

1 the patients that the MAH nurses had to treat. It
2 takes a lot to handle some of these patients. It is
3 very difficult to keep the patient and the staff member
4 safe. I did not see any nursing staff physically abuse
5 any of the patients. I cannot praise the MAH nursing 14:28
6 staff highly enough for what they do."

7
8 And over the page then, Anne, you give a declaration of
9 truth, you say the contents of this witness statement
10 are true to the best of your knowledge and belief and 14:28
11 you say that you produced all the documents which you
12 have access to and which you believe are relevant to
13 the Inquiry's terms of reference. Then you have signed
14 and dated the statement. Okay.

15 14:28
16 The first question, Anne, I am going to ask you is a
17 very easy one. Are you content with the contents of
18 your statement, are they true and correct to the best
19 of your knowledge and belief?

20 A. Yes, I think so, yeah. 14:29

21 1 Q. Do you wish to adopt that as your evidence to the
22 Inquiry?

23 A. Yes.

24 2 Q. All right. I am going to ask you more specific
25 questions about the statement now, okay. The first 14:29
26 kind of topic I want to ask you about is your specific
27 role in Muckamore, okay. You mention in your statement
28 how your role was created and you understand that there
29 was a statement of need in the 1990s. Can you recall

1 anything more about how your role came into existence?
2 A. As far as I know there was just a statement of need.
3 Somebody must have said that they would like to
4 investigate the possibility of dietetic services in
5 Muckamore. I don't know how it arose that they 14:29
6 actually turned to The Royal for advice on it because,
7 I mean, because it was North and West Belfast Trust at
8 that time, I mean there was a community dietetics
9 service in North and West Belfast. But they turned to
10 The Royal anyway and there was one of the dieticians 14:30
11 seconded from The Royal to work in Muckamore and see
12 what the layout was like and what the need was and,
13 once that was established then they advertised my post.
14 3 Q. Okay. So, as far as you are aware before you came into
15 Muckamore then, there wasn't a dietician based in 14:30
16 Muckamore, you were the very first; is that right?
17 A. Yeah, mhm-mhm. Yeah, the girl that did it, she would
18 just come down on days from The Royal to Muckamore.
19 4 Q. Yes, you mentioned in your statement someone who showed
20 you around Muckamore at that time, is that the person 14:30
21 from RVH that you're talking about?
22 A. Yes.
23 5 Q. And she was based in RVH?
24 A. Yes.
25 6 Q. As a dietician; is that right? 14:30
26 A. As a dietician, yes.
27 7 Q. You describe in your statement how you didn't have
28 specific training about learning disability because you
29 didn't think it existed at the time. Did you feel that

1 that hindered you in any way at the start?

2 A. Not really. I just knuckled down and read as many
3 papers as I could get hold of. There was a
4 psychologist there that had a great interest in
5 nutrition and she was actually doing a degree in 14:31
6 nutrition and she had a lot of knowledge between
7 learning disability and the effects of nutrition or
8 poor nutrition on their behaviour, so she was very
9 helpful. There was also a very good library and I
10 could access written articles. 14:31

11 8 Q. Okay and what about in the years that followed, did you
12 receive any LD, learning disability specific training?

13 A. I can't think now. I joined the Mental Health Group,
14 which is a subgroup of the British Dietetics
15 Association, so liaising with other dieticians within 14:32
16 the same field and attending meetings of the Mental
17 Health Group, that all helped broaden my training.

18 9 Q. Your knowledge?

19 A. I landed up sort of giving more training than what I
20 would be receiving in the end. 14:32

21 10 Q. You actually gave training, was that in learning
22 disability or in nutrition you mean, when you say you
23 gave training?

24 A. Nutrition in learning disability. Once I gained the
25 experience over the first probably four or five years 14:32
26 then, you know, I would be called upon to give talks to
27 the Mental Health Group.

28 11 Q. Okay?

29 A. About nutrition and learning disability.

1 12 Q. What training did you get at the very, very start? Was
2 there any formal training process and what did that
3 involve?
4 A. No formal training in learning disability.
5 13 Q. Okay? 14:33
6 A. It was mainly gained just by reading and the knowledge
7 that the dietician that was doing it in these interim
8 years, she was passing on and that psychologist greatly
9 helped me as well.
10 14 Q. Okay, thank you, Anne. You mentioned in your statement 14:33
11 about having feedback sessions with the dietetics
12 manager. Was that somebody based in RVH as well?
13 A. Yes.
14 15 Q. What would those feedback sessions typically involve?
15 A. She would have come down every, I don't know, couple of 14:33
16 months or so just to review my caseload, how I was
17 getting on and how the job was going basically and any
18 problems that I would have had, the types of referrals
19 I was getting.
20 16 Q. And did you find those sessions useful for yourself? 14:34
21 A. Oh, yes.
22 17 Q. And you mentioned how your line manager, they were also
23 based in the RVH, did you have any line management
24 structure within Muckamore itself or was it all out
25 there in the RVH? 14:34
26 A. Apart from the ones I mentioned that would have kept an
27 eye, basically it was the RVH.
28 18 Q. So perhaps you had more informal structures within
29 Muckamore but the formal ones were in RVH, is that a

1 fair way of putting it?

2 A. Yes, that would be.

3 19 Q. I want to ask you a little bit about the profile of
4 your patients and how patients came to be referred to
5 you, Anne, okay. Can you tell the Inquiry a little bit 14:34
6 about how a patient came to be referred to you, for
7 example, who made the decision to refer?

8 A. I would say probably the nurses, you know, the charge
9 nurse, the ward sister might highlight an issue, or the
10 doctors. I mean, obviously senior house officers. I'm 14:35
11 trying to think now, it's that long since I worked.

12 20 Q. I know it is a long time ago, I appreciate that?

13 A. I mean if there was a problem with a patient
14 highlighted that they required a specific diet, then
15 there would be a referral card. 14:35

16 21 Q. That came through on a card written down, did it?

17 A. Yes, they used the stationery that was originally in
18 The Royal for their dietetic referral at the time.

19 22 Q. So that would have been filled out by the person
20 referring and that would have come to you? 14:35

21 A. Yes.

22 23 Q. Can you recall what kind of information would have been
23 on that card?

24 A. Basically just the patient's name, date of birth, what
25 else goes on? Sex, where they were, which ward they 14:36
26 were on and then reason for referral, whether it be
27 texture modification, diabetic, whatever. Some of them
28 would be very good if they had put on the names of
29 drugs that they were on and whether they were epileptic

1 or their sort of diagnosis. But quite often it was
2 maybe just "reduction diet required" or something like
3 that.

4 24 Q. Okay?

5 A. Doctors just aren't very good at filling out referral 14:36
6 forms.

7 25 Q. So it varied a little bit, what you were getting in?

8 A. Yeah.

9 26 Q. How many patients would you have had at any one given
10 time, can you recall? 14:36

11 A. I can't remember. I remember the caseload, I think
12 there was about, what, probably about 350 patients in
13 Muckamore at the time and I would have had probably
14 about 80 on the caseload at one stage. Then it was
15 getting a bit much to handle so began to sort of reduce 14:37
16 the numbers by taking off the ones that could be
17 managed on the ward just by nursing care and, you know,
18 they were sort of stable and things were going along
19 fine, like their textured diets or whatever. If they
20 were stable then they could just be left to the nurses 14:37
21 to watch and it would be up to the nurses to call me
22 again if they wanted me to see them again, to try and
23 control the caseload. Because obviously I wasn't
24 getting the hours I worked increased so I had to do
25 something -- 14:38

26 27 Q. To assist. And did any other dieticians come in to
27 assist with your caseload and take on --

28 A. No, no.

29 28 Q. Okay. You describe later on in your statement what you

1 did when you got a referral and you say you would look
2 at the patient file and speak to nurses and visit the
3 ward. what file did you look at first of all, was it
4 just a general patient file or what was that, can you
5 recall? 14:38

6 A. It would be the medical notes, all the details.

7 29 Q. A full set of medical notes for the patient?

8 A. Yes.

9 30 Q. Okay. Did you feel that by and large the medical notes
10 and the referral card, that gave you enough information 14:38
11 or was the visit necessary to see the patient?

12 A. Well, I would see the nurse as well, whoever nurse was
13 caring for the patient. I would obviously like to see
14 the patient, could not always communicate, but at least
15 if I could put a face to the name, I always liked to be 14:38
16 able to do that, see who I was talking about, you know.
17 Then discuss with the patient where appropriate.

18 31 Q. And you say in your statement that Rathmore and
19 Rathmullan wards, they would have made regular
20 referrals to you; is that right? 14:39

21 A. Yes.

22 32 Q. The patients there had greater needs, is that a fair
23 way to put it?

24 A. Yeah, there was a lot of them would have been maybe
25 underweight and needed supplements. 14:39

26 33 Q. Okay?

27 A. And texture, modified diets.

28 34 Q. Okay?

29 A. I think there was a couple of tube feeds.

1 35 Q. Would those patients typically have had choking risks
2 as well, those types of patients?

3 A. Yes.

4 36 Q. Those types of patients with the greater needs, did
5 they make up the majority of your referrals or less or 14:39
6 how many would you say?

7 A. Yeah, that would probably have been the majority.

8 37 Q. Okay. And you mention also Fintona and Movilla wards
9 where you were referred more able bodied patients with
10 psychiatric needs. Did those types of patients, what 14:40
11 type of care did they need from you typically?

12 A. It would be weight management, obesity, weight
13 management, that's the main ones there, you get the
14 occasional diabetics and that as well.

15 38 Q. Would some of those patients have displayed challenging 14:40
16 behaviours and that was an issue for you to deal with?

17 A. Yes, there could have been challenging behaviour but I
18 would always be made aware of it and nurses would
19 accompany me if I was speaking to the patient.

20 39 Q. Okay. And with those more able patients, how did you 14:40
21 balance the need for their autonomy -- or with all
22 patients, how did you balance their need for autonomy
23 with their need for a healthy diet, how do you strike
24 that balance?

25 A. It's quite difficult but trying to get them to make 14:40
26 small changes in their diet and, you know, you might
27 not achieve much weight loss but if you can at least
28 achieve a weight maintenance, rather than following a
29 strict weight reduction diet that most of us could cope

1 with, but they might just be able to, you know, cut out
2 a snack or reduce portion sizes, just making small
3 changes that could make a big difference.

4 40 Q. Make a difference. Could it be the case that, for
5 example, there was just a food that a patient just 14:41
6 couldn't have even though it was their favourite
7 perhaps or how did you strike that balance?

8 A. Just reducing quantities and keeping things for special
9 treats. Trying to get them to recognise more that
10 there is no bad foods, just to reduce the quantities 14:41
11 and treat it as a treat rather than a regular meal.

12 41 Q. Okay. You mention in your statement, you talk about
13 the culture differences between the likes of Rathmore
14 and Rathmullan compared to Fintona and Movilla. You
15 say that the former wards were a bit more like 14:42
16 hospitals. Can you tell the Panel a little bit more
17 about the culture differences between the wards?

18 A. Well, I suppose Rathmore and Rathmullan were more like
19 a hospital situation in that, you know, they looked in
20 their appearance more hospital-like with the beds and 14:42
21 long wards and all. Some of the patients, I mean some
22 did maybe go out to some form of day care or whatever,
23 but, you know, some of them would just be in the ward
24 all the time. Whereas Movilla, Fintona, they would be
25 more abled, they would be going out to day care. Well, 14:42
26 there were probably a certain number sitting around in
27 their common rooms and that, you know, they might be
28 watching TV whereas the ones in Rathmullan and
29 Rathmore, they might be watching TV but they wouldn't

1 110 Q. CHAIRPERSON: They wouldn't have come to you direct?
2 A. They wouldn't have come to me direct, no.

3 111 Q. CHAIRPERSON: And you wouldn't aware of any sort of
4 system by which that could be enabled.
5 A. No. 15:08

6 CHAIRPERSON: All right. Nothing else. Can I just
7 thank you. I think you are our only dietician, so far
8 at least, so can I thank you very much for coming to
9 assist the Panel. You can now go with the secretary to
10 the Inquiry. 15:08

11 A. Okay, thank you.

12 CHAIRPERSON: Right, tomorrow we've got one witness,
13 A5. Can I just say publicly that it is not proposed
14 that the entirety of A5's statement, which is very
15 long, is simply going to be read through, we are not 15:09
16 going to take the same course with that for obvious
17 reasons. But instead, Mr. McEvoy who is going to be
18 taking the witness will be alighting on various topics
19 as it were. Can I also just say this, I think Room B
20 is open at the moment but it will not be able to be 15:09
21 opened tomorrow because there will be a full
22 Restriction Order over the evidence of that witness.
23 All right. Can I that thank everybody for their
24 attendance, we'll see you tomorrow at 10 o'clock.
25 15:09

26 THE HEARING ADJOURNED UNTIL 10.00AM ON WEDNESDAY, 7TH
27 FEBRUARY, 2024
28
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