions outlined on an Incident Form following an episode of challenging behaviour etc. Practice therefore, in relation to risk is good. It is recognised however, that the recording of risk assessments and when and how they are updated could be improved. Consideration is therefore being given to the process described in 3.3.

**5.4** The Trust maintains a Risk Register, which is examined by the Trust Governance Committee and members of Trust Board. The Learning Disability Governance Group, which is multiprofessional, regularly reviews and reports on the issues which feature in the register. Staff are invited to contribute, through the Governance Group, and submit any matters that they believe should be considered as areas of risk.

This register is a living document that records risks identified and highlights control measures that are in place and further actions planned.

**5.5 Reporting to Organisations Outside the Trust.** Serious untoward events, including the admission of a child to an adult ward, are reported to EHSSB and to the Mental Health Commission. The Commission has recently revised its guidance on what should be reported and the hospital complies with this.

**5.6 Evaluating Quality Care.** This is an audit tool which has been devised by the hospital and provides a comprehensive evaluation against standards for every department, clinical and non clinical within the hospital. Reports following audits are reported to the management team and appropriate action taken. The tool has been piloted and the Trust is now considering copyrighting this work and sharing it with other organisations. The tool has recently been sent to the Health Improvement Authority for their view on its effectiveness.

**5.7 Patient Discussion Groups.** Many wards and departments operate patient groups where discussion can take place between patients and staff about a variety of issues. These can be a most useful focus for patients who can communicate well and who wish to contribute to the running of the hospital. Senior managers attend from time to time and patients have an opportunity to raise any concerns with them. Patients who are less able to communicate are more dependent on staff, family or other advocates.

**5.8 Independent Advocacy.** The EHSSB provides funding for a limited amount of independent advocacy for patients in the hospital. The service has mostly been used to assist people in the resettlement process but the service is available for other patients should they need it.

**5.9 Supervision of Staff.** Trust policies and procedures are in place within the hospital in relation to the supervision of staff. As part of supervision, staff are made aware of the importance of reporting any concerns that they may have. The reporting mechanism is normally through the line management system. In addition, staff are told that they can address complaints or issues that have not been satisfactorily resolved to any member of the senior management team. The Trust Child Protection Nurse has also made herself available to staff who may wish to raise a relevant concern directly with her. Staff are informed of this during their child protection training.

**5.10 Management of Visitors.** The hospital has a draft procedure for hospital visiting taking into account children and vulnerable adults (Appendix 8)

## 6.0 External Monitoring Mechanisms

In addition to the internal monitoring systems described above, there are a number of external mechanisms which provide an additional check on service quality and areas of risk. These include:-

- 6.1 Mental Health Commission Visits.** The Commission makes regular announced and unannounced visits to the hospital. As well as talking to patients who are detained, Commission members visit a variety of wards and talk to patients and staff. The most recent report received from the Commission is attached in **Appendix 9**.
- 6.2 Visits by Trust Board.** The Trust arranges a programme of visits to services by non-executive and executive directors as well as the Chairman and Chief Executive. Staff and patients are encouraged to raise any particular concerns with any member of Trust Board during these visits.
- 6.3 The Society of Parents and Friends.** Although membership of the Society is reducing as the nature of the hospital changes, they still play an active and enthusiastic role in the life of the hospital. Any parents or carers who are unclear about processes or have concerns may ask the Society for assistance. Officers of the Society meet regularly with senior managers to discuss a variety of matters.

## 7.0 Staff Training

It is recognised that the most effective systems can be in place but are of little value if front-line staff do not understand them or are not trained to use them. Staff training is a major part of the hospital's work. Training relevant to this report is described below.

- 7.1 Induction Programmes.** Nursing staff are the largest group employed at the hospital. A comprehensive training programme, which includes induction, is in place for them and is co-ordinated by a senior nurse manager. As part of the induction process, staff receive training which includes detail about systems and processes within the hospital and philosophy and culture in modern learning disability services. Induction is also in place for other staff groups.
- 7.2 Training Programmes.** A variety of training is offered for all staff, some of which is mandatory. Staff are expected to undertake training in all the areas listed below and to attend regular updates. Records are kept of attendance at these programmes and are monitored by line managers.
  - **Child Protection Training.** This is mandatory for all staff working with children and young people. It is also mandatory for all nursing and social work staff.



- **Vulnerable Adults Training.** As the procedures are still relatively new, this is in the process of being rolled out to all staff. This is mandatory for all nursing and social work staff.
- **Training in Personal Relationships.** This training was introduced in the 1990s. it has been regularly updated and the Guidance produced by the EHSSB is now used as the basis for training for all staff.
- **Incident reporting.** Regular updates are provided for staff on how this should be done and how the reports are used to effect improvements in services.
- **Management of challenging behaviour and physical intervention.** The hospital has its own trainers who are accredited by the British Institute of Learning Disabilities to deliver a programme tailored to meet the needs of the hospital. All staff receive training and regular updates.

## 8.0 Communication Processes

The review team noted that the hospital has a culture of openness and accessibility. A number of mechanisms assist with this and include: -

- The provision of accessible information leaflets for patients to assist them in understanding their rights and who they can turn to for help.
- The Trust provides clear information on how complaints can be made and this is distributed throughout the hospital.
- Families/carers are informed by ward staff about incidents that involve their relative.
- Wards operate an open door policy for families who wish to visit. (There are occasionally circumstances in which this is not possible because of the needs of an individual patient. This is usually short-term and families are informed. )
- Open days and parties are regular events in the wards and families and other visitors are invited to attend.
- Members of the senior management team make regular visits to the wards. The management team operate an open-door policy providing staff and patients with an opportunity to talk to them at any time.

## 9.0 Recommendations

A review such as this is welcomed as a means of identifying areas for continuous improvement. Members of the review team have agreed the following recommendations. For the most part, these represent refinement of existing policies and procedures. The hospital management team will work towards implementation.

**Recommendation 1. Written admission procedures.** That an admission procedure, which captures existing good practice, in relation to the admission of children and adolescents is produced. This should specifically address the issues of adolescents admitted to adult wards and transfers to and from Conicar.

**Recommendation 2. Risk Assessment.** That a single, multidisciplinary "risk assessment" sheet is produced and copied in all notes. This will improve the current practice of clinical risk assessments, which are evident in a number of different places in the patient's notes.

**Recommendation 3. Supervision of Patients.** That guiding principles are produced which describe the framework within which decisions are currently made about levels of supervision following a clinical multidisciplinary risk assessment.

**Recommendation 4. Patients who abscond.** That the current procedures for managing patients who abscond are reviewed, with a particular emphasis on ensuring continuing appropriateness in respect of children who abscond.

**Recommendation 5. Responsibilities of Other Trusts.** That the EHSSB is asked to ensure that all community trusts understand their responsibilities in relation to children in the hospital who require LAC reviews and adults who require implementation of the Vulnerable Adults Procedures.

**Recommendation 6. Child Protection Committee** - That the hospital establishes a Child Protection Committee in association with Family and Childcare, the Trust Child Protection Consultant Paediatrician and Child Protection Nurse. This would meet every six months or more often if necessary and review relevant issues for the hospital. In addition it is recommended that representation on the trust Child Protection Panel is strengthened by the addition of a nurse or medical representative.

**Recommendation 7. Documentation of Decision making Processes.** The hospital should develop a process whereby outcomes of decisions made in relation to child protection and vulnerable adults procedures are documented in one clinical file. This will provide a single point of reference for outcomes of investigations and action plans.

**Recommendation 8. Use of the EPEX System.** The trust should review the use of the EPEX system within the hospital to examine its further potential to capture multidisciplinary working and risk assessment.

**Recommendation 9. Advocacy Service.** That Trusts should be contacted to discuss the availability of advocacy for children and adolescents who were in danger of becoming delayed discharge.

- END -

## **APPENDICES**

- 1. Muckamore Abbey Hospital Child Protection Procedures**
- 2. Training Report**
- 3. Child Protection Flow Chart**
- 4. Supervision Policy**
- 5. SSI Action Plan**
- 6. Vulnerable Adults Policy**
- 7. Vulnerable Adults Flowchart**
- 8. Hospital Visiting Policy**
- 9. Mental Health Commission Report**
- 10. Review Panel Membership**
- 11. Overview of steps taken in management of Child Protection and Vulnerable Adults**

**Appendix 1**

**JULY 2005**

**NORTH AND WEST BELFAST HEALTH AND SOCIAL  
SERVICES TRUST**

**MUCKAMORE ABBEY HOSPITAL**

**CHILD PROTECTION PROCEDURES**

**Rationale**

This Muckamore Abbey Hospital Child Protection Procedure has been written in order to inform and guide all staff throughout the hospital about their special responsibilities for the protection of children from abuse and significant harm.

This procedure compliments and complies with the core policy and procedures set out in "**Co-operating to Safeguard Children**" (May 2003) and the "**Regional Child Protection Policy and Procedures**" (May 2005).

It should be noted that this hospital procedure deals only with aspects which will be important to staff in their everyday work with children with suspected and/or previously identified abuse and significant harm.

The hospital will ensure that the procedure will be implemented and the hospital will have representation on the Trust Child Protection Panel.

All children have the right to be protected from abuse and significant harm. Staff therefore have a duty to ensure that abuse or significant harm does not occur within any of the services for which they are responsible. There are children receiving assessment and treatment throughout the hospital. All staff will potentially be in contact with these children as part of their employment.

**Child Protection in Hospital Settings**

The Regional Child Protection Policy and Procedures makes particular reference to Child Protection in Hospital settings.

Each hospital should have an admission and discharge policy, which states:

- ◆ that the doctor or nurse admitting a child for whom there are concerns regarding harm or neglect should obtain all relevant information known about the child, from whatever source, when making decisions about the child's future care and management.
- ◆ that the Consultant in charge of a child's case should review all information known about the child, from whatever source, when making decisions about the child's future care and management.

- ◆ that decisions made and actions taken about a child's welfare are made on the basis of available information.
- ◆ that hospital social work staff are involved in discussions about the needs of the child and their family.
- ◆ the identity of the person(s) responsible for agreed action, a flag which indicates that agreed actions have been completed and who actually completed them.
- ◆ the need for a systematic and rigorous approach to the investigation and management of a case of possible harm/neglect on a par with other potentially fatal diseases.
- ◆ permission to discharge the child should be sought from the Consultant in charge of the child's case.
- ◆ arrangements should be in place to safeguard the child's welfare on return to the community.
- ◆ consultation with medical, nursing staff and social services staff in the community should take place.
- ◆ there must be a documented discharge plan, which has the support of the Consultant responsible for the child's needs, including health needs, will be met in the community.
- ◆ where a child does not have a GP, it is the responsibility of the Consultant/Paediatrician making the decision to discharge to ensure the arrangements are made for the child to be registered with a GP.

### **Children with Disabilities**

The Regional Child Protection Policy and Procedures also makes specific reference to the needs of children with disabilities and their particular vulnerability to abuse.

### **Disability**

Safeguards for children with disability should be the same as those for other children. Special input may be required if the child has severe or multiple disabilities. As in all child protection cases, a multi-disciplinary approach should be used and agreement should be reached with regard to who is responsible for the Child Protection Investigation.

## **Abuse of Children with Disabilities**

Disabled children have the same rights to protection from harm as all other children. This requires the responsibility of parents, carers, the community and voluntary and statutory agencies to ensure the effective prevention of child abuse and neglect. Disabled children have the same needs as other children.

They may also have additional needs associated with their disability, however, which may increase their vulnerability to abuse.

## **Vulnerability to Abuse**

### **Children with Disabilities**

- ◆ children with disabilities are often more dependent on adults, e.g., in their intimate care needs and may be cared for by a number of different adults. Such children often spend a lot of time away from home.
- ◆ children with disabilities may be unable to recognise abusive behaviour because they may have learning difficulties or a lack of awareness, of education or information, and because they may have reduced exposure to the norm of adult/children interactions. For example, a child with disabilities may have difficulty in differentiating between appropriate and inappropriate touching.
- ◆ many children, particularly those with physical disabilities, have a poor and/or incomplete body image and therefore may not recognise inappropriate behaviour.
- ◆ children with a communication disability may be unable to convey their experiences to others or adults may be unable to communicate with them.
- ◆ children with disabilities often have low-self esteem and may not be confident about the outcome of telling of the abuse.
- ◆ a disabled child's behaviour might be modified through medication.

### **Societal/Procedural**

- ◆ opportunities created for disclosure of abuse often do not meet the needs of children with disabilities e.g., telephone helplines.
- ◆ behaviour indicative of abuse is often perceived to be behaviour associated with impairment rather than abuse.
- ◆ "it is not the impairment itself that places these children at risk, but adult responses to that impairment". (Kennedy, 1998)

- ◆ there is still societal and possibly professional reluctance to accept that children with disabilities could be abused.
- ◆ a disabled child spends time in segregated services.
- ◆ the devaluation of children with disabilities in our culture creates fertile ground for abuse and also gives a clear message which creates vulnerability and powerlessness.
- ◆ a disabled child is targeted by an abuser because he/she seems unlikely to be able to tell what has taken place.

### **Intimate Care**

Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and the child. Parents have a responsibility to advise on the intimate care needs of their child. Intimate care can include:

- ◆ washing
- ◆ dressing/undressing
- ◆ toileting
- ◆ oral care
- ◆ menstrual care
- ◆ feeding
- ◆ treatments such as enemas, suppositories, enteral feeds.

Staff involved with children's' intimate care need to be sensitive to their individual needs. Staff also need to be aware that some adults may use intimate care as an opportunity to abuse children and have to bear in mind that some care tasks/treatments can be open to misinterpretation.

Only named staff within an agency should undertake the intimate care of children. The nature of the intimate care required should be clearly understood and recorded.

If a child appears inappropriately distressed or uncomfortable when personal care tasks are being carried out, the care tasks should stop immediately. Try to ascertain why the child is distressed, provide reassurance and report this as soon as possible to the designated manager/teacher and parent/carer. It is important to follow the relevant agency's reporting and recording procedures.



Each agency providing services that necessitate or include intimate care services should have an Intimate Care Policy and Guidelines regarding children.

All staff must be trained in the specific types of intimate care that they carry out, and also be familiar with, and fully understand the Intimate Care Policy within the context of their work.

The Children Order defines a child as anyone under eighteen years of age and therefore includes young persons on adult wards.

### Objectives

- ◆ to ensure that all staff who have concerns regarding child welfare will act in accordance with Co-operating to Safeguard Children and the Regional Child Protection Policy and Procedures.
- ◆ to ensure that all staff working with children will:
  - a. undergo training and awareness about their responsibility regarding the detection and management of abuse and significant harm.
  - b. be able to detect cases of suspected, alleged and actual abuse/significant harm through the recognition of signs and symptoms.
  - c. know and understand their statutory responsibilities with regard to the reporting to social services - both orally and in writing - of suspected or alleged cases of abuse of significant harm.
  - d. respond appropriately to known cases in a timely manner.

### **Response to all cases of suspected or alleged abuse or significant harm.**

All staff should be responsive regardless of how the suspicion or allegation arises. Staff must remember that the child's welfare is paramount and they must report their concerns according to the procedures. Where appropriate a Strategy Meeting or Case Conference will be convened by the local Community Social Services Child Protection Team. Concerns about "triggering" child protection procedures which will include referral to the police and other agencies should never deter staff from reporting suspicions of child abuse.

## **Definitions - Abuse and Significant Harm**

**Abuse** - Abuse falls into four categories - physical abuse, emotional abuse, sexual abuse and neglect.

A child may suffer or be at risk of suffering from one or more types of abuse and abuse may take place on a single occasion or may occur repeatedly.

### **Physical Abuse**

Physical abuse is the deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour.

### **Emotional Abuse**

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that he is worthless or unloved, inadequate, or valued only insofar as he meets the needs of another person. It may involve causing a child frequently to feel frightened or in danger, or the exploitation or corruption of a child. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone. Domestic violence, adult mental health problems and parental substance misuse may expose a child to emotional abuse.

### **Sexual Abuse**

Sexual abuse involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

### **Neglect**

Neglect is the persistent failure to meet a child's physical, emotional and/or psychological needs, likely to result in significant harm. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision. It may also include non-organic failure to thrive (faltering growth).

### **Significant Harm**

Harm is defined in the Children Order as "ill treatment or the impairment of health or development". This includes -

- ◆ sexual abuse and forms of ill treatment which are not physical.
- ◆ health means physical or mental health.
- ◆ development means physical, intellectual, emotional, social or behaviour development.

Whether harm is significant is determined by the health and development of the child as compared with that which could reasonably be expected of a similar child.

### **Confidentiality**

Where child abuse or significant harm is alleged or suspected, promises of secrecy must not be given and it should always be made clear to all parties involved that information will be shared in the interests of the child. The welfare of the child always remains paramount.

## **NORTH AND WEST BELFAST HEALTH AND SOCIAL SERVICES TRUST**

### **MUCKAMORE ABBEY HOSPITAL**

#### **CHILD PROTECTION PROCEDURES**

**Procedure for any member of staff who suspects that a child may be subject to abuse or significant harm.**

Any member of staff may suspect abuse of significant harm from comments made by the child or carer, the physical condition of the child, the behaviour of the child or carer, the presenting medical condition or the behaviour of a colleague.

The following procedure directs staff in the reporting and investigation of suspected or alleged abuse or significant harm of a child. All staff are reminded of their responsibility in not further adding to the suffering of a child by omitting to take appropriate action at the earliest opportunity.

This procedure does not operate independently of other procedures such as complaints or disciplinary procedures but will always have precedence over these procedures given that the welfare of the child is paramount.

1. Any member of staff who has concerns must immediately protect the safety of the child whilst alerting others.
2. Once any member of staff has concerns he/she should report the case but should not proceed with any further direct interviewing of the child.
3. The staff member should discuss the case orally with their line manager. If concerns remain these should be documented and a referral should be made immediately to the hospital social work team who will refer the matter on immediately to Child Protection Team in the Trust area where the child usually lives. In the evenings, weekends or on public holidays the local Out of Hours Social Work Team should be contacted - numbers are shown in **Appendix 2** to this procedure for the out of hours arrangements for the particular Trust where the child usually resides. A written referral to the hospital social work team should follow on immediately and this will be forwarded immediately to the local Child Protection Social Workers.

The referral will include the reasons for concern about the suspicion of child abuse or significant harm. This must include details of any observations made with regard to the child's physical, behavioural and emotional state and his/her interactions with parents/carers. Relevant information given by the child, parent/carers or any other person must be clearly noted and attributed. Particular reference should be made to any

explanatory statements about the aspects of the child's state which have given cause for concern.

4. All actions should be recorded in writing in the child's notes and copies of referral letters should be filed appropriately.
5. Where concerns are shown to be unfounded at any stage in the process a record should be made in the child's clinical and social work notes. Parents and all professionals previously contacted should be notified of this and parents should be made aware that no further child protection measures will be taken.

Medical and nursing notes should contain medical/nursing information in respect of the child and should reference the social services investigation. The outcome of any case conference or investigation should be noted.

Other professional reports should not be filed in the clinical/care plan notes but retained within the social services records.

If parents wish to remove the child or obstruct investigation and this is deemed to put the child at risk of significant harm, legal advice may be sought by social services about the need to obtain an Emergency Protection Order. If time scales do not permit social services to be contacted, hospital staff should contact the police directly.

6. Discharge procedures - any child who has been investigated in relation to possible child abuse should not be discharged without appropriate consultation with the community services.

## **NORTH AND WEST BELFAST HEALTH AND SOCIAL SERVICES TRUST**

### **MUCKAMORE ABBEY HOSPITAL**

#### **CHILD PROTECTION PROCEDURES**

##### **Guidelines for Medical staff on the Management of Suspected Cases of Abuse or Significant Harm.**

These guidelines are to be considered in context with the core policy and procedure set out in "Co-operating to safeguard Children" (May 2003) and the "Regional Child Protection Policy and Procedures" (May 2005).

1. Any member of medical staff who has concerns must immediately protect the safety of the child who is in hospital, whilst alerting others.
2. Medical staff should not, either before or after reporting the case, proceed with further direct child or family investigations on their own.
3. (a) Where there are concerns about an injury and/or the physical or emotional welfare of the child medical staff should examine the child and if there are significant cause should:
  - ◆ discuss the concerns with the child's parents/carer.
  - ◆ ensure that the child's immediate medical needs are met.
  - ◆ report to the Consultant in charge who will in turn liaise with the Trust's designated medical officer.
  - ◆ hospital medical staff will continue to assist at the request of the designated medical officer.
  - ◆ document the investigation with appropriate photographic evidence.
- (b) Where there are concerns about sexual abuse the Consultant Psychiatrist will discuss with an appropriately trained and experienced colleague. Any subsequent investigation will follow the Joint Protocol for the Joint Investigation of Sexual Abuse.

Hospital medical staff should advise the strategy discussion on the mental welfare of the child and his/her capacity to give consent.

### **Child Protection Process**

All medical notes to be retained/discarded in line with Regional Child Protection Policy and Procedures (May 2005).

Hospital medical staff should attend any case conference or strategy meeting to which they are invited. If unable to attend or send a representative a written report should be sent to the chairperson, ideally at least two working days prior to the meeting.

Hospital medical staff should advise on the nature of the abuse, its likely cause and compatibility or otherwise with any history given.

### **Record Keeping**

Good contemporaneous notes should be kept:-

- ◆ Date and time of attendance.
- ◆ Who accompanied the child.
- ◆ What was the history of the presenting complaint. If patients or carers are quoted make sure this is clearly denoted.
- ◆ What was the child's physical, behavioural and emotional state and his/her interactions with adults and carers.
- ◆ Make drawings to identify sites and types of injury.
- ◆ Relevant information given by the patient or carers should be noted and particular attention should be given to the patient or carer's explanation about the aspects of the child's state which has given cause for concern.

## **NORTH AND WEST BELFAST HEALTH AND SOCIAL SERVICES TRUST**

### **MUCKAMORE ABBEY HOSPITAL**

#### **CHILD PROTECTION PROCEDURES**

##### **Guidelines for Nurses on the Management of Suspected Cases of Child Abuse and Significant Harm**

Nurses have a major contribution to make where they suspect that a child has been, is being or is at risk of being abused or subjected to significant harm. It is essential that they discuss their concerns with the nurse in charge. The nurse must also immediately inform the Senior Nurse Manager on call and Consultant in charge of the ward.- who will agree who is best placed to inform the appropriate Social Services Team or Out of Hours Service.

- ◆ the nurse must record their cause/reason/suspicion of the child abuse in the patients care plan in black, dated and signed.
- ◆ it is important that only clear, concise, factual details are recorded on the child's physical, emotional and/or behavioural state.
- ◆ the nurse should also record the patients/guardians answers to questions, attitudes and reactions.
- ◆ record explanations from the child (if possible) and/or siblings and other adults about any significant change/deterioration.

Once the nurse has reported their concerns to the nurse in charge, staff must not undertake any further detailed investigations/examinations on their own behalf. They must await instructions from the Senior Nurse Manager.

The line manager will inform the Senior Social Worker or Duty Social Worker. However the nurse who suspects the abuse is accountable to communicate continuing concerns to Social Services and the Consultant.

If the concerns about the abuse are confirmed/founded a strategy meeting or case conference will be arranged by Social Services to determine a plan of action. Nursing staff will be invited to attend this and subsequent case conferences and may be asked to provide a report.

Written reports will normally be requested for case conferences. The nurse's report should be clear, concise, factual and legible (preferably typed). The nurse can discuss the report with his/her line manager or Child Protection Nurse prior to the case conference.

Junior Staff Nurses must always be supported by their line manager at case conferences. Nurses can seek advice about their roles and responsibilities in



child protection procedures from the Child Protection Nurse or Social Work Team.

If parents/guardians should attempt to remove the child from the ward/hospital and there is reason to believe that the child is at risk the nurse in charge should immediately contact the Senior Social Worker or the Duty Social Worker on call as legal procedures may need to be invoked.

Nurses must adhere to the NMC's guidelines about documentation. The nurse is responsible for documenting in the child's care plan:-

1. date and time
2. concerns/suspicious
3. whom they have consulted - giving full name, dates and time
4. planned actions/outcomes
5. sign and date same

The nurse's notes must be clear, concise and factual as these can be used in legal proceedings.

## **NORTH AND WEST BELFAST HEALTH AND SOCIAL SERVICES TRUST**

### **MUCKAMORE ABBEY HOSPITAL**

#### **CHILD PROTECTION**

##### **Procedures for known cases of child abuse or children already known to be on the Child Protection Register**

There may be situations when children already known to be on the Child Protection Register are either being transferred from another hospital or admitted from the community.

Careful attention is required at admission to ensure that detailed written admission procedures, as under noted, are adhered to.

- ◆ Professionals from the referring hospital or social services should be asked by the Consultant Psychiatrist to ensure that all relevant information is forwarded in writing and that this information is transferred with the child. This task is usually designated to the ward social worker.
- ◆ Written information should include a record of the category of abuse or significant harm, identify the social work team carrying the case and identify who has legal responsibility if consent for medical procedures is required.
- ◆ Any limits which carers have to access must be clearly recorded in nursing and medical notes.
- ◆ Particularly in the case of suspected abuse, the child and carer should be asked during interview about other previous contacts/admissions to any other hospital and any fresh concerns should be referred to Social Services.

## **Training details on Child Protection, Vulnerable Adult and Management of Aggression within Muckamore Abbey Hospital**

It is anticipated that all these will be mandatory i.e. within first six months of employment.

### **Child Protection**

Since April 2005, Child Protection Training has been delivered locally at Muckamore and staff have attended Training at the Millennium Outreach Centre(provided by the Social; Services Training unit). Two members of the Senior Nursing Team have been trained to deliver the training locally in partnership with the North & West Belfast Social Services Training Unit.

The training consists of:

1 day – Level 1 for:

All qualified nursing staff  
Senior Day Care Workers  
Heads of Departments  
Medical Staff  
Senior Management

To date 78 staff have attended this course within the hospital.

In addition 16 staff from Conicar, Movilla B and Fintona South have attended this course at the Millennium Centre.

It is anticipated that the majority of the relevant staff will have had this training by the end of March 2006. After this the training will be provided at the Millennium Centre.

The trainers from Muckamore Abbey will only be called upon if required. The Inservice coordinator at Muckamore Abbey will be kept advised of any developments or issues regarding training.

### **Awareness Training**

Two hour awareness sessions will commence in February 2006 for:

- All unqualified Nursing Staff
- Daycare staff
- Support Service Staff

This will be delivered at Muckamore Abbey and will be ongoing until all staff have been trained – estimated time, one year.

Newly appointed staff to Muckamore Abbey will receive this training as soon as possible, (qualified staff at Millennium Centre. Unqualified staff will receive as part of local induction programme at Muckamore.

### **Vulnerable Adult Training**

For nursing and day care staff, vulnerable adult training is accessed through the Beeches In-service Consortium. This is a two hour session held on a monthly basis.

All nursing and day care staff are expected to attend this to date 107 nursing staff and 50 day care staff have attended.

In addition to this 120 staff from various disciplines at Muckamore Abbey have attended Vulnerable Adult training with the Social Services Training Unit, since 1998. This includes awareness and Specialist/Designated Officers training 6 Senior Nurse Managers are due to have Designated Officer refresher training early in 2006.

It is estimated that all Nursing Staff will have appropriate Vulnerable Adult Training by December 2006.

Vulnerable Adult Training will also be a first for newly appointed staff within six months of taking up post.

### **Management of Aggression Training**

Management of Aggression Training at Muckamore Abbey is delivered by Hospital based Trainers who have received specialist training.

The training is provided by an organisation called Positive Options – based in England.

This organisation has been accredited by BILD (British Institute of Learning Disabilities). Currently there are six trainers with full accreditation, with an additional one being processed.

### **The training consists of:**

#### **Five day course**

Which is 50% theory, 50% practical. It is expected that all nursing staff/daycare should avail of this although priority has been given to the wards with the highest risk of challenging behaviour.

**Two day refresher**

Each member of staff who attends a five day course must attend a refresher within 18 months (failure to do so results in the person having to repeat the five day course).

**One day breakaway**

This is designed to staff who may come into contact with patients who display challenging behaviour and may need to react quickly to keep themselves safe and to be aware of the triggers of aggression.

**Two day course for bank staff**

This course has been designed to manage the awareness of bank staff who do not work permanently in the hospital but by the nature of their employment may frequently be faced with challenging behaviour.

Since 1997, staff who have had full training.

|                                    |     |      |
|------------------------------------|-----|------|
| Senior Nurse Manager/Asst Director | 6   | 100% |
| Night Supervisory Staff            | 5   | 100% |
| Ward Based Nursing Staff           | 321 |      |

Since training began these are the staff who have had a five day training course.

With staff turn over approximately 40 new staff per year require training. This pattern is likely to continue for the next few years. It is anticipated that the current staff should have received a five day course within the next 18 months – with priority given to the high-risk area.

Day Care – All staff have received the training.

Bank Staff – 63 have either attended full course (i.e. permanent employees or attended the bank staff course).

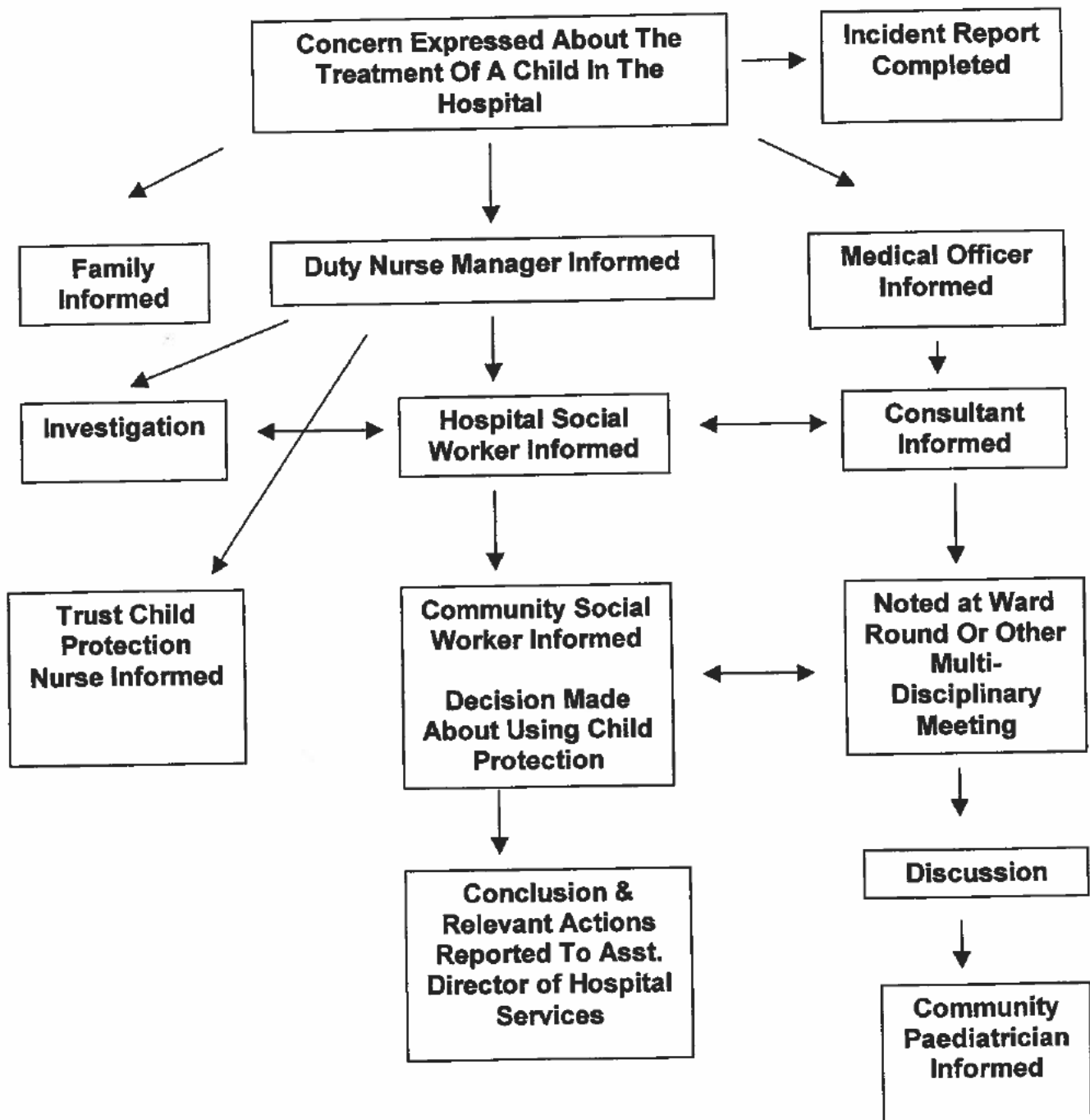
**Frequency of training**

Five day course – minimum 9 per year

Two day refresher – minimum 15 per year

Bank staff – as required usually 2 per year

Breakaway – as require usually 2 per year

**CHILD PROTECTION REPORTING FLOWCHART****Contact Details**

Child Protection Nurse, [REDACTED], Tel No. [REDACTED]  
 Consultant Paediatrician, [REDACTED], Tel No. [REDACTED]

**North & West Belfast Health  
& Social Services Trust  
MUCKAMORE ABBEY HOSPITAL**

**O.P. REF NO. 70  
Date of Issue: December 2001  
Reissued: September 2003**

## **NURSING OPERATIONAL POLICY**

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**TITLE: LEVELS OF SUPERVISION/OBSERVATION**

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### **AIM**

To ensure a consistent approach in defining appropriate levels of observation and supervision of patients to: -

**(a) Reduce The Risk Of:-**

- Accidental or deliberate self harm
- Harm to others
- Absconding from hospital.
- Vulnerability from other patients

**(b) Allow for the development of a positive therapeutic relationship between the member of staff and the patient by sensitive monitoring of the patient's behaviour or mental state and allow for a rapid response to any change.**

### **Principles:**

1. All Staff will have received induction training on the policy on level of observation 1 – 4.
2. When allocating staff to levels 2 – 4 it is important that the Nurse In Charge ensures that the designated staff are fully conversant with the requirements of the policy and be familiar with the patient, their history and current needs in particular the reason for their enhanced level of observation.

## **NURSING OPERATIONAL POLICY**

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### **TITLE:      LEVELS OF SUPERVISION/OBSERVATION**

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3. The patient is entitled to information why they are under observation, how long it will be maintained and what may happen.

Information should be provided in a form accessible to the patient.

4. Aims and the level of observation should be communicated, with the patient's approval, to the nearest relative, friend or carer.

### **Four Levels of Observation**

#### **Level 1 – General Observation**

- Staff must always be aware of the general whereabouts of all patients in their care.
- Particular attention must be paid to patients with known behavioural problems or in specific situations. These should be documented in the Nursing Care Plan and reviewed appropriately.
- Some patients will require a daily assessment of their mental state by nursing staff as agreed by the multi disciplinary team. This should be recorded in the Care Plan. The patient should be referred to the Medical Officer if a deterioration of their mood or mental state is suspected.



North & West Belfast Health  
& Social Services Trust  
MUCKAMORE ABBEY HOSPITAL

O.P. REF NO. 70  
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## **NURSING OPERATIONAL POLICY**

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### **TITLE: LEVELS OF SUPERVISION/OBSERVATION**

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- Staff are responsible for ensuring that unescorted patients in their care arrive at their destination and should initiate early action when a patient does not arrive where he/she should be.

#### **Level 2 – Intermittent Observation**

The patient must be directly observed at specific intervals (e.g. 30 minutes) by a designated member of staff who may have other duties. The time interval will be determined by the Multi Disciplinary team and documented in their clinical notes and care plan.

The designated staff member will make a written record of each observation. Reasons for the use of this level of observation should be well defined in the clinical notes and care plan.

#### **Level 3 – Within Eyesight 1:1**

The patient should be kept within sight by a designated member of staff at all times. The staff member will not have any other duties. The distance the supervising member of staff is from the patient will vary depending upon individual circumstance. This should be documented in clinical notes and care plan. Practical steps should be taken to ensure the patient and others are kept safe.

North & West Belfast Health  
& Social Services Trust  
MUCKAMORE ABBEY HOSPITAL

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**TITLE: LEVELS OF SUPERVISION/OBSERVATION**

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### **Level 4 – Within Arms Length**

A designated member of staff shall keep the patient under constant supervision and within arms length at all times.

On rare occasions more than one member of staff may be necessary.

The Multi Disciplinary team should consider issues of privacy, dignity, environmental dangers and the gender of staff to be allocated. These issues must be incorporated into the nursing care plan.

### **Guidelines**

- In order to maintain a therapeutic approach, patients on all levels of observation including 3 and 4 should have the opportunity to participate in structured therapeutic activities and training programmes including daycare.
- The Medical Officer, in consultation with nursing staff, is responsible for deciding the appropriate level of observation. The overall responsibility for levels of supervision lies with the Consultant.

North & West Belfast Health  
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MUCKAMORE ABBEY HOSPITAL

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## **NURSING OPERATIONAL POLICY**

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### **TITLE: LEVELS OF SUPERVISION/OBSERVATION**

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- The Nurse in Charge may if he/she feels it appropriate increase the level of supervision on a daily basis in consultation with the Medical Officer and inform the Nurse Duty Officer of this decision as soon as possible.

The Medical Officer should attend and assess the patient as soon as possible thereafter.

- The Nurse In Charge will ensure that the staff members engaged in supported observations of patients on levels 3 and 4 are given a break at appropriate times.

These times may vary depending upon the circumstances but no individual staff should not be engaged in this level of observation for more than 4 hours except in exceptional and agreed circumstances.

On occasions staff may require a break more frequently depending upon individual circumstances which should be discussed and agreed by the Multi Disciplinary team.

- A Medical/Nursing Review of patients on Level 2, 3 and 4 should occur on a daily basis and be reviewed by the full Multi Disciplinary Team regularly.

North & West Belfast Health  
& Social Services Trust  
MUCKAMORE ABBEY HOSPITAL

O.P. REF NO. 70  
Date of Issue: December 2001  
Reissued: September 2003

## **NURSING OPERATIONAL POLICY**

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**TITLE: LEVELS OF SUPERVISION/OBSERVATION**

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- This policy relates to Trust Policies regarding Clinical and Social Care Governance.
- \* This policy was agreed by the Core Hospital Management Team on 9<sup>th</sup> September 2003.



## Appendix 5

# MUCKAMORE ABBEY HOSPITAL RESPONSES TO THE DRAFT STANDARDS FOR THE INSPECTION OF CHILD PROTECTION SERVICES

**Nov 05**

## **Values and Principles**

A number of important themes have emerged from **policy and legislation**, the **literature reviews and research** and the consultation process which are reflected in the following **values and principles** statements.

1. Safeguarding and promoting the welfare of children at risk of abuse or neglect is a priority when decisions are made about access to and eligibility for services.
2. Listening to and engaging children and their families is crucial to ensure their full participation in decision-making which affects them.
4. Some children are particularly vulnerable due to their circumstances and the design and delivery of services promotes and safeguards their well-being.

**STANDARD1**

**The Board/Trust has arrangements in place for the planning, commissioning, monitoring and management, and provision of child protection services which meet the assessed needs of children and families.**

| <b>Criteria</b>  | <b>Indicators/Evidence</b>   | <b>Hospital Action/Progress</b>   |
|--|--|---|
| 1.1 The Board/Trust has established arrangements across the range of appropriate disciplines and agencies for resourcing and planning its child protection services. | Children's Services Plan (CSP);<br>Departmental guidance cooperating to safeguard children. The lead role for child protection is fulfilled and statutory obligations are met.<br>Written statements/guidance/minutes<br>Check out in interviews with Managers/Board Members | Trust Child Protection Panel has representation from social work and now to include nursing from the hospital and the panel will consider hospital issues.<br>Hospital to establish a subgroup that will include child protection nurse and community consultant paediatrician. |
| 1.3 The Trust has agreed protocols, guidance and procedures for delivering and monitoring child protection services in its area.                                     | Policies, procedures and guidance, which address all aspects and stages of the child protection process.<br>Systems, which make explicit the role, responsibility, functions and accountability of those involved in case management and decision making.                    | The hospital has developed a protocol to meet the regional child protection guidelines and is keeping with the Trust protocol and cooperating to protect children.  |
| 1.8 The Board/Trust has a clear workforce strategy in place, which demonstrates that it has signed up to and conforms to codes of contact and                        | Workforce Strategy defines recruitment processes, skills, knowledge and experience required by staff working with children who need to   | The Trust has a workforce strategy that outlines recruitment process, knowledge and skills of workforce, e.g.   |

practice for employers and employees.

be safeguarded. Induction Programmes and Interviews Organizational Chart. Role and function of staff, level of responsibilities and accountability delegated to each level within the organization. (Presentation and Interviews) Supervision Guidance, Records and Interviews. Arrangements for staff development and post qualifying training. (Training Profiles and Training Needs Analysis, Interviews) How the effectiveness of training is evaluated (Evaluations) Appraisal and performance, (Documentation and Guidance) Guidance in regard to Caseload management and monitoring systems, quality and standard of recording practices. The requirements of the Protection of Children and Vulnerable Adults (NI) Order 2003 when selecting, recruiting, managing and retaining staff and volunteers who have access to children and reviews how it complies with social care governance, including codes of conduct for employers as part of their corporate responsibility.

Telford survey has been completed for nursing. Induction programmes are mandatory for all staff. Organisational chart is circulated to all wards/departments. Lines of accountability are clearly defined. Social work supervision guidelines have been issued. The Trust has a working group looking at supervision guidelines for all staff. KSF outlines have now been completed for staff.

See 1.9 for training

S.D.P.R is completed yearly for all nurses. This is currently being reviewed by a Trust working group.

P.E.C.S and POCVA checks are carried out for all staff prior to employment and also for volunteers.



|  |   |   |  |
|--|---|---|--|
|  | <p>1.9 All managers and staff within Boards and Trusts and relevant professionals in partner organisations have knowledge of child protection policy and procedures and of services available for the protection and support of children and families and can demonstrate that they have received training in child protection.</p> | <p>Training Plans Courses attended. Interviews demonstrate that individuals know the procedures and use of them. Case records</p> | <p>The hospital has a training record report that is regularly monitored by Senior Nurse Managers. This details information on training type, who and level required. EQC audits mandatory training for all disciplines social workers/day care are registered with NISCC and have a requirement for continuous professional development nursing meet the PREP requirements for N.M.C.</p> <p>Care plans are regularly reviewed for all children, multidisciplinary ward meetings occur weekly. LAC review on all under 18 years olds.</p> <p>Trust Complaints Review Committee monitors outcomes of complaints. Lessons learnt and the sharing of this and good practice is circulated quarterly by email to all staff. Multidisciplinary input to LAC reviews. Hospital procedure outlines</p> |
| <p>1.10 Child protection provision is located within a continuum of services to children in need and their families and include a range of interventions for the prevention and treatment of significant harm.</p> |   | <p>Range of services. Programmes within these. Indications in Care plans</p>  | <p>These are used to:</p> <ul style="list-style-type: none"> <li>• Ensure satisfactory outcomes,</li> <li>• Learn from both positive and negative experiences,</li> <li>• Share and disseminate knowledge gained across disciplines and agencies and as appropriate throughout the region. Identify and take</li> </ul>  |
| <p>1.13 The Board/Trust regularly monitor and review complaints, representations, case management reviews and audits of practise.</p>  |   |   |  |

|  |  |  |
|--|--|--|
|  | <p>account of unmet need,</p> <ul style="list-style-type: none"> <li>• Inform the planning of services and allocation of resources,</li> <li>• Workforce planning, improve joint working arrangements and provide better focus on work with children and families,</li> <li>• Consider the input of different professionals to CPCC and review processes,</li> <li>• Consider the attendance of children and parents at CPCC and reviews; and</li> <li>• Consider the qualities of communication across staff/teams/offices/professionals.</li> <li>• Check out in interviews and in planning and service delivery arrangements</li> </ul> | <p>referral process to CPCC and preparation of reports and attendance.</p> |
|--|--|--|

**STANDARD 2**

**The Board/Trust has a written statement of purpose about its child protection services, including its statutory basis, availability, user entitlement and expected standards informed by the DHSSPS guidance 'Co-operating to Safeguard Children'. (May 2003)**

| Criteria   | Indicators/Evidence   | Hospital Action  |
|--|---|--|
| 2.1 The Board/Trust has written statements about the range of child protection services in its area. These set out the nature and purpose of the services provided based on statutory functions and responsibilities and informed by the guidance contained in "Co-operating to Safeguard Children". | Written information leaflets. Annual Reports.               | The hospital is currently updating its information for parents/children in relation to child protection.   |
| 2.2 The Board/Trust has established clear priorities for its child protection services and the standards of services expected of staff.  | Process/decision making.                                    | The hospital child protection procedure outlines process and decision making. Policies and procedure have been developed on <ul style="list-style-type: none"> <li>• Anti Bullying</li> <li>• Management of Aggression</li> <li>• Intimate Care</li> </ul> |
| 2.3 The Board/Trust staff are clear about their roles and responsibilities and are aware of statutory functions, DHSSPS guidance "Co-operating to Safeguard Children" and related policies and procedures.   | Written guidance. Access to guidance/policy and procedures. | Staff are aware of policy and availability through the training and induction process. Copies are in all wards/departments.  |
| 2.4 The Board/Trust can demonstrate that they have been pro-active in making children and  | Activities/Information                                      | Advocacy for children with communication difficulties. This is to be discussed with other Trusts   |

|  |                               |  |
|--|-------------------------------|--|
| <p>parents aware of how they can express their views about services.</p>   |                               | re:VOYPEC etc.   |
| <p>2.5 Children and parents are aware of how they can express satisfaction with, or complain about, the response made to their needs and the reliability and quality of the services they receive.</p> | <p>Activities/Information</p> | <p>The hospital has a robust complaints procedure and processes are in place. Children and parents are encouraged to inform staff of any concerns or their satisfaction at ward level. This is documented in ward communication book, patient's notes and Senior Nurse Manager is informed. If a formal complaint is made this is directed to the Chief Executive's Office for a response.</p> <p>This is monitored through the EQC Audit.</p> |

**STANDARD 3**  
**The Board/Trust promotes access to services by children and families and concerned members of the public where there are child protection concerns.**

| Criteria  | Indicators/Evidence   | Hospital Action  |
|---|---|--|
| 3.4 The Trust responds quickly and avoids undue delay in finding alternative placements where necessary for children in need of protection and provides choice to ensure individual needs can be met. | Range of provisions. Access to resources. Check in interviews and focus groups. | Adolescents in Adult Wards are risk assessed and supervision levels are agreed. Owing Trust notified.  |
| 3.6 Those who make referrals and enquiries about safeguarding children are responded to in a way, which ensures an appropriate response to the concerns raised.                                       | Strategy-activity/process. Check in interviews and focus groups.                | This would be investigated under child protection procedures. Community would be informed.   |
| 3.8 Public access, reception and duty arrangements, including out of hours or emergency arrangements, enable appropriate access to services and support.  | Observations, interviews and focus groups<br>Written Guidance                   | The child protection procedure lists names and contact details for all Trusts and Boards. The out of hours arrangements for social work contacts at Boards is available at reception and it is the role of Duty Nurse Manager to coordinate. |

**STANDARD 4**

The Board/Trust has written policies and procedures, which provide direction and guidance to staff. These are underpinned by effective supervision and management arrangements, and policies and procedures which detail expectations regarding assessment, case planning, case management and record keeping of individual cases at all stages of the child protection process.

| Criteria  | Indicators/Evidence   | Hospital Action  |
|---|---|--|
| <p>4.1 The Trust gives clear guidance to its staff in the form of written policies and procedures and has established agreed multi-agency guidelines.</p> | <p>Policies and procedures are based on DHSSPS guidance and evidence available from research and best practice and identify timescales and systems for:</p> <ul style="list-style-type: none"> <li>- the response to an initial referral/known case expressing concern about significant harm/welfare of a child which is prompt, thorough and proportionate;</li> <li>- responding to referrals on the basis of the urgency and complexity of the case;</li> <li>- the matching/allocation of referrals and work to the competence of staff and their current workload;</li> <li>- the tracking and reviewing of actions taken in response to the referral;</li> </ul> | <p>The hospital procedure reflects cooperating to safeguard children and the regional policy and procedures.</p> |

|  |   |  |
|--|---|--|
| 4.2 Staff have available to them referral, assessment and case planning guidance and criteria to assist them reach professional judgements about recourse to the child protection process which is demonstrable in their practice. | Written guidance on assessment, interviews, case records. | The hospital procedure outlines the referral process and when to refer any concerns. |
|--|---|--|

**STANDARD 5**  
**The Board/Trust, in co-operation with other providers and services, has effective arrangements in place for the protection of children in groups known to be vulnerable and in specific circumstances.**

| Criteria  | Indicators/Evidence                                |  |
|---|--|--|
| 5.1 The ACPC policies state that child protection procedures apply to all settings where children live or meet.   | ACPC Procedures.                                   | The hospital complies with this  |
| 5.3 Child protection guidance takes account of specific conditions or circumstances: children living away from home; disabled children; risks to the unborn child; children where a parent/carer is misusing drugs/alcohol; child prostitution; | ACPC Procedures                                    | <ul style="list-style-type: none"> <li>• Disabled children;</li> <li>• Living away from home;</li> <li>• Specific risks posed by other children, young people or adults – the hospital procedure complies with this</li> <li>• The hospital is developing guidelines for staff re: children living in adult environment</li> </ul> |
| 5.4 Staff from all disciplines/programmes of care within the Trust and related agencies demonstrate an  | Interviews<br>Referrals<br>Case Records<br>Reports | All staff are covered by the hospital procedure and training is given to all.  |

|  |  |   |
|--|--|---|
| understanding and awareness of child protection guidance in their practice.  |  |   |
| 5.5 Where there is concern about child abuse actions required are clearly defined.   | ACPC Procedures<br>Processes are applied consistently, irrespective of setting; (Judgement) and there are mechanisms in place for providing feedback to the relevant disciplines involved. | Knowledge of procedure is taught at induction supervision and awareness training. Case examples are discussed at ward rounds.   |
| 5.6 The Trust treats seriously any complaints or allegations of abuse to a child by a professional, staff member, carer or volunteer/or child and adheres to DHSSPS guidance | Records of Process. Procedures.  | The hospital adheres to DHSSPS guidance terms and conditions of services and duty of care and professional standards are all linked to the disciplinary process. Professional bodies code of practice are adhered to. |
| 5.8 There are systems in place for centralising information and collating concerns about children and families arising at different times and in different places.           | Records  | Incident reports are processed through the hospital management and trust management. Reports on actions are prepared for Governance groups. Individual professions review incident reports at least monthly.          |



**STANDARD 6**

Child protection services respond to the needs of children and their families, operate to high standards, conform to regulations, guidance, policies and procedures and are mentioned and audited by the Board/Trust, ACPC and CPP.

| Criteria   | Indicators/Evidence  | Hospital Action  |
|--|--|--|
| 6.7 The Board/Trust ensures that staff and carers working to safeguard children are supported appropriately through proper induction training and ongoing supervision, and have available to them adequate support services and resources. | Induction programme. Training and Development plans. Service information<br>Supervision records<br>Interviews and focus groups | Children's ward has focus groups, away days. Ward staff have regular meetings. The hospital procedure outlines how to contact the child protection specialist and is available for advice/support as required. |

**STANDARD 7**

**The Boards/Trusts exercise their respective lead responsibilities for the establishment and effective working of ACPCs and CPPs as detailed in Co-operating to Safeguard Children.**

| Criteria   | Indicators/Evidence             | Hospital Action   |
|--|---------------------------------|---|
| 7.1 The ACPC is constituted as required by "Co-operating to Safeguard Children" and has appropriate representation from relevant agencies, at an appropriate level of authority. | Membership/operation            | The Trust Child Protection Panel has a nurse and social work representation. A committee is to be set up in the hospital to include the consultant paediatrician and the Child Protection Nurse Specialist. |
| <b>Trust Child Protection Panel (CPP)</b><br>7.13 The Trust CPP membership reflects the range of professionals and agencies involved in safeguarding children in its area.       | Term of reference<br>Membership | The hospital issues are an agenda item as required. A recommendation has been made to make hospital issues a standing agenda item.<br><br>Also see 7.1  |

## Operational Policy

### Title Policy on the Protection of Vulnerable Adults

#### General Policy

This policy is intended as a guide to good practice for Trust staff involved in the care of Vulnerable Adults and replaces the previous policy (July 1997). Reference should be made to previously issued policies/guidance notes prepared by the Department of Health and Social Services and Public Safety and The Eastern Health and Social Services Board. Particular reference should be made to the following:

- Policy and Procedures for the Protection of vulnerable Adults – EHSSB May 1997
- No secrets – Home Office/Department of Health – 2000
- Achieving Best Evidence in Criminal Proceedings (NI) Home Office 2002
- Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults – December 2003

#### Policy

##### 1. Referrals

- 1.1 All referrals received by staff should immediately be discussed with Line Managers.
- 1.2 Cases concerning alleged suspected or confirmed abuse should be referred to the Designated Officer.
- 1.3 The Designated Officer will consider the case against the Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults and initiate discussions with the relevant Police Liaison Officer, if appropriate. Reports of alleged or suspected abuse, which may be a criminal offence, will be categorised as:
  - (a) Sexual (eg rape, indecent assault)
  - (b) Non-sexual (eg physical assault, theft)

- Alleged or suspected sexual abuse should be reported to the Detective Inspector (CARE).
  - Alleged or suspected non-sexual abuse should be reported to the Police District Command Unit (Crime Unit).
- 1.4 Referrals regarding abuse in residential or nursing homes should also be referred to the Registration and Inspection Unit. Reference should be made to the separate protocol issued by Registration and inspection Unit EHSSB (2003) "Joint Protocol for the Investigation of Allegations of Abuse or Exploitation of Vulnerable Adults in Residential and Nursing Homes and in Hostels".
  - 1.5 The designated officer will be responsible for ensuring that the Mental Health Commission is notified of appropriate cases.
  - 1.6 Referrals of a more life threatening nature will require a rapid response and staff will take whatever action is required to ensure the protection of the vulnerable adult.
  - 1.7 Action may include discussion with Senior Management regarding the precautionary supervision/relocation of staff
  - 1.8 Referrals out-of-hours should be made to the Trust's Emergency Out-of-Hours team (028 90565444).
  - 1.9 The Designated Officer, in making a decision to initiate discussion with the Police, must take into account the competence of the person making the allegation and their willingness to make a complaint. Reference should be made to section 5 of the Protocol "Rights and Responsibilities".

## 2. Joint Agency Consultation

- 2.1 The Designated Officer will receive all referrals and take responsibility for instigation a Joint Agency Consultation.
- 2.2 Communication with other agencies may be done by telephone or direct contact and should occur within 24 hours.
- 2.3 The outcome of the consultation may be:
  - No further action
  - A Trust/R&I Unit single agency investigation
  - A criminal investigation by Police

- A joint investigation involving Trust/R&I Unit and Police

- 2.4 Results of this consultation must be clearly recorded and shared between agencies. The form **Appendix B** (See attached) must be completed by the Designated Officer and the original forwarded to the Police.
- 2.5 When it has been established that there are concerns but no real grounds to suspect an offence may have been committed there is duty on Trust staff to investigate and report any criminal offences or grounds that may emerge.

### 3. Strategy Planning Meeting

- 3.1 Following the decision of the Joint Agency Consultation to initiate a joint investigation the Designated Officer will arrange a strategy planning meeting.
- 3.2 The strategy planning meeting will be convened as soon as it is practical and will involve key representation from the relevant agencies. This meeting will always include representatives from Trust and the Police (and the Registration and Inspection Unit, where appropriate).
- 3.3 Where the strategy planning meeting concludes that a vulnerable adult has been the victim of criminal abuse or may be at risk of serious criminal abuse and that issues arise about the protection of the individual, the following points should be addressed:
  - Whether action is needed to protect the vulnerable adult and who will be responsible for such action;
  - The need to consider the issue of capacity to consent and the most appropriate person to deal with it;
  - The requirement for a medical examination to be undertake and if so by whom;
  - What issues of special needs, race, culture, gender, or religion are raised in the case, how and by whom they are to be addressed and what advice needs to be sought;
  - What specialist support or advice might be needed and who will obtain it;

- What other information is needed to complete the investigation and who will seek it;
- The order in which the interviews will take place and who will carry out the interview; and
- Practical arrangements for reporting back to those involved in the investigation.

**3.4** The Designated Officer should ensure that a record of the strategy planning meeting is made and shared between agencies **Appendix C – (See attached).**

**3.5** Although strategy planning will generally take place in a formally constituted meeting there may be occasions where this may need to be conducted by telephone. These instances should be the exception rather than the rule.

#### **4. Joint Investigation Interview**

**4.1** Interviews with vulnerable adults will be conducted in accordance with the guidelines contained in "Achieving Best Evidence in Criminal Proceedings".

**4.2** Only Trust and Police personnel who have received specialist training will conduct joint interviews.

**4.3** Trust staff who are conducting joint interviews should receive appropriate levels of support and supervision from managers who have been trained in the procedures.

**4.4** Before proceeding with the joint interviewing it will be necessary to have a Clarification Discussion with counterparts in the Police. The purpose of the Clarification Discussion is:

- To establish whether or not the vulnerable adult has been an allegation or raised suspicions which have led to the referral. The substance and detail of the allegation or disclosure should not be part of the Clarification Discussion.
- To assess the vulnerable adults willingness and ability to pursue the matter to court.

- To inform the Police decision about which format should be used for the interview, eg; videotape, statement or question and answer. Videotaping is the preferred method of interviewing vulnerable adults, statements are the alternative and questions and answers should only be used when neither videotaping or statement are possible.
- Whether the use of video in the interview is likely to maximise the quality of that particular vulnerable adult's evidence.

It is the responsibility of the specialist investigative interviewer to record this discussion on **Appendix D** (see attached) and copy original to the Police.

## **5. Joint Interview**

- 5.1 Trust staff will prepare and conduct the joint interview in line with guidance issued.
- 5.2 A written statement, recorded as a Joint Interview, will be retained by Police and a copy provided to Trust/Registration and Inspection Unit with the agreement of the vulnerable adult.
- 5.3 Where a Joint Investigation interview has been video recorded the original will be labelled and secured for court purposes by the Police. A working copy will be available for viewing by Trust/Registration and Inspection Unit staff by arrangement with the officer in charge of the case.

## **6. Review of ongoing management of the case**

- 6.1 Further inter-agency discussion may be arranged, outside of the judicial process, to address practical and emotional implications for the vulnerable adult, his/her carer or staff involved in the case.
- 6.2 The Designated Officer will arrange a case conference to address these issues with colleagues in the Police and other relevant agencies.
- 6.3 Consultation should also be considered on the inter-agency basis to identify the need for staff debriefing/counselling which may be required as a result of the work undertaken.

## 7. Accident and Emergency and Hospital In-Patients

- 7.1 All referrals of alleged, suspected or confirmed abuse made in respect of patients in hospital should immediately be referred to the Hospital Designated Officer.
- 7.2 Hospital Designated Officers will immediately liaise with Community Designated Officers and agree the appointment of the Investigation Officer.
- 7.3 The Designated Officer (Community) will be responsible for management of the case and will consider instigating a Joint Agency Consultation in line with the Protocol
- 7.4 If it has been agreed to carry out a joint investigation the Designated Officer (Community) will ensure that the case is transferred to an appropriately trained social worker.
- 7.5 The Designated Officer (Community) will liaise with the Designated Officer (Hospital) at each stage of the process and ensure that appropriate arrangements are in place for the discharge of the patient to the community.

## 8.0 Muckamore Abbey Hospital

- 8.1 Muckamore Abbey Hospital will operate the above policy on Referrals, Joint Agency Consultation, Strategy Planning, Joint Investigation, Interviewing and Review of Ongoing Management in each case.
- 8.2 There is a Designated Officer within the hospital. Arrangements are in place to provide 24 hour cover (see below)
- 8.3 All referrals of alleged, suspected or confirmed abuse, made in respect of patients in hospital should immediately be referred to Hospital Designated Officer. *See appendix E for reporting mechanisms.*



- 8.4 The alleged suspected or confirmed abuse may have taken place either within the community or within the hospital setting.

The Hospital Designated Officer will liaise within twenty four hours, with the Designated personnel within the patient's Community Trust eg, Adult Protection Co-ordinator (Homefirst).

A decision should be reached as to who takes the lead Designated Role in each case and this decision should be clearly recorded.

Some incidents may involve more than one patient and will require close liaison across Trust and Boards.

- 8.5 The Hospital Designated Officer will be the Senior Social Worker during office hours.

- 8.6 Between 5.00pm and 8.30pm on Monday – Friday and between 7.30am and 8.30pm on weekends/Bank Holidays, this role will be taken by the Duty Nurse Manager, who will liaise with the Duty Consultant Psychiatrist as per hospital procedure.

During night duty hours i.e between 8.30pm and 7.30 am, the night supervisory staff will inform the Duty Nurse Manager on call, who will take on the role of Designated Officer and will liaise with the Duty Consultant Psychiatrist.

- 8.7 The Hospital Designated Officer role will revert to the Senior Social Worker on the next working day.

- 8.8 In the absence of the Senior Social Worker, the role will be assumed by Social Work Senior Line Management.

- 8.9 In conjunction with Hospital staff, Community staff, the patient and carers, the Hospital Designated Officer or out of hours officer will co-ordinate immediate protection and liaison with police.

- 8.10 Action may include discussion with Senior Management within the Hospital and Trust re precautionary suspension/relocation of staff.
- 8.11 In the early stages of the investigation, whenever possible, relevant staff should make themselves available to be briefed by the Hospital Designated Officer at regular identified daily intervals.
- 8.12 A Training Strategy for Hospital staff is in place.
- 8.13 Investigations under Vulnerable Adults Policy should be notified to the Mental Health Commission.

## ADULT PROTECTION - RECORD OF JOINT AGENCY CONSULTATION

|   |                       |
|---|-----------------------|
| Referral by telephone on ____/____/____ |                       |
| To: _____                               | Designation: _____    |
| Person referring: _____                 | Designation: _____    |
| Address: _____                          |                       |
|   | Contact Tel No: _____ |

Name of Vulnerable Adult: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_

Present Location: \_\_\_\_\_  
Gender\*: M ☐ F ☐

Nature of Vulnerability\*: ☐ Frail Older Person ☐ Dementia  
☐ Learning Disability ☐ Physical/Sensory Disability ☐ Mental Illness  
☐ Other (please specify) \_\_\_\_\_

Is the Vulnerable Adult subject to any legal/statutory status? \*  
eg: Guardianship, Non Molestation Order) Yes ☐ No ☐  
If yes please provide details: \_\_\_\_\_

Details of any current or past involvement with Social Services, Police and/or  
Registration and Inspection Unit: \_\_\_\_\_

Name of Carer/Next of Kin: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Tel No: \_\_\_\_\_

WHAT IS THE MAIN FORM OF SUSPECTED, ADMITTED OR KNOWN ABUSE?\*

☐ Physical ☐ Sexual ☐ Psychological/Emotional  
☐ Financial ☐ Neglect ☐ Institutional Abuse  
☐ Other (please specify) \_\_\_\_\_

HAS THERE BEEN PREVIOUS CONCERN OR EVIDENCE OF ABUSE?\*

Yes ☐ No ☐ Don't know ☐  
If yes, what was the nature of the concern and the outcome: \_\_\_\_\_

## ADULT PROTECTION - STRATEGY FOR INVESTIGATION

Name of Vulnerable Adult \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

## (A) PEOPLE IN ATTENDANCE/INVOLVED (NAME &amp; AGENCY):

\_\_\_\_\_

\_\_\_\_\_

## OTHERS CONSULTED:

\_\_\_\_\_

\_\_\_\_\_

## (B) INITIAL STRATEGY: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next of Kin/Carer to be informed: YES/NO By Whom: \_\_\_\_\_

## (i) Amendments to strategy Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone/Meeting\*

Persons Involved/Designation:

\_\_\_\_\_

\_\_\_\_\_

## (ii) Amendments to strategy Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone/Meeting\*

Persons Involved/Designation:

\_\_\_\_\_

\_\_\_\_\_

## (C) PERSONS TO BE INTERVIEWED

1 Person making the allegation to clarify all facts about referral

Name: \_\_\_\_\_

Address: \_\_\_\_\_

## ADULT PROTECTION - CLARIFICATION DISCUSSION

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Venue: \_\_\_\_\_

Persons Present: \_\_\_\_\_  
\_\_\_\_\_

## CONSIDERATIONS:

- 1 Has the adult previously made a clear disclosure of abuse or are there substantive grounds for suspecting abuse has occurred?

Comment: \_\_\_\_\_  
\_\_\_\_\_

- 2 Is the adult willing to engage in an interview?

Comment: \_\_\_\_\_  
\_\_\_\_\_

- 3 Is the adult able to engage in an interview?

Comment: \_\_\_\_\_  
\_\_\_\_\_

- 4 Has the purpose of the interview been explained to the adult?

Comment: \_\_\_\_\_  
\_\_\_\_\_

- 5 Which format is the most suitable for the interview? If a video interview appears to be the most appropriate option assess the adult's willingness to be interviewed on videotape.

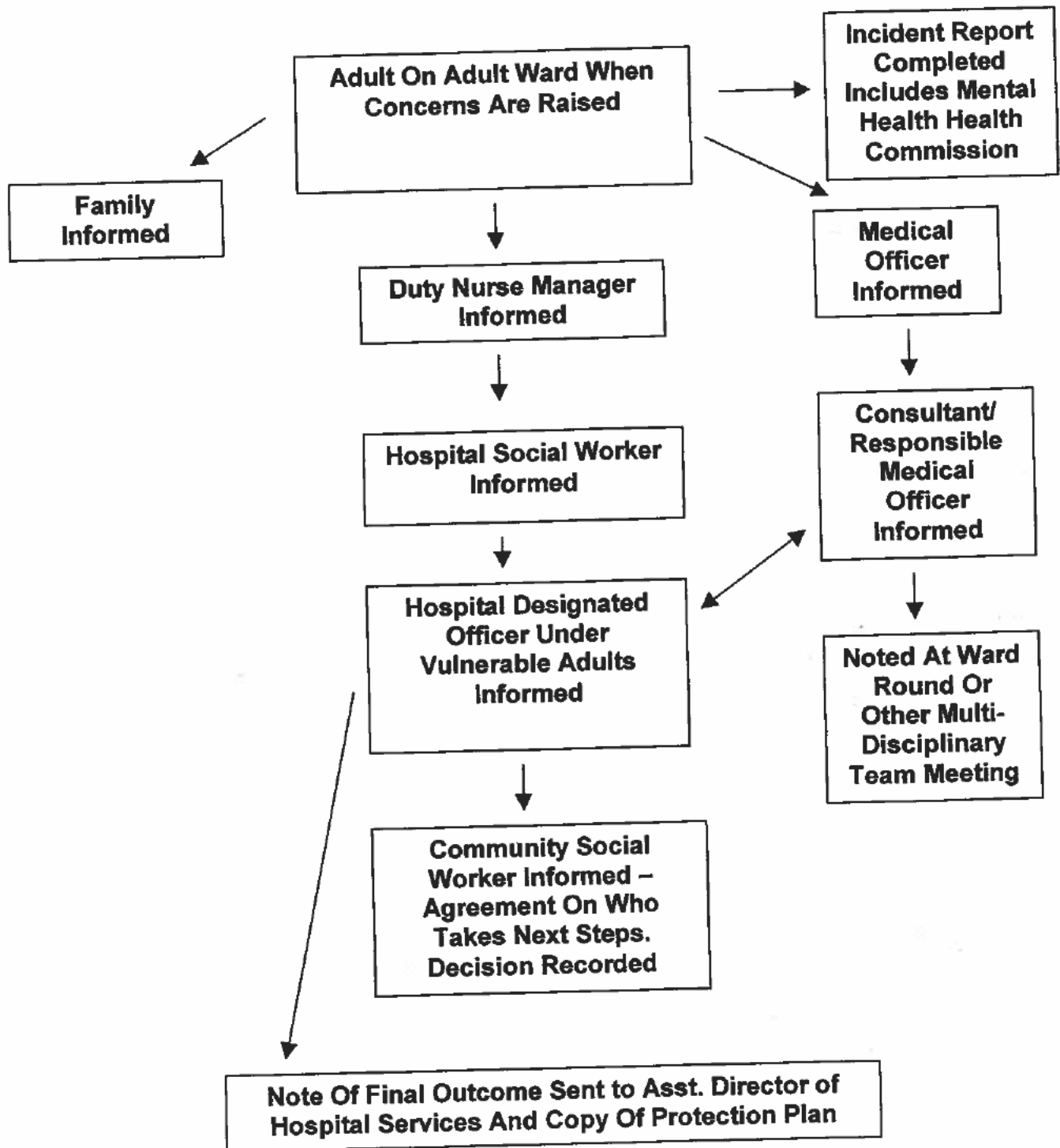
Comment: \_\_\_\_\_  
\_\_\_\_\_

- 6 Decision: VIDEO STATEMENT QUESTION AND ANSWER

(Circle format to be used)

Appendix 7

**VULNERABLE ADULT REPORTING FLOWCHART**



## Appendix 8

**NORTH & WEST BELFAST HEALTH  
& SOCIAL SERVICES TRUST  
MUCKAMORE ABBEY HOSPITAL**

**O.P. Ref No.  
Date of Issue:**

**OPERATIONAL POLICY**

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**TITLE: POLICY ON VISITING**

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The aims of this of this policy are as follows:

- To ensure that the needs of the patient are paramount in considering any request for a visit.
- To provide the best possible environment for visits to take place.
- To ensure the safety of all patients and visitors during visiting

**1. Policy Statement:**

- 1.1 The safety of patients and visitors is paramount when considering and deciding upon visiting arrangements.
- 1.2 The Clinical Team recognizes the importance and therapeutic value in sustaining and supporting contact between the patient and those people of significance to them. It is clearly important that the patient and their wishes are central in planning appropriate visit.
- 1.3 The Clinical Team has lead responsibility in deciding if constraints e.g. (Environment, People, Duration) need to be placed upon visits. These judgments will take into account the needs and wishes of patients, and their visitors including children and vulnerable adults.
- 1.4 Patients may only leave the Unit with their visitors with prior consent of the Nurse In Charge in liaison with the Clinical Team.

**2. Definitions:****2.1. Visitors:**

This term is used to refer to Family, Children, Friends and Non-Hospital staff.

**2.2. Family:**

This term is used to refer to extended family, carers and partners.

**2.3. Children and Vulnerable Adults:**

2.3.1. **Children:** This term is used to refer to any person under the age of 18 years.

2.3.2. **Vulnerable Adult:** Applies to Adults who are:

(a) 18 years old and over

(b) and, or may be, in need of community care services by reason of mental or other disability, age or illness and who are, or may be, unable to take care of themselves, or unable to protect themselves against significant harm or exploitation.

#### **2.4. Other Visitors:**

This term is used to refer to friends, neighbours and other patients on the Muckamore Site.

#### **2.5. Non-Hospital Staff:**

This term is used to refer to non-hospital based i.e. Community Staff and other Associated Professional staff who may wish to visit patients

#### **2.6. Legal Representatives:**

This term is used to refer to Police Service, Northern Ireland (PSNI), Court Representatives and Solicitors. The hospital has an open policy regarding visiting but should liaise with wards re suitable times.

### **3. Children Visiting**

3.1. The needs of all children (0-16 Years) and Young Persons (16-18) visiting the hospital must be assessed prior to the visit taking place

3.2. Children under the age of 16 years must be accompanied by a responsible adult who will be responsible for their direct supervision at all times while on the hospital site.





## Appendix 9

**Mental Health Commission**  
for NORTHERN IRELAND

**IN CONFIDENCE**

**REPORT OF THE MENTAL HEALTH COMMISSION VISIT TO  
MUCKAMORE ABBEY HOSPITAL ON 21<sup>ST</sup> OCTOBER 2004**

On the 21<sup>st</sup> October 2004 five Mental Health Commissioners visited Muckamore Abbey Hospital for an unannounced visit. The Commissioners were Mr Noel McKenna (Team Leader), Dr C Kelly (Reporter), Ms H Lendrum, Mr Max O'Brien and Mr P Convery.

At an Initial Meeting the Commissioners were joined by Dr [REDACTED], Clinical Director, and [REDACTED], Director Hospital and Community Learning Disability Services. They explained that there were two parts of the hospital, (1) Treatment Wards, and (2) Resettlement Wards. The aim is to reduce Muckamore Abbey Hospital to 115 beds via a resettlement process. Currently there are 320 beds in Muckamore Abbey Hospital. Phase one of the development plans have started and the foundations for new buildings have been laid. Phase two and phase three are to follow and the Commissioners were provided with documentation in relation to the planning process and the new developments. The new plans would also take the current Children's Ward in Muckamore Abbey Hospital off site. Several problems are ongoing. A recurrent problem has been difficulty with patients being asked to sleep out from their own ward into other wards because of overcrowding. One example of this would be in the Male Ward where, on occasions, forty-eight patients have been present with only thirty-six beds available in the ward. The Commissioners were pleased to hear that this situation will be resolved imminently with the opening of twenty new beds to deal with this overspill principally from patients with delayed discharged.

Currently day care is divided into activity based day care such as contract work and skills based training such as horticulture, woodwork and work skills. Activity based work has now been transferred to the Moyola Ward, however, the large number of clients in the hospital can make day care crowded. Concern was also expressed that the Health Boards do not commission rehabilitation from Muckamore Abbey Hospital but expect this to be provided by Trusts into which the clients are placed. The impression was of a rather cumbersome arrangement which is gate kept through Care Managers in the community. Again the impression was that this contributed to delayed discharge in patients and partly to the difficulties in sleeping out arrangements noted earlier.

There is also a problem with adolescents being admitted to the Acute Admission Wards. The adolescents are mostly over sixteen years of age but some less than sixteen need to be admitted. Staff admit such patients to Muckamore Abbey Hospital Admission Wards because on the balance of



## Mental Health Commission *for* NORTHERN IRELAND

risk, not admitting the clients would potentially put them at greater danger. At the time of the Mental Health Commission visit there were six adolescents in the Acute Admission Wards younger than eighteen. All such adolescents are placed on level four observation with a nurse present at all times principally for their safety given the patient mix in the Acute Wards. The above contributes to a secondary problem of high level of one to one observations in the Acute Admission Wards with a resultant drain on staff numbers, which can have a knock on effect on other activities throughout the hospital. There appears to be a paucity of planning to resolve this difficulty.

Staff issues were briefly reviewed. It is planned to move toward twelve Consultant Psychiatrists on the staff of Muckamore Abbey Hospital. With regard to nursing staff the main concern is to move toward a higher skill mix for therapeutic purposes in the new unit. The Mental Health Commissioners were pleased to note that three new posts in Psychology had been appointed but were saddened to see the deficiencies in Occupational Therapy and Speech and Language remain.

Three Commissioners visited Moylena Ward, a continuing care ward, where a settlement is ongoing, specifically for individuals with challenging behaviour. They met and were escorted through the ward by Sister [REDACTED]. Approximately half of the clients in Moylena Ward have been present in Muckamore Abbey for over thirty years. It is a twenty-two bedded unit with ongoing resettlement, the building was refurbished seven years' ago.

The entrance to the ward was homely and warm, with a fish tank and pot pourrie present, it was warm with a welcoming smell. The clients in the ward were all male mostly with moderate to severe difficulties but encompassing a full range of challenging behaviour including one patient who was currently on one to one nurse observation.

There are two day rooms which were bright and clean. The clients would have considerable behavioural difficulties, such as physical aggression and ripping of clothes. The toilet areas were neat, clean and tidy, there are three toilets and one shower. Patients are escorted to the toilet area. The ward was seasonally decorated for the Halloween period.

In the second day room clients with more aggressive difficulties are dealt with. The room was clean, tidy but sparse. The chair covers were plastic because of clients' tendency to rip cloth, this appeared to be somewhat more crowded. Staff conceded that the day rooms were not ideal but provided an element of containment for the difficult behaviours they encountered.



## Mental Health Commission

*for NORTHERN IRELAND*

- (b) The day care centre in Moyola where they met Senior Day Care Worker [REDACTED] and were joined by [REDACTED] the Deputy Officer-in-Charge. The Commissioners arrived as the clients were leaving for lunch. Three work rooms were visited including those for activities of daily living, cookery and art therapy. There were work displays on the wall and overall the units were homely, warm and well decorated. One hundred and seven clients are accommodated in five to six locations, there is ongoing education with a lecturer attending from BIFHE. Supervision level is one staff member to eight clients. There are ten day care sessions per week, most clients attend five sessions per week but higher attendances are possible for specific individuals. Day care sessions are cancelled if staff shortages prevent them occurring.
- (c) Two Commissioners also visited Mallow Ward and were able to interview a group of residents. One resident was interviewed in detail, Mr [REDACTED] was complimentary about the facilities, training and rehabilitation. His long-term plan is to be resettled in the community. He has a wide and varied day care programme, his only complaint was in relation to his detention and that the Mental Health Review Tribunal automatically will review him only every two years.

The Mental Health Commissioners on their visit to Muckamore Abbey on the 21<sup>st</sup> October 2004 were impressed by the overall planning for the development of the Muckamore Abbey Hospital site. They were also impressed by the active rehabilitation and were particularly struck by the wide variety of therapeutic activity and day care available both outside and within the wards that they visited. The Commissioners were particularly impressed by the involvement of patients and clients in the development and planning of the new hospital. With particular reference to Moylenna Ward which was visited in depth, the Commissioners were impressed overall by the quality of life and therapeutic and social activity. The patients have accessibility to a wide range of professional input and are treated with considerable understanding and respect. Relatives are encouraged to attend and their views are systematically noted. The only concerns the Commissioners noted were the sparsity and crowding of at least one of the day rooms in Moylenna Ward. The Commissioners felt that further thought should be given to improving this. In addition it is noted that several wards are not aware of the availability of Advocacy Services, this should be disseminated throughout the hospital more clearly.



**Mental Health Commission**  
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Recommendations

1. The Commissioners were pleased to see that the most noteworthy previous difficulty recorded, that of sleeping out, is about to be resolved. Currently the Commissioners recommend that the management of Muckamore Abbey in conjunction with the Health Boards should produce clear plans to resolve the difficulties of adolescents being admitted to adult wards within the hospital. The Commission would be grateful of receiving such plans.
2. The availability of Advocacy Services should be clearly disseminated throughout the hospital environment.
3. Attention should be paid to try and aid ward staff in reducing the cramped and bland atmosphere in the day rooms in Moylenna Ward which is the only blot in an otherwise excellent facility.
4. Consideration should be given to protect the excellent day care facilities from the effects of staff shortages.

Documents enclosed with the report include the Moyola Day Care Report, plans for the development of the new hospital, the Complaints Report, summaries of each ward and the levels of supervision or observation policy.

**Appendix 10**

**REVIEW PANEL**

|   |  |
|---|--|
| Mrs Miriam Somerville   | Director of Hospital & Community Learning<br>Disability Services (Chair) |
| Mrs Eilish Steele   | Asst. Director of Hospital Services                                      |
| Mrs Mairead Mitchell  | Asst. Director of Service Improvement &<br>Governance                    |
| Mrs Pauline McDonald  | Operations Manager   |
| Mr Aidan Murray   | Asst. Director – Learning Disability, EHSSB                              |
| Mrs Deirdre Webb  | Asst. Director of Nursing, EHSSB   |
| Miss Anne McGarry   | Senior Social Worker   |
| Mr Tommy Boyle  | Principal Social worker, Community<br>N&WBHSST                           |
| Dr [REDACTED], Consultant Paediatrician was co-opted to the group for the<br>review of Medical Notes. |  |

**Appendix 11****OVERVIEW OF MECHANISMS IN PLACE TO ADDRESS A CONCERN ABOUT A CHILD**

| <b>Policies &amp; Procedures</b>  | <b>Co-operating To Safeguard Children</b> | <b>Regional Child Protection Policy &amp; Procedures</b>                       | <b>Representation on Trust Child Protection Panel</b> | <b>Hospital Child Protection Committee to be established</b> | <b>Clinical &amp; Professional Recording Procedures</b> |
|---|---|--|---|--|---|
| <b>Reporting Mechanisms – Professional &amp; Managerial Reporting Systems</b> | Incident Reporting system                 | Reporting to EHSSB   | Reporting to Mental Health Commission                 | Child Protection Specialist Nurse & Consultant Paediatrician | Complaints Procedure                                    |
| <b>Risk Management</b>  | Constant Supervision Policy & Procedures  | Incident Reporting – Internal and External. Reviews by Clinicians and Managers | Multidisciplinary Team Meeting                        | Governance Arrangements                                      | Risk Registers  |
| <b>Staff Training</b>   | Child Protection Training                 | Management of Aggression   | Specialist Children's Nursing Training                | Training in Reporting Mechanisms                             |   |
| <b>Multidisciplinary Meetings</b>   | Multidisciplinary Weekly Ward Meetings    | Looked After Children Reviews  | Hospital Management Team Meetings                     |  |   |

**OVERVIEW OF MECHANISMS IN PLACE TO ADDRESS A CONCERN ABOUT A POTENTIAL OFFENDER**

| <b>Policies &amp; Procedures</b>      | <b>Constant Supervision</b>                          | <b>Vulnerable Adults Policy &amp; Procedures</b>            | <b>Child Protection Policy &amp; Procedures</b> | <b>Complaint Procedure</b>            |   |
|---------------------------------------|--|---|---|---------------------------------------|---|
| <b>Reporting Mechanisms For Staff</b> | Multidisciplinary Team Meeting                       | Professional & Managerial Reporting Systems                 | Incident Reporting System                       |                                       |   |
| <b>Risk Management Systems</b>        | Constant Supervision Policy & Procedures             | Clinical Risk Assessment & Management Tools including ASOTP | Incident Reporting                              | Multidisciplinary Root Cause Analysis | Governance Arrangements<br><br>Risk Registers |
| <b>Staff Training</b>                 | Appropriate Clinical Training in Offending Behaviour | Vulnerable Adults   | Child Protection                                | Training In Reporting Mechanisms      |   |
| <b>Multidisciplinary Meetings</b>     | Weekly Multidisciplinary Team Meeting                | Hospital Management Team Meeting                            |   |                                       |   |

# **OVERVIEW OF MECHANISMS IN PLACE TO ADDRESS A CONCERN ABOUT A VULNERABLE ADULT**

| <b>Policies &amp; Procedures</b>      | <b>Vulnerable Adults Policy &amp; Procedures</b> | <b>Constant Supervision Policy &amp; Procedures</b> | <b>Complaints Procedure</b>                 | <b>Information To Family</b>          |                                    |                      |                                       |
|---------------------------------------|--|---|---|---------------------------------------|------------------------------------|----------------------|---------------------------------------|
| <b>Reporting Mechanisms For Staff</b> | Multidisciplinary Weekly Team Meeting            | Professional & Managerial Reporting Systems         | Incident Reporting System                   | Report to EHSSB                       | Report To Mental Health Commission | Complaints Procedure |                                       |
| <b>Risk Management Systems</b>        | Constant Supervision Policy & Procedures         | Clinical Risk Assessment System                     | Incident Reporting                          | Multidisciplinary Root Cause analysis | Governance Arrangements            | Risk Registers       | Vulnerable Adults Policy & Procedures |
| <b>Staff Training</b>                 | Vulnerable Adults                                | Management of Aggression                            | Appropriate Clinical/ Professional Training | Training in Reporting Mechanisms      |                                    |                      |                                       |
| <b>Multidisciplinary Meetings</b>     | Weekly Multidisciplinary Team Meeting            | Hospital Management Team Meeting                    |   |                                       |                                    |                      |                                       |



# OVERVIEW OF MECHANISMS IN PLACE TO SAFEGUARD AN ADOLESCENT IN AN ADULT WARD

|                                   |  |  |  |                                       |                         |                |
|-----------------------------------|--|--|--|---------------------------------------|-------------------------|----------------|
| <b>Policies &amp; Procedures</b>  | Separate Admission Procedure (To Be Developed) | Constant Supervision Policy & Procedures | Child Protection Policy & Procedures         | Looked After Children Procedures      |                         |                |
| <b>Reporting Mechanisms</b>       | Incident Report On Admission                   | Report to EHSSB On Admission             | Report to Mental Health Commission Admission |                                       |                         |                |
| <b>Risk Management Systems</b>    | Constant 1:1 Supervision 24 Hours On Admission | Constant Supervision Reviews             | Incident Reporting System                    | Multidisciplinary Root Cause Analysis | Governance Arrangements | Risk Registers |
| <b>Staff Training</b>             | Child Protection Policies & Procedures         | Management of Aggression                 | Appropriate Clinical/Professional Training   | Training in Reporting Mechanisms      |                         |                |
| <b>Multidisciplinary Meetings</b> | Weekly Multidisciplinary Team Meeting          | Looked After Children Reviews            | Hospital Management Team                     |                                       |                         |                |