

**MUCKAMORE ABBEY HOSPITAL INQUIRY**

**WITNESS STATEMENT**

**Statement of Aidan Dawson**

**Date: 16 March 2023**

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

The statement is made on behalf of the Public Health Agency 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) Qualifications:

1987-1990 - Under Graduate Student, Degree in Economics  
Queens University Belfast, University Road Belfast

1991-1994 – Master of Science Degree in Health and Social Care  
Management, University of Ulster

2) Position:

As Chief Executive I am responsible to the Department of Health (DoH) for leading and managing the Public Health Agency (PHA) for Northern Ireland. I am also accountable to the Board of the PHA for the efficient and effective

management of the organisation and ensuring it meets objectives set by the Minister and Department of Health. I act as Accounting Officer for the PHA and in that capacity I am directly responsible to the Permanent Secretary for Health for all funds allocated by the Department.

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

### 3) Overview of the Public Health Agency

The Regional Agency for Public Health and Social Wellbeing (PHA) was established in April 2009 as part of the reforms to Health and Social Care (HSC) in Northern Ireland. It is the major regional organisation for health protection and health and social wellbeing improvement. The PHA's role also commits it to addressing the causes and associated inequalities of preventable ill-health and lack of wellbeing. It is a multi-disciplinary, multi-professional body with a strong regional and local presence.

In fulfilling its mandate to protect public health, improve public health and social wellbeing, and reduce inequalities in health and social wellbeing, the PHA works within an operational framework of three areas: Public Health, Nursing and Allied Health Professionals, and Operations. Its corporate and business plans reflect these arrangements and its purpose as an organisation. Under a Memorandum of Understanding established by the Department of Health the PHA also currently acts as Corporate Host for the Safeguarding Board for Northern Ireland.

The PHA is also a member agency of the SBNI and, in that role, must fulfil the duties ascribed to all member agencies, including the specific duty to cooperate under section 10 of the SBNI Act. The PHA must also play its role in the exercise of the SBNI's statutory functions and the delivery of its statutory objective. However, the PHA is not accountable for the overall performance of the SBNI in terms of its statutory objective, functions and

duties. Further information about the SBNI can be found at <https://www.safeguardingni.org> .

Further information on the PHA is available at <https://www.publichealth.hscni.net> .

## **Module 2: Health Care Structures and Governance**

### ***c. Public Health Agency: role in organisation and commissioning of services at MAH and quality improvement.***

- 4) The Public Health Agency does not lead on commissioning models and therefore did not lead on the commissioning of services at MAH. It may have provided professional input into commissioning of such services via the former Health and Social Care Board (HSCB – in April 2022 the HSCB transitioned to become the Strategic Planning and Performance Group within the Department of Health). Since 2021 I would respectfully direct the Inquiry to the Strategic Planning and Performance Group (SPPG) for any documents relating to this. Any additional documentation held by PHA staff will have previously been supplied to the Inquiry. Since 2019 the PHA has incorporated the newly established Health and Social Care Quality Improvement function. The work programme of this function is determined on an annual basis by the HSCQI Alliance. More details on the work of HSCQI can be found at <https://hscqi.hscni.net> or made available if required.

#### **I. PHA responsibility within Commissioning**

The HSC Framework Document 2011 was developed following the launch of the Health and Social Care Board (HSCB) and the Public Health Agency. The Framework Document outlines the roles and responsibility of the organisations within the HSC system in Northern Ireland. In this context it describes the

respective roles and functions of the Department of Health, the Health and Social Care Board and the Public Health Agency in the development of policy and commissioning of services.

The Department of Health sets the policy and legislative context for health and social care in Northern Ireland. It also determines the standards and targets by which quality, access and outcomes in relation to services should be measured and provides the strategic direction for the health and social care professions. The commissioning process, which includes resource and performance management, translates the strategic vision and priorities of the Department into a comprehensive, integrated plan that sets out the actions needed to deliver the health and wellbeing outcomes through the planning, management and delivery of health and social care services.

The Department, taking account of professional advice from the PHA and other organisations within the HSC sector, is responsible for confirming the appropriate models of care to deliver health and social care across Northern Ireland and the associated indicative infrastructure requirements.

With regard to the commissioning of health and social care services the PHA's role is to work with the HSCB (and subsequently the SPPG) and provide public health professional input to help ensure that health and social care services meet established safety and quality standards and support innovation to drive the quality, safety and patient experience aspects of such services. The PHA has a role to play in providing professional leadership and advice to the Health and Social Care sector (HSC) in accordance with the 2011 Framework.

Developing, securing approval for and implementing the annual commissioning plan and associated Service and Budget Agreements with providers is, according to the extant Framework Document, the responsibility of the HSCB. Work is currently ongoing to update the Framework Document in light of the changes in statute regarding the former HSCB however this has yet to be completed. The HSCB was required through statute to have regard to advice and information provided by the PHA and could not publish the plan

unless it had been approved by the PHA.

Throughout the life of the HSCB a number of commissioning groups were in place in order to advise the HSC regarding specific areas of commissioned services. One such group was mental health and Learning Disability. This group was led by the HSCB commissioning lead for this area but nursing professional input would have been provided by PHA nursing staff as required. (The directorate of Public Health has confirmed that no medical input was provided in respect of LD services). PHA nursing staff were standing members of the group and as such present at meetings and their advice and expertise informed the commissioning process. PHA nursing staff who were in membership of the Mental Health and Learning Disability commissioning group during the timeframe set by the Inquiry have since retired from the organisation. This in effect limits the corporate memory within the PHA of discussions at these meetings, however any notes they would have had have been previously given to the Inquiry in the material provision exercise.

An example of the advice given in general terms through these commissioning groups is described below in the context of the commissioning of enhanced obstetric anaesthetic cover.

### **Commissioning of enhanced obstetric anaesthetic cover in Ulster Hospital.**

The Midwife Consultant and Public Health Consultant in PHA provided expert advice to the commissioning group including discussions with the provider to ensure that this new service was required for the safety of care within the unit. This service would not have been commissioned without the advice and expertise of the aforementioned PHA staff. They were involved closely with the development of commissioning specifications and the monitoring of investment proposal templates for the service. However, all of this was led by the HSCB commissioning lead for that area and PHA input was from a purely professional advice position. The PHA does not hold any responsibility for carrying out a performance management function relating to the services delivered.

**II. Health and Social Care Quality Improvement (HSCQI)**

HSCQI is a Quality Improvement Network established by the Department of Health in April 2019 whose purpose is to provide a supporting infrastructure for quality, improvement and innovation across the HSC system. Since its establishment HSCQI has not been engaged in work relating to the commissioning and oversight of services at Muckamore Abbey Hospital.

**Module 3: Policy and Procedure**

- 5) The Public Health Agency (PHA) is not responsible for the development of policy. Professional staff within the PHA may have provided input into the development of policies as outlined in (a – m below) but this will have been led by the Department of Health in conjunction with the Health and Social Care Trusts (HSCT) and I would respectfully direct the Inquiry to those organisations for the provision of the relevant documentation. PHA officials may also provide input into the implementation and monitoring of policy but the PHA does not lead on this. Any additional documents within the remit of the PHA have been previously provided.
- a. *Policies for delivering health and social care to learning disability patients 1999 – 2021.*
  - b. *Nursing care delivery model (this was the responsibility of HSC Trusts during this time).*
  - c. *Policies regarding restraint/ seclusion.*
  - d. *Safeguarding policies.*
  - e. *Policies and procedures re medication/ auditing of medication.*
  - f. *Policies and procedures concerning patients' property and finances.*
  - g. *Policies and procedures re psychological treatment, speech and language therapy, occupational therapy and physiotherapy.*
  - h. *Resettlement policies (and provision for monitoring of resettlement).*

- i. Complaints and whistleblowing: policies and procedures (the HSC complaints procedure is overseen by Strategic Planning and Performance Group (formerly HSCB) and Whistleblowing by the Regulation and Quality Improvement Authority (RQIA)).*
- j. Overview of mechanisms for identifying and responding to concerns.*
- k. Risk assessments and planning regarding changes of policy.*
- l. Procedures to provide assurance regarding adherence to policies.*
- m. Policies and procedures for further training for staff/ continuing professional development.*

As above the Department sets the policy and legislative context for health and social care in Northern Ireland. It also determines the standards and targets by which quality, access and outcomes should be measured and provides the strategic direction for the health and social care professions. However, when developing policy, the DoH may ask for professional advice and expertise from professionals within the Public Health Agency. As above many professionals from PHA who may have provided advice regarding the development of policy during the time period of the Inquiry have now retired from the organisation; as such there is no corporate memory within the PHA as to any input provided to this, however any input provided by professionals will have been previously given to the Inquiry in the search documents.

An example in general terms of involvement was the development of the Strategy for Maternity Care led by DoH officials but membership of the policy development group included public health doctors from PHA to provide their input into discussion on the development of the strategy.

The above statement also applies to the implementation of strategy/ policy.

- 6) The PHA is a learning organisation and has many linkages across the rest of the HSC in Northern Ireland and across the rest of the United Kingdom and Republic of Ireland. In this context we would regularly glean information and learning from partners and share learning with a variety of organisations. For

example, whenever NHS England and NHS Improvement (NHS E&I) and the UK Health Security Agency (UK HSA) issue any Patient Safety Alerts these will be disseminated from DoH to the PHA for consideration and sharing of learning via joint processes between PHA and SPPG. PHA professionals will review this learning for applicability in Northern Ireland and disseminate across the HSC as required. I would be willing to provide the Panel with additional examples if required albeit that this practice of disseminating information does not constitute responsibility for developing policy.

### **Additional information regarding Serious Adverse Incidents**

- 7) The PHA receives via the HSCB (now SPPG) governance team all Early Alerts and SAI notifications sent by the HSC Trusts. These will be allocated to either a professional group or a specific Designated Review Officer (DRO) from PHA or SPPG. With regard to Muckamore Abbey notifications these were sent to a member of the Mental Health and Learning Disability team for required action/consideration. Any of these emails which are pertinent to the Terms of Reference for the Inquiry have been provided to the Inquiry as part of the material provision exercise.

As part of the governance processes between PHA and SPPG all notifications are sent as part of the “Daily Report” to other members of PHA staff such as the Director of Public Health, Director of Nursing and their Assistant Directors for Quality and Safety. The corporate record for all of these notifications sits with the governance team in SPPG and I would respectfully direct the Inquiry to the SPPG for copies of such records.

Therefore, the PHA staff who receive these notifications for information rather than action do not propose to submit the email notifications, as they suspect this will be a duplication of information already received from other sources to the Inquiry. Where these professionals have any additional correspondence or actions taken following receipt of the notifications these have been provided within the material provision exercise.



**Section 7: Declaration of Truth**

- 8) The contents of this witness statement are true to the best of my knowledge and belief. Previously, PHA has produced the relevant documents which it believes are necessary to address the matters on which the Inquiry Panel has requested me to give evidence.

Signed:

Date: 16 March 2023

