

ORGANISATIONAL MODULES 2024

**MUCKAMORE ABBEY HOSPITAL INQUIRY
WITNESS STATEMENT**

**Statement of Pat McCartan
Date: 01/05/2024**

I, Pat McCartan, 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.

There are no documents produced with my statement.

Qualifications and positions

1. I hold the MSc (dist.) in Human Resources, UU 1988, the Henley Cert. in Mgt. 1989, and the Cert in Trade Union Studies, QUB 1972. I am a Ch. Fellow, CIPD 1990
2. I held the following positions: Chair, North and West Belfast Trust, Sept 2001 – March 2006, and Chair of Belfast Health and Social Services Trust, April 2006 – December 2012.

Module

3. I have been asked to provide a statement for the purpose of Module 9: Trust Board.
4. I have been asked to address a number of questions/ issues for the purpose of my statement. I will address those questions/issues in turn.

Questions for Trust Board members

Q1. Please identify:

- i. **The time period in which you were a member of the Trust Board.**
 - ii. **Any sub-committee(s) of the Trust Board of which you were a member. Please also outline the composition and remit of any such sub- committee(s).**
5. In my role as Chair, I had the responsibility for the governance, and oversight of service delivery for all patients and clients of North and West Belfast Trust and Belfast Health and Social Care Trust. This included membership of the selection panel for all new Chief Executives appointed for each of the 5 new Trusts in July and Aug 2006. I also chaired the selection panels for the appointment of Executive Directors and Non-Executive Directors in each trust during these relevant dates, from 2001 until 2012. As Chair, I had the responsibility of holding to account the CEO and Executive Directors for meeting performance targets and standards through the Trust Boards in all matters delegated by the Minister and Department.
6. I am able to recall that I chaired the Remuneration Committee in both Trusts, and the Charities sub-committee in BHSCT but unable to recall the other sub-committees upon which I served or their composition in both trusts.

Q2. Please explain your understanding of the structures and processes that were in place at Trust Board level for the oversight of MAH. How effective were those structures and processes in ensuring adequate oversight of MAH at Trust Board level?

7. My understanding of the structures and processes at NWBT Trust Board level for the oversight of MAH were through the reports on a monthly basis from Dr C Marriott, Medical Director at MAH, Ms N Evans Director of Social Services and Mr R Black, CEO, in writing and/or verbally. These reports addressed any concerns set out in Q5 (i) – (v). My understanding is that where appropriate, action was taken in addressing these concerns by the Trust Board.

Q3. To your recollection, how often was MAH included on the agenda of:

- i. Meetings of the Trust Board.**
- ii. Meetings of the Executive Team.**

8. My understanding of the structures and processes at Belfast Trust for oversight of MAH was similar but perhaps more exacting in requiring our oversight in detail from the CEO and, Director of Social Services and Learning Disability, with analytical and statistical reports and trends together with specific issues and concerns. Where action was required on the part of the Board it was taken and followed up in future reports. Also, the Board received and heard deputations from Patient and Client Advocacy Groups on issues or complaints such as facilities and resettlement delays.

Q4. Did you have occasion to visit the MAH site during your time on the Trust Board? If so, please indicate how often and outline the objectives of the visit(s).

9. I had frequent occasion to visit MAH in the 2001 – 2006 period for a number of reasons including NWBT Board meetings, visits to meet clients, relatives and staff, attending open days with families, meeting family guardians and parents, inspecting premises and progressing capital investments to remove and replace dormitory accommodation with new single room en-suite and safer accommodation.
10. I had less frequent occasion to visit MAH in the 2006 – 2012 period. Meetings of the Belfast Trust Board were held less frequently at MAH, and I attended events involving patients and clients as well as staff, particularly with welcoming new facilities, Ministerial and Departmental visits. Numbers of patients and clients were reducing due to resettlement, and I was attending many more meetings in community settings where resettlement of moderate and severe learning clients was expanding with appropriate support from Trust staff and trust funds. Where I became aware of issues or concerns in Q5 (i) -

(v) these were always referred through the CEO to the appropriate Director for attention and response.

Q5. Did the Trust Board receive reports on the following (and if so, please indicate how often):

- i. **Safeguarding of patients at MAH.**
- ii. **Seclusion rates at MAH.**
- iii. **Complaints relating to MAH.**
- iv. **Resettlement of patients from MAH.**
- v. **Staffing (both establishments and vacancies) at MAH.**

11. My recollections are that both Trust Boards received reports on Q5 (i)-(v) matters through the CEO and Directors Reports. I cannot recall the detailed contents, but the Board gave full consideration and actions to such reports particularly when having received a deputation from MAH clients, their relatives, and other advocacy groups, such as Mencap, AMH, and politicians as well as when we considered reports from Complaints sub-committees of Board members.

12. Reports on Q5 (i)-(v) in respect of MAH were prepared and presented at NWBT by Dr Marriott, N Evans and the CEO. The Complaints sub-committee reports were presented by Baroness Blood, who chaired the complaints sub-committee meetings along with other Non- executive Directors. My recollection is that appropriate actions were always taken by the NWBT Board when warranted.

13. Reports on MAH at Belfast Trust were part of the CEO and Directors reports considered at each meeting, including mental health and learning disability issues. Complaints were also reported and appropriately processed. I cannot recall the detail or frequency of MAH specific reports now. I can recall the growing client and family discontent regarding delayed discharges and resettlement to a community setting, often presented to the Board by MAH residents and clients, and which the Trust Board shared.

Q6. If the Trust Board did receive reports on the matters set out in 5 (i)-(v) above, please explain:

- i. Who prepared those reports?**
- ii. Was the information received sufficient to facilitate effective intervention by the Trust Board, if that was required?**
- iii. Was the information received monitored over time by the Trust Board? If so, how was it monitored?**

14. I recollect that reports on MAH were prepared by the appropriate directors and CEOs as set out above and formed part of a comprehensive system to present to the Trust Board at the next meeting. It is my view that the information was usually sufficient to facilitate discussion and decision making, and added to the Trust Board seeking additional resources for mental health and learning disability including for MAH. It was Trust Board policy to monitor all information over time to spot any trends requiring a specific intervention, but I am unable to recall what interventions may have been made. Monitoring would have been for the appropriate Director and Executive team in the first instance.

Q7. Please provide details of any occasions on which you became aware of concerns relating to the matters set out in question 5 (i)-(v) above and describe your recollection of action taken at Trust Board level to address any such concerns.

15. I am not able to provide the details of the occasion(s) when I became aware of concerns relating to matters set out in Q5(i)-(v), except when I was first appointed to chair the NWBT and was briefed by the CEO on the importance of each of these matters, record keeping, and external oversight. It was made clear the NWBT and Departmental policy direction was to close or run down the MAH in favour of better community placement for each client with appropriate support. Sufficient resources with housing and social benefits tailored to each client's needs was the way forward, and whilst major progress was made during the 2001 – 2012 periods I chaired Trusts, it is regrettable there are still some clients who may be inappropriately cared for at MAH. On

any occasion I became aware of a concern I observed, I raised the matter with the CEO and appropriate director to ensure a full satisfactory response was received at Trust Board.

Q8. What arrangements were in place at Trust Board level for workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix (and thereby to ensure safe care) at MAH? Please also describe your recollection of any actions taken by the Trust Board to ensure that MAH staff skills matched MAH patient needs.

16. Workforce planning and monitoring was always a matter of report to both Trust Boards, NWBT and Belfast HSC Trust. Recruitment and training, the implementation of Agenda for Change grades and scales were often reported, but I am unable to recall any details specific to MAH staff now.

Q9. Did the Trust Board's approach to cost savings and efficiencies in relation to MAH differ from the approach taken to other service areas within the Trust? If so, please explain how and why it differed.

17. No, to my knowledge neither Trust Board had a different approach to cost savings and efficiencies in relation to MAH in comparison to other service areas.

Q10. From 2010 onwards, following bed closures at MAH:

- i. **How did the Trust Board assure itself that the reorganisation of wards was safe?**
- ii. **Were concerns about ward staffing (both establishments and vacancies) at MAH raised with the Trust Board? If so, please describe your recollection.**

18. I have no recollection of issues relating to bed closures and safe reorganisation of wards in 2010 or later. These may have been appropriate to risk

management, senior executives, and assurance committees. I visited the new premises and cannot recall any specific issues of client safety or staffing having been brought to my attention. I have no memory of actions taken by the Trust Board about ward staffing at MAH.

Q11. Were any issues relating to MAH ever included in:

- i. The Delegated Statutory Functions Report?**
- ii. The Corporate Risk Register?**

If so, please describe the issues that were included. Please also explain your recollection of whether those issues were discussed at Trust Board meetings.

19. I have no recollection of MAH matters being in the contents of these reports or the corporate risk register.

Q12. Were SAIs which occurred at MAH always reported to the Trust Board? If so:

- i. What information did the Trust Board receive in respect of SAIs?**
- ii. Were SAIs discussed at Trust Board meetings?**
- iii. What actions did the Trust Board take in response to SAIs?**

20. I have no recollection of SAIs and how they were addressed at either NWBT or the Belfast Trust Board.

Q13. How did the Trust Board consider and respond to inspection reports relating to MAH prepared by RQIA? How did the Trust Board assure itself that any required actions were addressed within the timeframe of any Improvement Notices?

21. I have no recollection of RQIA reports or how the Belfast Trust may have responded to them.

Q14. Did the Trust Board ever escalate issues related to MAH, or formally correspond with DoH, in relation to problems such as staffing shortages or challenges around resettlement? Please provide your recollection of what, if any, issues were escalated and what the outcome of that escalation was.

22. I have no recollection of these matters.

Q15. Do you recall the Trust Board ever discussing the installation and operation of CCTV at MAH? If so, please give details.

23. I do not recall the Trust Board ever discussing the installation and operation of CCTV at MAH.

Q16. Other than as addressed in responses to the questions above, please provide details of any occasions on which you became aware of concerns over the abuse of patients by staff at MAH and describe your recollection of action taken at Trust Board level to address such concerns?

24. I am not able to recall the details of any occasions on which I may have been made aware of concerns over the abuse of patients, nor am I able to recall any actions at the Trust Board to address any concerns.

Q17 Were you aware of the Winterbourne View scandal in England and the Transforming Care work undertaken by the NHS? If so, what was your view of the subsequent steps to reduce hospital beds in England, and the associated initiatives such as STOMP (“stopping over medication of people with a learning disability, autism or both”)? Did you or the Board consider whether similar initiatives should be applied in Northern Ireland? If not, why not?

25. I am not able to recall if I was or was not aware of the Winterbourne View scandal or Transforming Care work undertaken by the NHS. As Chair of NWBT and BHSCT I was aware of the need to reduce MAH beds by returning

clients to community placements appropriate to individual needs, and to building new accommodation at MAH suitable to clinically assessed client needs.

Q18. Do you wish to draw to the attention of the Panel any other matters not covered by the above questions that may assist in the Panel's consideration of the Terms of Reference?

26.No.

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: Pat McCartan

Date: 01/05/2024