

**MUCKAMORE ABBEY HOSPITAL INQUIRY
WITNESS STATEMENT**

Statement of Dr Elizabeth Brady

Date: 23 January 2023

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

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

This is my first statement to the Inquiry.

There are no documents produced with my statement.

Section 1: Qualifications and position

1. I am providing the witness statement to this Inquiry in my current work capacity as Director Adult Mental Health and Disability Services (Acting), Western Health and Social Care Trust (WHSCCT).
2. My professional qualifications are MB, BCh, BAO, Queen's University, Belfast 1998. My professional background is as a Consultant Psychiatrist. I am fully registered with the GMC, with a current license to practice. I am on the Specialist Register in General Adult Psychiatry, with a Rehabilitation Psychiatry endorsement, since March 2012.
3. Further detail on my full credentials has already been submitted to the panel.

Section 2: Modules - Topics to be addressed

4. Module 2: Health Care Structures and Governance
 - g. Interrelationship between Trusts re patients admitted to Muckamore.
 - i. Outline of provision for community based services.

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

5. The Western Health and Social Care Trust (WHSCT) has had established relationships, including as Legacy Trusts, with the Belfast Health and Social Care Trust (BHSCT) in respect of patients with a learning disability admitted to Muckamore Abbey Hospital (MAH). These interactions occurred over many years and included a total of 28 WHSCT adult clients identified as having spent time in Muckamore, within the Inquiry time-period 02/12/1999 – 14/06/2021.
6. There were a range of situations that resulted in patients from the WHSCT area receiving treatment in MAH. This included those individuals who lived within the Hospital for many years (long-stay patients), those who required to be admitted to MAH due to the lack of bed availability in the WHSCT in-patient facility, and those whose needs were forensic in nature. Individuals with forensic needs availed of assessment and treatment at MAH, which was the regionally commissioned provision. The WHSCT had 2 commissioned beds in the Six-Mile Forensic Unit, MAH.
7. Irrespective of the circumstances pertaining to the patient being in MAH, staff in MAH were the treating team and took responsibility for decision-making connected to the in-patient care. From review of the files relating to WHSCT patients in MAH, the role and involvement of staff from the WHSCT varied over the years.
8. Communication would largely have been direct conversations between consultants at the point of admission and discharge. In some cases there would have been phone calls, from community Key Workers to monitor progress throughout in-patient stays. These interactions would not have been routinely documented in case files.

9. Prior to 2014, when community teams were less established, there is little evidence of care/case management processes and explicit connection with relevant professionals from the Trust of origin. As community, multi-disciplinary teams have evolved, and in particular, with the more widespread introduction of social workers as key workers, there has been an increase in care management processes during periods of MAH admission. This had a particular focus on discharge planning and maintenance of links with key professionals and the patient's community of origin.

Section 4: Module 2i (Outline of provision for community based services)

- 10.** The Western Health and Social Care Trust (WHSCT) became operational in 2007 following the Review of Public Administration.
- 11.** Within WHSCT, Learning Disability Services are delivered in line with regional and local commissioning of services. Based on local assessment of need and ministerial priorities; this is provided to the Trust annually as a commissioning plan, against which we are required to deliver as service providers.
- 12.** In 2002 the Department of Health, Social Services and Public Safety initiated an independent review of mental health and learning disability law, policy and service provision, now referred to as the Bamford Review.
- 13.** This set the policy direction for the following 15+ years and included the reduction of in-patients in learning disability hospitals. This came with the development of associated resettlement option and community based infrastructure in the Trust.
- 14.** Across the Trust area there are 2000 individuals on the Master Patient Index with an Intellectual Disability. There are 858 on Community Caseloads in the Northern Sector and 675 in Southern Sector of the Trusts geography.
- 15.** The following diagrams illustrate the position of Learning Disability Services within the wider Trust system and more detail as to current service provision.

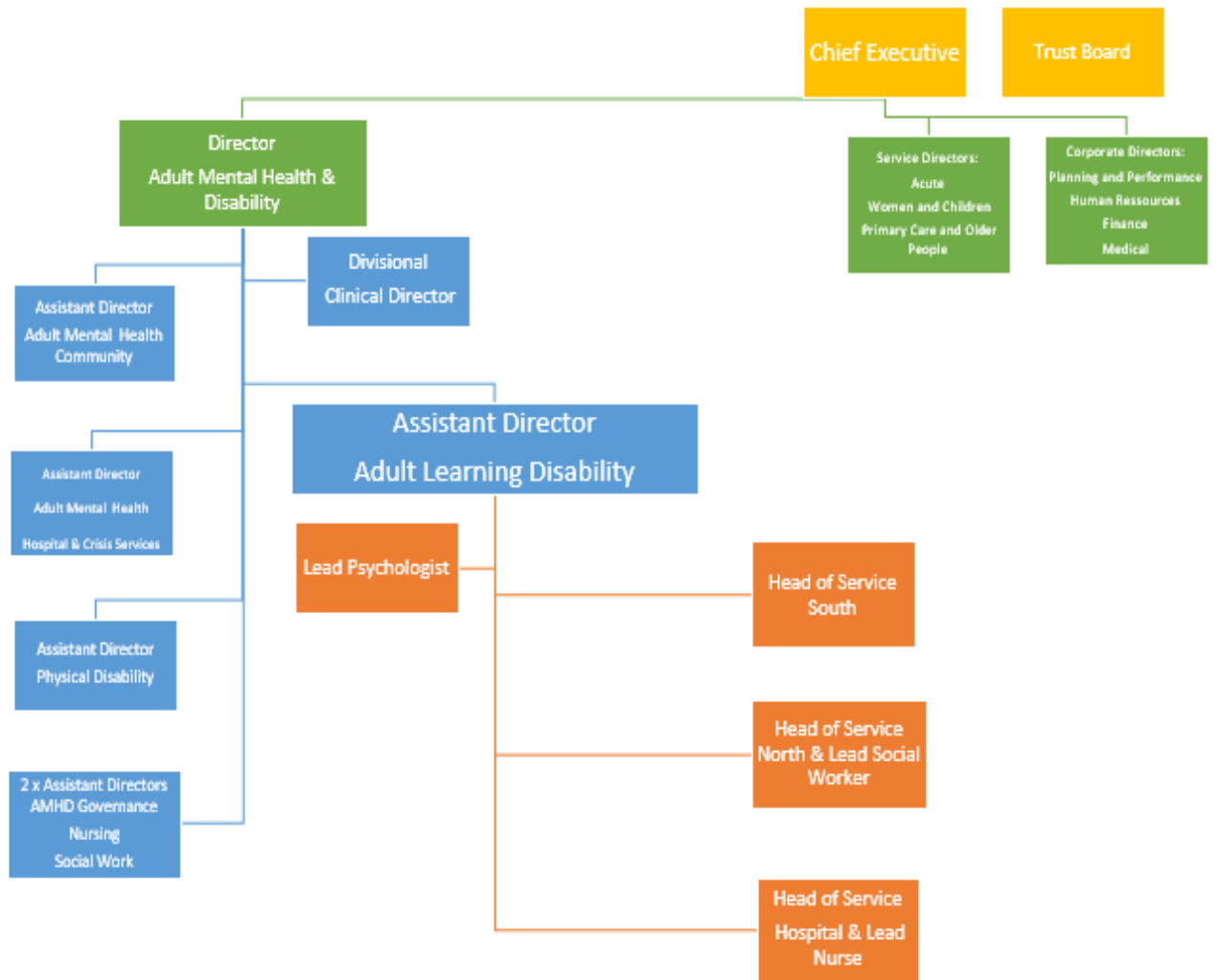


Figure 1 – Current Service Structures Adult Learning Disabilities WHSCT

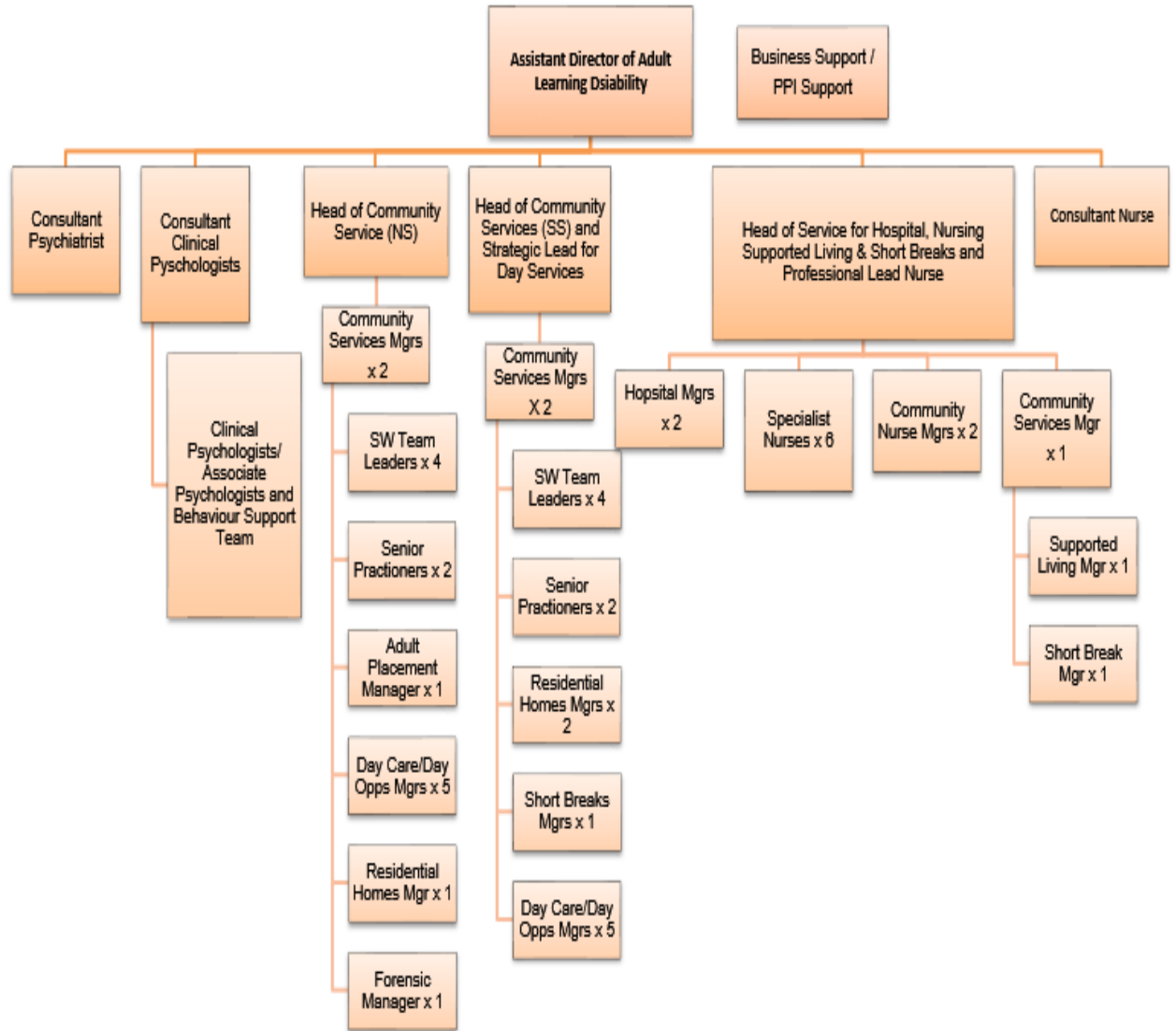


Figure 2 – Learning Disability Service Detail

- 16.** From 2009 onwards in WHSCT, there was a separation of Children and Adult Teams for Learning Disability that was concerned with developing focus and expertise on the respective client groups. This development had followed the opening of Lakeview Hospital in Londonderry in 2005.
- 17.** The opening of Lakeview, in line with Bamford recommendations, resulted in reduced acute in-patient bed capacity available in WHSCT. Work continued on the discharge planning for patients who were being cared for in both Stradreagh Hospital, Londonderry and MAH, in line with Resettlement recommendations.
- 18.** Initially Lakeview Hospital had capacity to support 38 patients across 4 Wards, including one that provided care for up to 5 children, as well as a bed assigned for short breaks.
- 19.** Capacity was further reduced in 2008 and in 2010 to a revised configuration of 19 beds, 17 for the purposes of assessment and treatment and 2 for short breaks. Children's beds moved under the responsibility of Children's Mental Health and Disability Services, within the Women and Children's Directorate, in January 2011.
- 20.** In 2015, further remodelling of inpatient accommodation took place resulting in the registered bed capacity being reduced to 10 beds within one, adult ward. This included 2 intensive support beds within an annexe. Short breaks ceased within Lakeview in May 2015.
- 21.** The WHSCT commissioned bed capacity remains at 10 assessment and treatment beds for adults.
- 22.** The WHSCT had a particular focus on supporting the resettlement of long-stay patients not currently receiving active assessment and treatment, to more suitable community accommodation with relevant care and support provision. Ralph's Close, established in 2010, was purpose-built accommodation for 16 WHSCT patients, discharged from Stradreagh Hospital, enabling the closure of that Hospital.

- 23.** A small number of similar type facilities were established in the Trust area, that included provision in Omagh and Fermanagh where the predominant number of residents came from previous long-stay hospital placements. Associated funding from the Health and Social Board was made available to support these new living arrangements. To date the resettlement of long-stay patients has been enabled through use of a mixed model that includes both larger scale group living and individualised specialist housing with dedicated care and support packages.
- 24.** Over time, there has been associated growth in community services, most notably in the increased number of community social workers, community nurses, and psychology and behaviour support services. A smaller amount of growth has been achieved in the availability of specialist learning disability allied health professionals including occupational therapists, speech and language therapists and podiatry staff.
- 25.** Day services in the form of buildings-based day centres are available in the main urban towns across the Trust's geographical patch. The Trust have 2 Facilities dedicated to providing Short Breaks with additional bed capacity commissioned from within the Independent Sector residential and nursing home resource.
- 26.** Self Directed Support has become embedded as an approach to meeting assessed need and has enabled the development of more nuanced and bespoke support arrangements through the use of Direct Payments for both service users and carers.
- 27.** For Quarter ending 30/09/2022, there were 1,950 clients in receipt of direct payments across the WHSCT, a combined total of £4,169,925.60. The Graph below shows the growth in use of Direct Payments across the Trust since 2007.

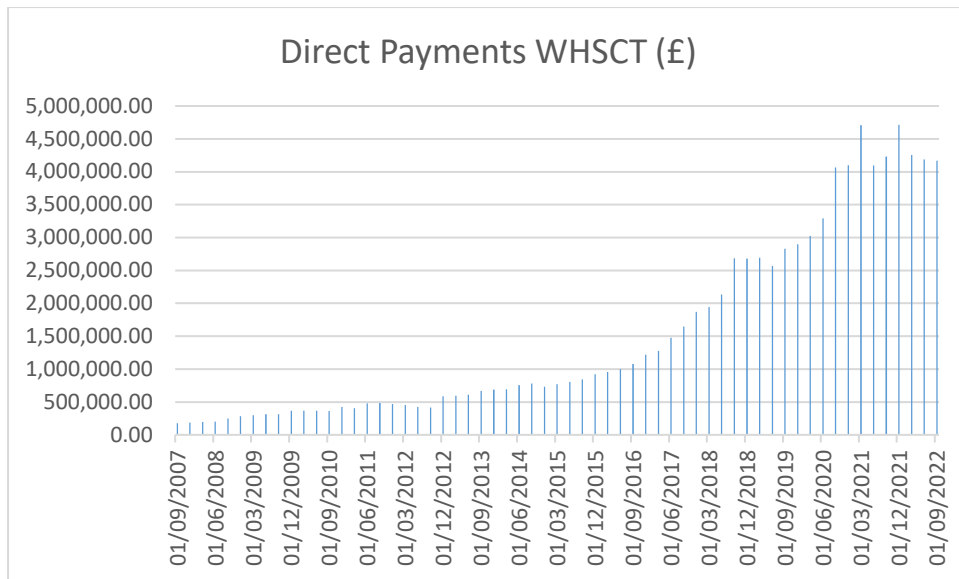


Table 1 – Direct Payment total budget, WHSCT 2007 – 2022

Source data from [Quarterly direct payments statistics September 2022 | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/quarterly-direct-payments-statistics-september-2022)

28. The most recently published Independent Review of the Learning Disability Resettlement Programme in Northern Ireland (Mongan and Sutherland, 2022) has referenced the continued position that community services are at different stages of development in each of the 5 Trusts.
29. Due to changes in Trust information systems throughout the years of the Inquiry, it has not been possible to draw out specific data on caseload and community team compositions and service models.
30. Earlier digital information systems included EPEX and SOS CARE, whilst Adult Mental Health and Disability Services transferred to Paris from 2016 onwards. The newer Paris system provides a more comprehensive individual patient record, but is less agile in terms of extraction of team and service level information.

Section 5: Other relevant information

31. None

Section 6: Conclusion

32. This concludes the Western Health and Social Care Trust submissions in relation to Module 2: Health Care Structures and Governance (g) and (i).

Section 7: Declaration of Truth

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



Signed: Dr Elizabeth Brady

Date: 26 January 2023

List of Exhibits (Dr Elizabeth Brady)

34. None