MUCKAMORE ABBEY HOSPITAL INQUIRY

SITTING AT CORN EXCHANGE, CATHEDRAL QUARTER, BELFAST

HEARD BEFORE THE INQUIRY PANEL

ON WEDNESDAY, 28TH MAY 2023 - DAY 54

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THE INQUIRY RESUMED ON WEDNESDAY, 28TH DAY OF JUNE, 2023 AS FOLLOWS:

CHAIRPERSON: Thank you very much, thank you. Mr. McEvoy.

MR. McEVOY: Good afternoon, Chair, and good afternoon, Panel. Today the Inquiry is going to be rejoined by a Mr. Aidan Dawson from the Public Health Agency, who last appeared on the 3rd of April. He has since provided two further statements and we are going to take him through those. If Mr. Dawson can be brought in, please.

CHAIRPERSON: Okay. So we're fixing on the third or --

MR. McEVOY: There are some questions arising from the second and then a small number of questions in relation to the third. And for everyone's reference, the Inquiry statement number is 120 and 127 respectively.

CHAIRPERSON: Thank you very much.

MR. AIDAN DAWSON, HAVING BEEN SWORN, WAS EXAMINED BY MR. McEVOY AS FOLLOWS:

CHAIRPERSON: Welcome back, Mr. Dawson, thank you for coming back ready to fill in some of the gaps from last time, and I'll hand you over to Mr. McEvoy.

1 Q. MR. McEVOY: Thank you, Chair. So again, welcome back, Mr. Dawson. You last appeared before the Inquiry on the 3rd of April, and in the interim you have helpfully provided to the Inquiry two further statements. There

is one dated the 26th of May 2023, and hopefully you have that before you. And just to establish, if we could, that is a statement of 34 pages, with 30 exhibits?

A. Yes. 12:31

2 Q. And turning to the last of those pages then, 34, you can confirm then that's your signature?

A. Yes.

3 Q. And again, the same formality with regard to the third statement, which is dated the 16th of June 2023 and is 12:31 26 pages in length, with 23 exhibits, and on page 26 again your signature?

A. Signature, that's correct.

4 Q. And the Inquiry can take it then, Mr. Dawson, that you want to adopt those statements as further evidence to 12:31 the Inquiry?

A. Thank you.

5 Q. Right, so some questions arising from each in turn, Mr. Dawson, if you wouldn't mind. If I can ask you just to turn up the second page of the second 12:32 statement. So it's just 120 and it's -- It's just the Inquiry reference number 120-2, thank you. In this section of your statement you have set out some headings in around the particular powers that the Public Health Agency has, functions: 12:32

"Improvement in health and social well-being, health protection and service development."

A. Yes.

6 Q. And thinking about those things then, if we look forward to what you start with at -- If I can just take you, please, to paragraph 2710, which you should hopefully find on page 16. I beg your pardon, sorry, it's 276. Yeah, it starts on page 15. And here, you tell us about physical activity programmes. And the bottom paragraph then, you can see that workforce training around physical activity programmes has included training: 12:33

"...physical activity type training around the implementation of exercise training, chair-based activity training, walk leader training, CHI-ME training to Health and Social Care staff for use within learning disability settings." 12:33

Does the Public Health Agency monitor those sorts of programmes in an inpatient disability setting such as Muckamore?

A. No, it does not, and I should be very clear: I'm not aware, because I checked with my team, that that programme is actually in Muckamore Abbey Hospital itself. It is an example of the work that we do in the area of learning disability, but, for clarity I suppose, I would just like to say that that is something that we do do. It is monitored, as like all of our contracts, but it is not in place in Muckamore Abbey Hospital. 12:33 12:34

7 Q. All right. And then I have a number then just in

relation to the following headings. I suppose the same sort of question applies. There's mention of a Just Ask programme at 2.7.7, which is on the following page, 16. This is a programme around relationship and sexuality education for young people with a learning disability, and autistic people, their families and carers, and you describe a bit about what Just Ask involves. Again, do you know whether Just Ask is something that's rolled out in an inpatient setting in Muckamore in particular? 12:34

A. I'm not aware that it's in Muckamore. These are mainly community-based programmes. I know that they sort of work in small groups with maybe three to eight young people with learning disability and sort of wider sessions as well. They all are monitored for numbers of attendance and feedback. But I'm not sure. I can find out exactly if that one is in Muckamore Abbey Hospital, but my understanding is that these are mainly within the community setting. 12:35

8 Q. And again, then with -- There's a number of these headings all around the same theme, of course. "I can cook it", which is a skills building programme, the clue is in the title, is that something as a programme for adults with a mild to moderate learning disability, again, that would be provided in a community setting? 12:35

A. In the community setting, yes.

9 Q. It's a community setting?

A. It's a community setting programme. Most of the

programmes that we would have taken forward in terms of our work with the community and voluntary sector would be, these are all sort of connected to the community and voluntary sector, would be delivered in that setting. The inpatient setting such as Muckamore Abbey Hospital would more be through Health and Social Care Board and their contracting activity. 12:36

10 Q. Okay, so if --

CHAIRPERSON: So if we go back to the beginning of that, 2.7, "programmes and projects". In fact none of them are specific to Muckamore; they're all community-based projects? 12:36

A. They're all community based. The contracts which would (inaudible) the community and voluntary sector are community and voluntary sector based programmes rather than hospital based programmes. So the Hospital based programmes would be commissioned through Health and Social Care Board or SPPG. Our remit is sort of slightly different than SPPG. They would look at the acute sector in hospitals, and much of our contracting would be through the community and voluntary sector groups, which would focus perhaps on sort of people's learning disability and other disadvantages. 12:36

PROF. MURPHY: Given that people were living in the Hospital for a very long time, sometimes, you know, 20-odd years, did you have discussions with HSCB or SPPG about getting some of these programmes going there? Because, you know, being overweight, for example, was a big problem there. 12:37

A. Yeah. I suppose I've come in -- I'm in this post two years and it has predominantly been through Covid and this is under our old contracting and commissioning system. We're in the current process of changing the current contracting system and commissioning system. 12:37
So I haven't been involved in those discussions and those would mainly be through SPPG, about what's actually delivered within the Hospital setting.
DR. MAXWELL: But just to carry on that theme. There has been a clear policy ambition to resettle people out 12:38
of Muckamore and a lot of these skills, so I can cook it, for example, would be the sort of skills that people who are looking to be resettled would need.
A. Yes.
DR. MAXWELL: I appreciate you've only been in the post 12:38
for two years but, actually, PHA has been established for a lot longer.
A. 2009, yeah.
DR. MAXWELL: Who within PHA would be able to answer a question about discussions about these life skills 12:38
programmes?
A. It's probably helpful to explain, we've had a significant turnover on our director group and senior teams since then. A lot of what we put into this we have sort of gleaned from previous people that have 12:38
left the organisation over the last number of months. So I suppose previous Directors of Nursing would perhaps be best placed to talk to that.
DR. MAXWELL: So you haven't had the opportunity to

speak to the most recently retired Director of Nursing?
A. Yes, I have.
DR. MAXWELL: You have?
A. I've spoken to both of them, yes, but I wasn't --
DR. MAXWELL: And they didn't mention these programmes? 12:39
A. No. And I suppose these programmes mainly go through our health improvement groups, which sit under public health as opposed to Director of Nursing. So the Director of Nursing would probably have more in terms of input to commissioning through local commissioning 12:39
groups and through the programme of care commissioning groups for learning disabilities. So they would have that input there. But these programmes in themselves are more commissioned through our health improvement leads, which are community-focused groups. 12:39
DR. MAXWELL: So you're saying there's no connection between those different directorates?
A. In reading back, I would say probably not a lot. In my time in the organisation, my assessment is that some of that's been quite siloed, and we are looking to change 12:40
that as we move forward.
11 Q. MR. McEVOY: So just maybe following on from those particular questions. I mean, Professor Murphy's question was around obesity and that challenge with management and so on for patients. Dr. Maxwell's 12:40
around skills for people with learning disabilities and how those might be used in the community. Would the Inquiry be correct to understand from the evidence that you've given that the PHA's responsibility for

addressing those types of issues stops at the door of the Hospital and the responsibility is then assumed by the HSCB or the Trust?

A. I've probably perhaps not been as clear as you would like. 12:41

12 Q. No, no, please.

A. The Public Health Agency grouping has mainly in the past focused, and still focuses mainly, in the community and voluntary sector and working on the ground with local groups and communities. The Hospital 12:41 services are -- sit under the SPPG for commissioning arrangements. We would of course input professional advice into those and have discussions, but the main responsibility for those contracts and delivery of those would sit within SPPG or formerly the Health and 12:41 Social Care Board. From what my understanding, the two organisations, which is now different, worked very closely together. There was dual lines of accountability, both through to PHA Board and through to the Health and Social Care Board. Our Director of 12:42 Nursing and our Director of Public Health would have sat on both boards and gave advice to both boards, and in that setting of SPPG Health and Social Care they would have given their advice around the Hospital setting but not necessarily through to Public Health 12:42 Agency Board.

DR. MAXWELL: We had a long discussion last time you came about this and about the framework that said that contracts had to be approved by PHA, not just advice

given, and you agreed that that was what the framework said.

A. Yes.

DR. MAXWELL: So it's slightly surprising to hear you say that even though you had your medical director and your nurse director sitting on HSCB, having to not only advise but approve contracts, that large areas of health and well-being, of which the PHA is responsible, were not included in the contracts that the HSCB had for inpatient care at Muckamore. 12:42 12:43

A. I'm sorry, I don't, I don't quite understand the question. I'm sorry.

DR. MAXWELL: So you agreed last time you came that the framework requires the PHA to not just advise --

A. It does. 12:43

DR. MAXWELL: -- but to approve the contracts and the fact they couldn't progress, it had to be referred back if there wasn't agreement. So given that the PHA's responsibility is for public health and well-being, are you saying that the medical director and the nurse director did not, did not or did approve contracts that did not address health and well-being and social skills in hospital? 12:43

A. My understanding of how it worked, Dr. Maxwell, is that there was a dual -- The two organisations were very closely joined. They did give those approval. But when we go back to the framework document, it does say that the Public Health Agency is there to influence the commissioning process and approve those. But my 12:44

understanding of how this system worked, and it wasn't a system that I worked in at that stage, had dual lines of accountability through to the two separate boards. And in that instance, with the Hospital frameworks, that accountability system seems to have gone through 12:44
to the board, of the Health and Social Care Board, whereas the PHA seemed to have a very much different focus on the community aspects of things and accountability through that way. That is not to say that -- In speaking to ex directors, they would have 12:44
raised issues perhaps on a one-to-one basis with the PHA chief executive then, and obviously there was the assurances that were given through to the PHA board and to our own contract monitoring systems as well, but that would not have included the contracts. We did not 12:45
report through to our board on the contracts, they were monitored for the provision of care in hospitals. Does that help clarify it?

DR. MAXWELL: Well, I'm just a bit perplexed, because the only clinical advice the HSCB got was from the 12:45
medical director and the nurse director of the PHA, and, as Professor Murphy has discussed, physical exercise and obesity are key elements of health and I would expect the clinical advisers, and we did discuss last time you came that you are accountable for the 12:45
actions of your executive directors -- Just a bit surprised if they were not ensuring that patients at Muckamore were getting interventions that would help with their health and well-being, and I'm not sure from

your answer whether they were or they weren't and whether they were, therefore, approving contracts that had no content about physical health and well-being?

A. I'm sorry, I don't have that detail in front of me of the contracts that they would have improved -- approved at that time. And therefore, I wasn't sort of anticipating that. I'm quite happy to go back and look at those contracts and respond back if that's helpful.

CHAIRPERSON: Thank you.

13 Q. MR. McEVOY: So, Mr. Dawson, if we can move on then to page 8 of the second statement, which is 128 and paragraph 2.1.4. We're actually moving back. 12:46

A. Sorry, can I ask --

14 Q. 2.1.4.

A. Page 8? 12:46

15 Q. Yeah. It's hopefully on the screen in front of you anyways. This paragraph talks about --

CHAIRPERSON: Can we just stop for a second. Is there a problem with the screen?

16 Q. MR. McEVOY: Mr. Dawson, I was asking you about 2.1.4. I was about to ask and I'm going to ask you about the HSCQI Hub. Can you tell us first of all what that acronym stands for, please? 12:47

A. Health and Social Care Quality Improvement.

17 Q. Okay. So this is a directorate or Hub is a directorate hosted within the PHA? 12:48

A. Yes.

18 Q. And established by the Department in April 2019?

A. That's correct.

19 Q. So what is the essential point of that Hub?
A. The Hub, from what I understand, was a direct result of the Donaldson Report where it said that individuals working in direct patient care areas should have access to training and quality improvement and be able to have the skills, because they're the people that see problems on the ground, and should have the skills and support to be able to address those problems in a timely way. 12:48
20 Q. So nurses, doctors, allied health professionals? 12:48
A. That's correct.
21 Q. And healthcare assistants even?
A. Yes.
22 Q. What do you anticipate that that Hub would deliver on the ground for a learning disability patient in Muckamore? 12:49
A. It should -- Well, on the ground in Muckamore Abbey Hospital, each hospital or each Trust has its own QI lead. The HSCQI Hub is a conglomerate that works across to ensure those skills are there. So it would be up to each hospital or each Trust in itself to instill those skills within their own organisation, but all staff should have a level of training that allows them to identify where the problems are, have those brought together and sort of tackled as a team approach. 12:49 12:49
23 Q. All right. So that is, and this is no criticism, but that is quite theoretical, so can you give us a sort of nuts and bolts example of how that might work in

respect of a patient with learning disabilities in Muckamore. Say there is, to take an example, an issue around perhaps a patient who has a nutritional need, be that a deficit or has a difficulty eating perhaps too much, how would that Hub then help workers on the ground dealing with that, with that patient?

A. So the purpose of the Hub is to ensure and to help Trusts ensure that there's training appropriate to the needs of their organisation and to bring those sort of QI groups together across Northern Ireland, to share best practice and share sort of initiatives which have brought benefit within their organisations. So that's what the Hub does. I suppose in a hospital level, each individual should have a degree of training, whether that be at level 1, 2 or 3. So if there's a patient with eating difficulty, although that should be dealt with through their own sort of professional, if it was a wider group issue and there's been issues with feeding across the way, it would be about identifying that and then ensuring that there is a group brought together that could best tackle that. They've got the skill-sets in sort of putting things in place, that Plan, Do, Study, Act, and then sort of implement changes, study those changes, look at how that improves or doesn't improve and go back to the drawing board until they can see an improvement.

24 Q. So if there was a pattern of patients with nutritional difficulties, you would expect this Hub to be able to pick up on that and address it in the way you've

described?

A. Yeah. I think within statement 3 of mine, under dysphasia, there's a significant piece particularly about swallowing and choking and how that's been dealt with in a --

25 Q. In fairness, you do talk about the choking difficulties in quite some detail. But on that nutritional example, you would expect the Hub to work in the way that you've just described?

A. Yes. 12:52

DR. MAXWELL: Can I just ask. So the Hub, the way you've described it, provides training in PDSA cycles and other aspects of the IHI quality improvement system?

A. Yes. 12:52

DR. MAXWELL: Does it also facilitate region-wide quality improvement projects?

A. Yes, it does.

DR. MAXWELL: So it's more than training, it actually leads and facilitates specific -- 12:52

A. It leads and facilitates -- It is a place for all the QI leads across Northern Ireland in the various Trusts and organisations to come together, share good practice, share where they have made advances in their own practice at their Trust and to give you that 12:52 regional spread, where necessary.

DR. MAXWELL: And it's a directorate within PHA, so you have employees within this directorate as well as the leads from the other Trusts?

A. Yes.

DR. MAXWELL: And who is the executive director responsible?

A. Dr. Aideen Keaney is currently the director responsible for the QI. 12:53

DR. MAXWELL: Is that medical director or --

A. No, she -- Well, she is a clinical director. She is an anaesthetist by background and she is on secondment from Belfast Trust to lead the HSCQI Hub at this point in time. And I think when we talked about it the last 12:53 time, I described the alliance, which is sort all the organisations across Northern Ireland which come together. They set the work programme for that. Aideen reports through to that in terms of the work, and at the minute they're doing timely access as a 12:53 group across Northern Ireland, and they have a number of events through the year where they would bring together the teams working at hospital level on those issues and they would have guest speakers, they would talk about sharing. And then the idea is that they 12:54 would take the most effective projects which are run at hospital level or community level, and there's an undertaking from the other Trust directors that that work would then be spread and adopted in other parts of Northern Ireland. 12:54

DR. MAXWELL: So she's seconded?

A. Yes.

DR. MAXWELL: So she's not an executive director of PHA?

A. No, she is a director and she sits on the Trust board but she's not an executive director.

DR. MAXWELL: So is there an executive director responsible for this?

A. No. 12:54

DR. MAXWELL: No executive director at PHA is responsible for this directorate?

A. Well, she is the director, she does report to me, but she --

DR. MAXWELL: But she's not an executive director? 12:54

A. Yeah, and I'm just --

DR. MAXWELL: So it would be you, because she reports to you?

A. She reports to me, yes.

DR. MAXWELL: So you're the executive director 12:54 responsible.

A. So I was going to say, yes, she reports to me, I'm responsible for it. It's just that issue, because we have discussed that around our -- We have two executive directors. One is the executive Director of Nursing 12:55 and the Director of Public Health. They are the two executive directors within the agency.

DR. MAXWELL: Thank you.

26 Q. MR. McEVOY: Okay, Mr. Dawson. I think you mentioned then in the course of your answer to Dr. Maxwell the 12:55 leadership alliance, and indeed you detail that at 2.1.7, just on down the page. Those bullet points describe the membership of the leadership alliance?

A. Yes.

27 Q. So without reading them all out, we can see that it's -- Well, I suppose on any reading, it's a fairly heavy hitting grouping of people. Is there a lead within that alliance on learning disability?

A. Well, they're brought from the Chief Executives and, no, there are no leads on specific service areas. They are there to represent their organisation and all aspects of their organisation. 12:55

28 Q. So it would be a cross-cutting?

A. It would be a cross-cutting group, yes. 12:56

29 Q. It would cross-cutting in that sense.

A. And the current Chair is the Chief Executive of the Belfast Trust, Dr. Cathy Jack.

30 Q. When you say the current Chair, does it rotate?

A. Yes, it does rotate. 12:56

31 Q. How often?

A. In my time, she has been the only Chair. I think it's every two to three years.

32 Q. I think we can see it was only set up in 2019 anyway, April 2019. 12:56

A. Yeah, so she's the second Chair.

33 Q. Do you know how often learning disability services have been an item on the meeting agendas for the leadership alliance?

A. I wouldn't have that detail. I don't think they specifically discuss learning, sorry, service areas per se. It's more about the strategic direction, the overarching areas which they are going to focus on. And as I say, at this point in time it's timely access. 12:56

And then given the current, that has been the focus for the last year. And then going into next year, their focus switches to efficiency and cost savings.

34 Q. So we won't see from an examination of those minutes a strategic discussion around learning disability? 12:57

A. I don't think so.

35 Q. And then there's mention as well just above -- I won't take you back to the paragraph, but the term is the "Legacy Safety Forum", 2.1.4, which was in existence prior, I think, to the Hub, from 27 to 2019? 12:57

A. Yes.

36 Q. Before your time at PHA?

A. Yeah.

37 Q. But do you know or are you able to tell us how often learning disability services and the strategic 12:57 direction with regard to the provision of learning disability services might have been examined during the lifetime of that forum?

A. I'm sorry, I wouldn't have that level of detail with me today. Again, I'd be -- I wish to be helpful to the 12:58 Inquiry and I am quite content to ask for that to be looked for, if that's helpful.

38 Q. Thank you. It's quite a specific question and it is before your time, but... If we can move on then to page 12, so on 2012. It will come up on the screen for you. 12:58 2.3.1 in particular then. So I'd like your thoughts on some issues around the Learning Disability Healthcare and Improvement Group please, Mr. Dawson, if you can help us.

A. Yes.
39 Q. When was that group -- There's a steering group described at 2.3.1. When was that group created?
A. I think that group ran around about 2014 to 2020. Can I just check my note because I might have that? 12:58
40 Q. Mr. Dawson, you have some notes to aid you in your --
A. Yeah.
41 Q. And are they notes you're prepared to then share with the Inquiry?
A. I would be more than happy. It was just when I -- 12:59
Obviously when I pulled together the statement, there's a lot of contributing pieces into this and then it went in. Subsequently, as I was going through it, there's questions which have arisen in my mind I thought that might be helpful, and I've asked people just short 12:59
questions. I'm more than happy to share those notes.
42 Q. That's helpful.
A. Is that okay?
43 Q. That's fine.
CHAIRPERSON: Please do refer to it and then we can 12:59
look at them if we need to afterwards.
44 Q. MR. McEVOY: So this is statement 2. So this is 2.3.1 and I was asking you just about the inception of the LDHCI.
A. Okay, yeah. So the LDHCI steering group superseded the 12:59
previous group named Direct Enhanced Services and Healthcare and Regional Group for people with learning disabilities.
45 Q. Yes.

A. It did run 2014 to 2020 and was chaired by the Assistant Director of Nursing for Mental Health and Learning Disability.

46 Q. Thank you. Can you recall or are you able to help us with what its work programme was? 13:00

A. I wouldn't have the level of work programme. Just looking back at some of the Bamford review stuff, at that period of time they would've worked with the -- sort of on the Bamford Action Plan, would have fed into LCGs, would have fed into the commissioning group for 13:00 learning disability and mental health. So there would have been the assessment of the contracts that were in that area.

DR. MAXWELL: Can I clarify which group. Because if I read this correctly, there was a group called the 13:00 Directed Enhanced Services and Health Facilitation Regional Group for people with learning disabilities from 2014 to 2020, and that was superseded by the Regional Learning Disability Healthcare and Improvement Steering Group in 2020. 13:01

A. Yes.

DR. MAXWELL: So is group still in existence?

A. No.

DR. MAXWELL: The Regional Learning Disability Healthcare and Improvement Steering Group? 13:01

A. I think it has now been stood down.

DR. MAXWELL: But it was created in 2020?

A. Yeah.

DR. MAXWELL: To replace the Directed Enhanced Services

et cetera Group? And are you saying that it was the Directed Enhanced Services and Health Facilitation Regional Group for people with learning disabilities that looked at the Bamford Report?

A. Sorry, sorry, can I go back? 13:01

DR. MAXWELL: Yeah.

A. Sorry, I think I've confused my groups. The Direct Enhanced Service, the DES, commenced in 2008 through funding from the Department of Health. It worked in coterminous to the five Trusts and each was -- had a 13:02 nurse aligned to GP practices in their locality areas. And that group, I understand, continues to operate. Does that help?

DR. MAXWELL: Sorry, did you say a group was formed in 2008 that continues to -- 13:02

A. To operate today, I understand.

DR. MAXWELL: And what's the name of that group?

A. That's the Direct Enhanced Service Group.

DR. MAXWELL: Oh, so that is still in existence?

A. Yes. 13:02

DR. MAXWELL: It hasn't been superseded by the steering group?

A. No, well, according to the note that I asked for.

47 Q. MR. McEVOY: That seems to, that seems to contradict what is said at 2.3.2 -- 13:02

DR. MAXWELL: The statement, yeah.

48 Q. MR. McEVOY: -- in your statement.

A. Okay.

49 Q. So it may be something that you might want to --

A. To clarify.

50 Q. To clarify.

A. I will endeavour to do that. I'm sorry, I have missed --

CHAIRPERSON: It depends how you read 2.3.3, doesn't it. It could mean that it was only in place to deal with those specific -- 13:02

A. A specific area.

CHAIRPERSON: Until that point.

51 Q. MR. McEVOY: Yes. And either way, the Panel might benefit from clarification, even in correspondence, Mr. Dawson. 13:03

A. Yes, I'm happy to do that. Sorry, I mean, this obviously predates me.

52 Q. That's okay. With regard to, we'll call it the DES, because that's the abbreviation that's used or the acronym that's used in your statement, did that, did that group monitor quality at Muckamore? Had it any role around quality monitoring? 13:03

A. From what I can read from the notes, it was a community based group, so I doubt that it would, but I'm happy to clarify that. Because I think it specifically looked at GP practices, which would not be obviously -- 13:03

53 Q. Not looking at inpatient settings?

A. It's not looking at inpatient settings. 13:03

54 Q. Did the Public Health Agency have a specific learning disability champion, given all of these public health commitments that it had?

A. It does. I mean, and I think we spoke the last time,

we have an assistant director for learning disability and mental health. We've a team of three that work specifically in that area, and I think that team is -- So the investment in that team is around £280,000 per year. So, yes, to answer your question, there is a specific learning disability champion.

55 Q. Okay. Can we move on then a little bit further forward in your statement to page 25, please. This is around the topic and the issue of SAI reviews, serious adverse incident reviews, and there are various levels. Without going through the fine detail of this particular section of your statement, Mr. Dawson, do you know, through the Public Health Agency's side of this process or the SAI oversight process, do you know how many SAIs that you would see, the agency would see, which involve Muckamore patients? And would there be -- I suppose the sub-question then, if you like, is would there be data for each year?

A. I don't know the exact number. There would be data for each year and what we deal with, yes.

56 Q. And that data, that dataset let's say, would show SAIs for Muckamore?

A. It would show, yes.

57 Q. And that is something then that presumably could be provided to the Inquiry?

A. We could provide that.

58 Q. If it hasn't already been of course.

A. If it hasn't already been provided, yes, it could.

59 Q. Okay. If we could look then, please, just over the

page at page 26, moving on to the issue of safety and quality alerts team, the wonderful acronym of SQAT. The purpose of this process and this team's process is then to ensure the dissemination, implementation and assurance of safety and quality alerts, 13:06
a multidisciplinary group meeting fortnightly. Is it still, is it still in existence? Does it still --

A. Yes, they still meet on a sort of fortnightly basis, and I think it sort of details how often each teams 13:06 meet as well.

60 Q. Okay. And who -- Is its data collected centrally or held anyway?

A. Yes, so every, everything to do and associated with an SAI, et cetera, would go in to the Datix system. The 13:07 Datix system itself is administrative, administrated and overseen by SPPG or Health and Social Care Board as it was. We would have access into that system as well.

61 Q. Right, and will it show access, will it show that you've accessed and had a look, so to speak, at the 13:07 material?

A. Sorry, I didn't hear?

62 Q. Would it show, would those entries show that the Public Health Agency has, and the SQAT team in particular, has actually looked at those particular entries? 13:07

A. Yes, and there's reports kept on those, of each interaction with those, details and updates et cetera.

63 Q. Yes, okay. And from -- Overleaf then on page 27 you have detailed, in fairness to you, a sort of a process

of daily reporting, weekly incident reviews. There's an incident review group, there are weekly safety briefs, there's a monthly then safety and quality assurance group. Is the Inquiry right to understand that those are all developments which have materialised in the post pandemic period?

A. Yes, they have.

64 Q. When approximately, or --

A. From around about 2020 onwards, procedures changed because a lot of those sort of public health doctors which may have been involved in the review of SAIs were directed into dealing with the pandemic. Therefore, new systems came into operation, mainly led through our nursing and AHP group. And also with the separation of SPPG and the Board, new governance and accountability frameworks are being developed and we have a joint assurance meeting each week, sorry, each month as well, chaired by the two chief executives.

65 Q. Do those various processes and those reporting and reviewing processes, and the groups then that look at them, look back historically? Would they look back for example to 2017 and would they look, for example, at the SAIs and issues which arose at Muckamore, or are they looking forward?

A. Well, they're more based in the present.

66 Q. Yeah.

A. They have obviously done work on 2017 and there's -- The reports that you look at through Datix will demonstrate what actions were taken at the time,

et cetera, in relation to the 2017 SAIs, et cetera. But they will also keep an eye backwards to look at trends and analysis. So there are repeat issues which keep coming through maybe on a year by year basis or month by month basis, and that's where they would focus and try to bring change around.

DR. MAXWELL: Are there written reports of the trend analysis?

A. Yes.

DR. MAXWELL: So if the Inquiry wanted to see them, they could be made available?

A. I think so. In terms of written reports, I mean, the reports I've looked at in terms of Datix would say they've gone in and they've looked at the trends that are there. That would then generate a piece of work. And where a DRO thinks there's a trend, they would write to say, 'Here's the....' So in terms of report, I'm not sure exactly what -- You know, if you're asking me is there a standardised report, I wouldn't say that that's the case. But what I would say is where DROs et cetera identify trends or think there's an issue, they will write, yes.

DR. MAXWELL: But these groups that are assessing things, presumably they have agendas, they have papers presented to them?

A. Yes, they would have agendas.

DR. MAXWELL: Would they have a paper presented saying we've identified a trend in Muckamore Abbey of X?

A. Yes.

DR. MAXWELL: So there would be papers presented --

A. There will be papers.

DR. MAXWELL: Agenda papers?

A. Yes.

DR. MAXWELL: There would be agenda papers that identify that a trend had been identified? 13:11

A. Yeah, that's my understanding.

67 Q. MR. McEVOY: Now, Mr. Dawson, turning then to page 29, and it's paragraph 4.10. You tell us here that:

13:11

"The learning from Muckamore-related SAIs has focused a number of pieces of work taken forward within LD services regionally, including for example a mental health and learning disability leadership and governance review." 13:12

I won't take these perhaps sequentially.

So what has the PHA's role been within that review?

A. Again, this is where the PHA would have a role in working regionally to provide professional advice into those groups, in pulling together reviews. If I can be very open about this. Whilst I am aware that these documents exist, when I asked to see copies of them, they could only -- Because there's been such a change in the personnel, they could only find that they've been referred to. So they couldn't exactly pinpoint me copies of these, but what I'm advised is that -- 13:12 13:12

68 Q. When you say "they" you're talking about your staff?

A. My staff, yeah.

69 Q. Yeah.
A. So I'm advised that some of these exist. We are continuing to look for them and if I can find copies, I will provide them to the group. But given the significant change in personnel over time, the staff that are currently there couldn't actually lay their hands on some of these. 13:13
70 Q. From what you're saying, is that review something that has been and gone?
A. Yes. 13:13
71 Q. And do you know when approximately it concluded?
A. No. I did ask that question, Mark, but no-one was able to tell me that.
72 Q. Okay.
13:13
"Creating care culture commissioned from the foundation of nursing studies."

What was PHA's input into that, please?
A. Again, that would have been our mental health and learning disability lead nurses, and the Director of Nursing would have inputted directly into those, drafting of those reports. 13:13
73 Q. Okay. And if the Inquiry is to examine those then, they'll see specific learning and input arising from what happened at Muckamore and the subsequent SAIs? 13:14
A. Yeah. I would expect so but, as I say, as I haven't read them, I wouldn't wish --
DR. MAXWELL: I think you'll find creating care culture

is an education programme run by the London-based foundation of nursing studies. It's not an investigation, it's a training programme.

74 Q. MR. McEVOY: All right, okay. The commissioning of behavioural support insights programme then, is that something into which the PHA has had input? 13:14

A. I think you're probably better to comment than I am, but I think we have, yes.

75 Q. Okay. "Commissioning of safety first", which you've described as an "undated MAPA programme". That's something to which the -- into which the Public Health Agency has had input? 13:14

A. The Public Health Agency has had an input into the development of training programmes around MAPA, yes.

76 Q. Okay. A number of Trust officials have made reference, or described in their evidence to the Inquiry, to MAPA's replacement with another forum or another sort of set of techniques for dealing with aggressive behaviour. Are you aware of it and are you aware of -- If so, are you aware of the extent to which the PHA has been involved? 13:15 13:15

A. I'm not aware of those changes, sorry.

77 Q. Can I take you then just to the bottom of page 30 under the heading of "Quality", paragraph 4.13 there. So:

"PHA has a role in monitoring key performance indicators of quality of nursing care as set out by chief nursing officer." 13:15

A. Yes.

78 Q. "These are reduction of harm from falls, prevention of pressure ulcers, compliance with accurately completed national early warning scores (NEWS) charts, mixed gender accommodation." 13:16

Those are, at first blush, Mr. Dawson, not KPIs which are necessarily going to pick up on the quality of delivery of services for people with learning disabilities? 13:16

A. That's correct.

79 Q. Has the Public Health Agency a view about that?

A. At the minute, those are key performance indicators which have been requested from the CNO for us to report on. 13:16

80 Q. Yeah.

A. And we do that on a sort of structured basis back to the CNO. You're asking me should we have, if I understand it, different KPIs for learning disability hospitals that we would monitor on. We don't have 13:17 those, no.

81 Q. You don't have those, but of course unless I misunderstand you, and you'll correct me if I have, you have a role in providing advice to, among others, the chief nursing officer? 13:17

A. Yes.

82 Q. Has the PHA thought about giving advice to the chief nursing officer, given what it now knows about what has happened in an inpatient setting like Muckamore, about

how KPIs may be revised or expanded or developed in such a way as to include the needs of patients with learning disabilities?

A. Not, not during my time within the agency, no, we haven't had those discussions. But we are in the process of changing the commissioning arrangements, and perhaps that is something that we could look at going forward, Mark, and I'd be happy to take that forward. 13:17

83 Q. Okay. Then, Mr. Dawson, if I can take you on to the third statement, which begins -- which is at 127-1. So hopefully that's going to come up on the screen. This is a statement, as we touched on earlier, which you provided just within the past number of weeks. Can you tell us a little bit about how you came about the preparation of that statement. 13:18

A. When we were preparing for this and I was sitting with my wider team, it became evident there were issues that we hadn't included within previous statements and I asked could we have permission to submit a further statement -- 13:18

84 Q. Yes.

A. -- in the structure in a way that included this information, in trying to provide best evidence and be helpful to the Inquiry.

85 Q. Okay. And can the Inquiry then take it that you have had the benefit of the knowledge of others in preparing that statement? 13:19

A. Yeah. Yes, a significant -- Because obviously a lot of this goes back a period of time --

86 Q. Yes, of course, I understand.
A. -- previous to me, and therefore it would be impossible for me to prepare for this without reference back to both those professionals and other staff that work in the organisation. And I've also been helped by staff that have retired and have given of their own time to come back and help as well and fill in information gaps.
87 Q. Okay. Well, can I ask you then to turn up paragraph, it's 3.17, it's on page 9 of this third statement. This concerns the overarching subject of the nursing care delivery model and, in particular, phase 9. And you have discussed this then at paragraph 3.17 and following. Now, it's the Inquiry's understanding, based on the evidence before it so far, that phase 9A and 9B of this delivery model were to focus on learning disability nursing? 13:19 13:19 13:20
A. Yes.
88 Q. Looking down then at 3.19, there's discussion within phase, the phase 9 work, there is discussion of an expert reference group led by PHA nurse consultants? 13:20
A. Yes.
89 Q. This was established in November 2019:

"Membership comprised of representatives from the three Trusts that had inpatient units, including Muckamore, along with a learning disability nursing expert from the Department of Health. The ERG met in November 2019, November 2020 and February 2021. The pandemic 13:20

impacted on the ability to progress this phase to completion. Communication and various drafts and versions of the phase 9A paper were shared with all members of the ERG via e-mail, version 1 on 20th May 2019 until final draft version 16 was shared on 21st June 2022." 13:21

And then we learn that the draft version, at the top of page 10:

13:21

"Draft version 16 was reviewed in June 2022."

There's a point why I'm reading this out, Mr. Dawson, I'm going to come to it.

13:21

"Work was developed based on current models of inpatient services. However, an acknowledgement that models of care were changing, it was agreed that phase 9 needed to take account of the wider learning disability nursing workforce and service reform." 13:22

Then move down to 3.22:

"Version 16 remains in draft form as of July 2022."

13:22

And you've kindly exhibited it, but to the -- I suppose to the bystander, a member of the public, and this is a Public Inquiry, looking in and hearing that might wonder, even allowing for the pandemic, why it

was that it took three years just to get a paper together?

A. I think part of that is due to the pandemic. There's also changes in the CNO's office and CNO. A new CNO has come into office during that period of time. 13:22 We have had a change in Director of Nursing also, and it has obviously taken quite a bit of while. And I think from my misunderstanding, it's difficult to actually establish best practice in evidence of the provision of inpatient services for nursing as well. 13:23

90 Q. Yeah, I mean, notwithstanding sort of changes in personnel, mightn't a member of the public wonder why there wasn't an internal impetus, given the fact of this Inquiry and what it's looking at, to get on with the phase 9 work and get a draft to completion? 13:23

A. I think that's a very reasonable question to ask. What I would say in response to that is that the work of the agency, and quite a few people were redeployed, as I said in our last statement, to work on the pandemic during that time and, therefore, convening meetings and 13:23 progressing work was quite difficult over that period of time as well.

91 Q. And people might have been redeployed to work in the pandemic, but the fact remains that patients with learning disabilities continue to live their lives. 13:24

[fire alarm goes off]

CHAIRPERSON: If that's not a test I think we have to

evacuate. Can you just check. We may be all right, just hold on for a second. [Short pause]

92 Q. MR. McEVOY: So, yes, Mr. Dawson, what I was asking you was: Notwithstanding obviously the challenges posed in every sector of society and every sector in particular of the Health Service, there were patients who continued to live their lives in Muckamore and continued to wonder about, and their families more particularly continued to wonder about the question of resettlement provision, again, isn't it a fair question to wonder why on earth a paper which was begun in 2019 is still in draft form and is still incomplete? 13:25 13:25

A. I think that's a fair -- I think, as the statement goes on to say, that the new CNO has shared her vision for nursing. She has paused things, she's asked NIPEC to take forward a review and an understanding on the needs of people's learning disability, and I think there has been difficulty in establishing and getting information on best practice and the provision of nursing models within that area, and I think some of that has contributed to the delay in this area and bringing that work forward. 13:26 13:26

93 Q. Well, that might be a reason for the delay, but there's still, surely, a question, and we can see at the very end of 3.23 the piece of work to which you've just referred is being undertaken by the Department and you've made reference to, reference to the referral of the work to NIPEC at 3.22. But be that as it may, would you expect, as the Public Health Agency, some 13:26

kind of time period for completion of this work, given the delay heretofore, to be imposed?

A. Yes, and I did ask that as part of my preparation and I'm advised there is not a timeframe identified yet for that. I would hope that it would be -- It's a piece of work and when I spoke to the previous Director of Nursing, what she explained to me is that those sort of nursing framework documents are taken forward as a collaborative group, involving all of the Directors of Nursing. We obviously take that forward in terms of the administration and have a key role to play in that, and those groups are chaired by the CNO and I would hope that that progresses quickly. 13:27 13:27

DR. MAXWELL: Can I just ask, given, you know, we have been aware of concerns at Muckamore since 2017 and we are aware that nurse staffing is very difficult there, I think we're seeing something like 80% agency, whether the PHA --

A. Sorry, apologies, I've just split water.

[Short pause] 13:27 13:28

CHAIRPERSON: It's one of those days, Mr. Dawson.

A. Apologies.

DR. MAXWELL: So I'm just wondering whether the PHA ever considered issuing some interim guidance? So my understanding from what you've said is that the CNO paused it because she's looking to the future -- 13:29

A. Yes.

DR. MAXWELL: -- when service models for learning disability might be different. So the work that was

happening was supposed to be about the future workforce. The challenge at the moment is there isn't, as far as I can see it, any guidance on inpatient learning disability nursing despite the fact that there are real difficulties at Muckamore at the moment.

A. Yes.

DR. MAXWELL: So my question is, has there been any consideration, some interim guidance?

A. From speaking to those who have been leading on this piece of work, no, in my understanding there hasn't been any consideration in the adoption of interim guidance.

PROF. MURPHY: Can I ask, because I'm not very clear what you're saying, are you really saying that it's because there's no clear view about the certainty of the future for Muckamore Abbey Hospital, that that's really what's behind the delay in this document?

A. I think the delay in this document has been the focus on probably other areas, from sort of the Directors of Nursing across Northern Ireland. This obviously came in as phase 9. It has taken quite a bit of while to establish this. I think there's been a struggle to identify appropriate and best practice and I think there's been more of a focus that the reality is that these people that are in Muckamore Abbey, the greater focus should be on their resettlement into the community and not for the provision of nursing there. But the operational sort of day-to-day nursing provision and models of care would perhaps more sit

with the Trust as well.

DR. MAXWELL: But module 9A is specifically about inpatient learning disability. So, you know, we've already heard evidence that some of the earlier parts of the normative staffing arrangements for surgery in medicine were done I think as far back as 2016, or maybe before. Phase 9 is the end of this programme, so they're not working on other areas of nursing. And 9A, which according to your statement was started in 2019, was specifically about inpatient learning disability, so I'm not quite sure what would have distracted Directors of Nursing from doing that? 13:31 13:31

A. The only thing I can think of was 2019, you're then into the pandemic in 2020 and I think the focus was more on other areas of nursing and dealing with the pandemic operationally rather than this piece of work. 13:31

DR. MAXWELL: Can I ask, you've mentioned a couple of times about staff being redeployed during the pandemic and that did happen everywhere.

A. Yes. 13:32

DR. MAXWELL: But when did staff stop being redeployed? I'm thinking maybe 2021, two years ago?

A. Well actually, probably last year was probably our sort of -- Coming out of sort of autumn was our coming out of business continuity and probably the year before that. I'm not very good at the exact timeline, but we would've had staff redeployed for quite a bit of that period of time and I'm not sure exactly -- I don't want to mislead in terms of nursing as well, but they're 13:32

dependent on working with the staff within the Trust and their availability too. So it's not just our own staff which would be working in this area. So it's that sort of collective model and leadership. So it's not something they could take forward on their own, but they would also be dependent on access to staff right across the province, and particularly those three areas where they would have inpatient facilities.

94 Q. MR. McEVOY: So just to conclude this particular topic then, Mr. Dawson. Beyond a hope then that this phase or the future of the phase 9 work progresses quickly, which you have expressed to the Inquiry, there is no internal, and I use the phrase "internal impetus", there is no impetus to get this to a conclusion, get this work to a conclusion and give some finality to patients and their families in relation to learning disability? 13:33 13:33

A. We would be keen to work with the other organisations and we await the report that comes out of NIPEC to help us formulate how we take this forward at this point in time. There would be no impediment. I have staff waiting and would be keen to complete this piece of work. 13:34

95 Q. And in your role as a Public Health Agency, are you able to very politely exert diplomatic pressure on NIPEC or whoever it might be to get on with it? 13:34

A. There are monthly meetings with the CNO group and her executive directors across Northern Ireland, inclusive of NIPEC, and, yes, we are able to influence that

group. We have recently appointed a new Director of Nursing, who took up post on 1st May, and she will be focused on that.

96 Q. So can I ask you then just to turn to up page 14, paragraph 6, in relation to the question of medication, medication audits. Paragraph 6.1 here tells us that: 13:35

"The PHA has contributed to a range of policy development in the context of the World Health Organisation "medication without harm" global safety challenge." 13:35

And you've been good enough to exhibit that.

"Medication safety is a population-level issue and whilst the PHA has not been involved in specific policies for people with a learning disability, we will expect all medicine safety policies to be relevant to all populations." 13:35

So the issue here might be, in the context of this Inquiry, Mr. Dawson, the administration of medicine to vulnerable people lacking capacity. It's perhaps hard to think about a section of the population more in need of the proper addressing of medication without harm. 13:36 And while you acknowledge that the PHA hasn't been involved in specific policies for people with learning disabilities, would you accept that an auditing process around this is something that might be specifically

addressed in the short term? It requires urgent examination?

A. Yes, I would accept that. We work closely with SPPG. They're the sort of lead area in pharmacy and medicine safety, and we contribute on professional advice into those groups as and when required. 13:36

97 Q. So I mean, obviously, public -- As you were good enough to explain to us on the last occasion, public health medicine is about looking at population-level topics and population-level health challenges. This is a health challenge for a population within that population. In your advisory role then, you could impress upon all of the relevant authorities in Northern Ireland the need to examine medication safety with regard to persons with learning disabilities, whether they're in an inpatient or community setting? 13:37 13:37

A. I think we could, yes.

98 Q. All right. Then lastly, Mr. Dawson, just turning to -- It's paragraph 14.4 on page 25. You've been kind enough to tell us in the statement about a new initiative called the regional patient/client experience programme, called "Care Opinion". That's its name, Care Opinion? 13:37

A. Yes.

99 Q. And you say: 13:38

"It is widely promoted for service users, families and carers to share their experience of any service within HSCNI."

When did it come into operation?

A. Can I just check. I'm not actually sure when that came into operation. I'll find that date.

100 Q. The Inquiry's Terms of Reference stretch to 2021. Do you think it was before or after that? 13:38

A. I think it's before that, but I will look at that. We -- In sort of reading back, back, I know sort of the PHA's role in responsibility for PPI originates in the Bamford Action Plan around learning disability and mental health and there's a specific action for the agency to take forward accountability and governance in that area on a regional basis and to help the Trusts and other organisations establish appropriate PPI initiatives. 13:39

101 Q. Okay. In the foregoing paragraph you tell us just on that point -- 14.3, just to let you look at it on screen.

"The core role of the PHA within the regional PCE programme is to coordinate and enable services within HSCNI to engage with patient experience through proactive collection and analysis of patient stories/narrative." 13:39

That is something written in the present tense. We think it goes back a while based on your previous answer? 13:40

A. Yes.

102 Q. Where is that collection and analysis, of storage and narrative held?

A. We run sort of the 10,000 Voices where people go online and give their opinion and their experience of the services which they have encountered across the Health and Social Care body in Northern Ireland. That is analysed by our PPI leads, and that culminates in a twice yearly report which goes through to the PHA board. They would then work with PCC and other organisations to identify trends that might come out of that and respond to it. I have to say that most of those, and I think that's over 75% of the experiences, are positive, with around 25% negative. 13:40 13:40

PROF. MURPHY: People with learning disabilities would have a great deal of difficulty doing something online. 13:41

A. Yes.

PROF. MURPHY: Wouldn't they?

A. Yes.

PROF. MURPHY: Especially if they were in hospital. So what's the special provision for them? 13:41

A. Well, I suppose the overall regional policy would point to patient and client counsel to provide advocacy for people into the complaints process and other processes to get over that difficulty.

DR. MAXWELL: But 10,000 More Voices isn't about complaints. 13:41

A. No, it's not, it's about experiences.

DR. MAXWELL: So, you know, Professor Murphy's question is, how do you facilitate people with learning

disabilities to share their experience, not just their complaints?

A. Well, we also would have reference groups with carers and users as well, which is other avenues in recognition that not just one avenue would fit all for inputting. 13:41

DR. MAXWELL: You talked about PPI leads. Do you have a PPI lead who has got specific responsibility for Muckamore Abbey?

A. No, we don't. It's a population-based approach and we don't have one for any of the service areas specifically. 13:42

DR. MAXWELL: So how do you divide the work of the PPI leads? What do you mean by population, do you mean geography? 13:42

A. Well, we would have a regional role and they would work with the PPI leads in each Trust to ensure that they have sort of appropriate ways of interacting with their population. So they would work with the Belfast Trust PPI leads as well, and Belfast Trust would obviously make provision for the input of people from Muckamore Abbey Hospital and their carers et cetera. 13:42

DR. MAXWELL: But picking up again on Professor Murphy's point. People with learning disabilities have specific needs in expressing their experience. Do you have anybody with specific expertise in how to help them do that? 13:42

A. Not that I'm aware of at this time, no. But that's not to say we don't. I just wouldn't have that detail in

front of me.

103 Q. MR. McEVOY: And again picking up on Professor Murphy's question. Does Care Opinion or 10,000 More Voices have any accommodation for the needs, specific needs of persons with learning disabilities to make their own voices heard? The nature of your answer a few moments ago was that you, in effect, rely on carers to articulate on their behalf. How do you get the first-hand accounts of patients themselves? How do you make accommodation for those with learning disabilities? 13:43 13:43

A. I think first-hand accounts for patients more would come through patient and client counsel or through the Trust themselves. Our role is more a regional role around ensuring that those mechanisms are in place at the Trust. So whilst we have some of those forums as well, it's a collective approach which relies on the whole of the system providing that. 13:44

104 Q. You mentioned the Patient and Client Council and I was going to ask you about it, and I suppose maybe you might want to tell us just in your own words, if you can, where this work sits with that of the -- and the statutory role of the Patient and Client Council. Maybe you can help us with that first. 13:44

A. We would work with Patient and Client Council. They do more direct advocacy work with individuals and we work more at a system level with the organisations looking at the processes that are in place. 13:44

105 Q. A number of witnesses who gave evidence during the

patient experience phase of the Inquiry's work have told us that they had never heard of the PCC until the Inquiry. And certainly from my examination of the evidence given, the patient/client experience programmes that you have referenced have not been specifically mentioned by any witness. What is being done to get the message out to extremely anxious and distressed families, very often extremely distressed and anxious families of patients with learning disabilities, that these forums and these methods of getting your story and your narrative across are out there? 13:45 13:45

A. We would work with the Trust to ensure that they are making information on those avenues available to their population and their clients and their patients and their carers. We would use our reference groups also, who are embedded into community groups across Northern Ireland, to spread that word as well. So there's obviously a failure in that if you're advising me that people are not aware of those systems, and I think that needs to be reviewed and looked at. 13:45 13:46

106 Q. Mr. Dawson, I don't have any other questions but the Panel may well. Thank you.

CHAIRPERSON: I'm going to suggest we have a short break, because there's a matter I just want to raise with the Panel. So we're just going to take ten minutes. I've got a short public statement that I'm going to make in any event after Mr. Dawson is finished, but if we could take a short break now. 13:46

Mr. Dawson, we won't keep you very much longer. So we'll just take a break now and then come back in ten minutes, and then hopefully that's the end of your evidence. Thank you.

13:46

THE INQUIRY ADJOURNED BRIEFLY AND RESUMED AS FOLLOWS:

MR. DAWSON WAS QUESTIONED BY THE PANEL MEMBERS AS FOLLOWS:

107 Q. CHAIRPERSON: Thank you. We don't want to keep you much longer, Mr. Dawson, but if you just turn to your third statement, and it's page 11. You've got a heading, paragraph 4, "Restraint and seclusion". I'll just wait for you to find that. 13:56

MR. McEVOY: It should be on the screen in front of you, Mr. Dawson, if you just look at the screen there.

108 Q. CHAIRPERSON: In paragraph 4.2 you say:

"In August 2005, the human rights working group on restraint and seclusion issued guidance on restraint and seclusion in health and personal social services." 13:56

And you say, rightly, that that predated the formation of the PHA. Then you say: 13:56

"In the period since 2005 guidance was issued, the issue of restrictive practices, including restraint and seclusion, has continued to be under discussion and a

mental health action plan was published on 19th May 2020 and the DoH committed to a review."

And then you say:

"On 23rd March 2023 the DoH published a regional policy to minimise the use of restrictive interventions, restraint and seclusion in health and social care settings." 13:57

And then you mention at paragraph 4.6 that the PHA contributed to the development of this policy as members of the project.

So I was just wondering, what happened after the 2017 revelations that we know about Muckamore in terms of the PHA's involvement with the DoH and this area? 13:57

A. Sorry, I didn't quite catch that?

109 Q. Well, there seems to be a gap until 2023 before the DoH publishes a regional policy minimising the use of restrictive interventions, yes? 13:58

A. Yes.

110 Q. And you say that the PHA were involved in that. You say they had a specific role in that, and no doubt you were advising? 13:58

A. Yes.

111 Q. Right. But did nothing happen after 2017, where there were these specific revelations about Muckamore? Did the PHA have any role with the DoH in advising them

then?

A. There has been a considerable change of sort of personnel from 2017 --

112 Q. Sorry, can you [speak into the mic].

A. Sorry, there has been changes in personnel from 2017 through 2023. My understanding is that we had continued to provide input as required around that, but I think there has been a focus on the development of that policy. But that policy has been led and developed within the Department of Health. 13:58 13:59

As described earlier, we have a champion in the area of mental health and learning disabilities, who's an assistant director, and input into that policy development would have come from that individual. Now, that individual has also changed, I think in 2019 up until the present time as well, so that would have been under the previous incumbent of that post, not the current one. And the Director of Nursing would have also inputted into that. But the detail of that input I wouldn't be aware of. 13:59 13:59

113 Q. No, but if there had been continuing discussions as you say, presumably there will be material to evidence that?

A. Yes, I would assume so, and it's probably within the Department of Health. Now -- 13:59

114 Q. Well, you will have records of it as well though, won't you?

A. We should do. I mean, my evidence in that, as we described earlier, I have been helped in developing

this evidence and our champion in mental health and learning disability helped me draft that paragraph. So she would be the expert of what's gone on in that period of time and would perhaps have further detail, and I could ask for that if that would be helpful to the Inquiry. 14:00

115 Q. I think we would like to know, certainly since 2017, what conversations of a formal or I suppose informal nature have been taking place with the DoH and what advice has been received from your organisation? 14:00

A. If helpful, I'm quite content to ask previous Director of Nursing and previous holders of the AD post in that area to provide evidence in that area. Would that be helpful to the Inquiry?

116 Q. Yeah. But I think it also means a search for the documentation to actually evidence that. 14:00

A. Yes.

CHAIRPERSON: Thank you.

117 Q. DR. MAXWELL: If I can add to that. So when the CCTV first came to light, it became quite clear that there was some high risk around the use of restraint and seclusion at Muckamore. And you've talked earlier about competing priorities, but I imagine that those revelations show this to be a very high risk area? 14:01

A. Yes. 14:01

118 Q. And whilst policies are useful, they do take a long time. What other action did your assistant director for learning disability and mental health take to mitigate the risks that were pretty clear at that

point? Because six years to mitigate a risk isn't really good when it's a very high risk.

A. Okay, I wouldn't have that level of detail in front of me going back to 2017 at this point in time, but I could find that out. 14:02

119 Q. But presumably there are records as well. We're not just dependent on the personal testimony of past post-holders.

A. Yes, and I think a lot of that would probably have been dealt with through the SAI process as well. 14:02

120 Q. Would it not have gone to the board?

A. I'm not aware that it would've, that it did go to the board.

121 Q. A high risk activity like that would not be discussed by the board of the PHA? 14:02

A. Well, obviously I wasn't there in 2017, but I'm not aware that it had. But I can check the records. I'm sure there is probably a degree of discussion.

122 Q. I would be interested to know, because I would be very concerned if the board had not at least discussed it. 14:02

A. Yes. I think it might also go back to where those issues may have been discussed. I've tried to explain the sort of dual reporting mechanisms that were through the agency and through Health and Social Care Board, so it may have gone to one or other. Because in 14:02 discussions with previous Directors of Nursing, certain issues would perhaps have gone up the line of PHA and other issues gone up the line of Health and Social Care Board. So that's not that they weren't taken on board

by both organises but due to the duality, I suppose, of those reporting mechanisms.

123 Q. But in matrix management, which is the fundamental element of collaborative leadership in the Northern Ireland collaborative leadership strategy, it allows for dual accountability. It's not linear. Just because it's going to one doesn't mean it can't go to the other. 14:03

A. It shouldn't go to another, yeah.

124 Q. And in fact it should go to both in collaborative leadership? 14:03

A. I perfectly accept that as well. I'm just being open to the fact that I'm not convinced that that would have happened at the time. But I could be corrected on that. 14:03

125 Q. It should be fairly straightforward to check the board minutes.

A. It should be, yeah. We'll do that for you.

CHAIRPERSON: All right, well, if we could ask you to do that. We will be following this up. I think you're represented. Are you represented today? 14:03

A. Yes.

CHAIRPERSON: You do. Well, I'm sure those representatives have heard what has been put to you and no doubt they will be busy following up on your behalf. 14:04 But in the meantime, can I thank you for your evidence today.

A. Thank you.

CHAIRPERSON: Okay, if you'd like to go with the

Secretary to the Inquiry.

A. Thank you.

THE WITNESS THEN WITHDREW

14:04

CHAIRPERSON: Could I ask the Secretary to the Inquiry, could you just fetch -- There's a black folder on my desk, if I could possibly have that.

We've now, with that evidence, completed the oral evidence in relation to Modules 1 to 5, dealing with law, policies, processes and procedures in Northern Ireland that govern the hospitalisation and treatment of those living with mental health issues and learning disabilities. 14:04 14:05

As indicated in my statement of 5th May, the Inquiry is giving further thought to the evidence that will be required to complete Module 6, primarily around the Ennis review and the leadership and governance review. The remaining oral evidence relating to Module 6 will be heard later in the year. And we have also yet to hear from a witness who will speak about the role of the Mental Health Commission. 14:05

14:05

The Inquiry is also receiving some follow-up statements in relation to the issues covered in the evidence modules. Those statements will be shared with Core Participants in due course but will not require further

oral evidence.

Everyone who is following the Inquiry's work will appreciate that the evidence modules have covered a very significant range of matters of relevance to the Terms of Reference. 14:06

When I introduced the modules on 20th March this year, the Inquiry had received some, but not all, of the statements the various authorities and organisations had been asked to produce to assist the Inquiry with the issues. 14:06

As the statements were produced to the Inquiry over time, it became increasingly evident that the volume of documentation relating to rules, regulations, policies and procedures was considerably in excess of what might reasonably have been anticipated. And it has therefore taken somewhat longer than expected to progress the evidence in this phase of the Inquiry. The effort has, however, been very worthwhile. 14:06 14:06

We've heard from around 40 witnesses in this phase and the statements and multiple exhibits have run to thousands of pages. The Panel's understanding of the rules, procedures and structures within which the Hospital operated during the timeframe of the Terms of Reference has been significantly advanced. 14:07

I want to thank all who have contributed to this phase of the Inquiry's work. It has provided an important backdrop to the evidence that we'll hear from staff, those involved in the management of the Hospital and others with responsibility for addressing concerns arising from the Hospital. 14:07

The store of information gathered at this stage will be invaluable when the Inquiry examines the effectiveness of the arrangements that were in place to guard against abuse and to respond to concerns about abuse that came to light. 14:07

There will have to be close examination of how well the practice on the wards at the hospital, in reality, matched the aspirations of the policies, procedures and guidance about which we have heard. 14:08

I'll now turn to the topic of the remainder of the patient experience evidence, about which I've made numerous announcements about the importance of receiving that evidence in a timely manner. 14:08

Last year, as everyone knows, we started with the intention that the patient experience evidence would be finished by the end of 2022, and that wasn't achieved. I made several announcements in which I encouraged cooperation with the Inquiry so that we could move forward in relation to taking statements from patient 14:08

relatives.

On 23rd November last year, I advised that we had abandoned the original schedule and I made a significant concession to allow witnesses represented by them to give instructions to Phoenix Law before engaging with the Inquiry team to make statements. 14:09

On 21st December last year, and then on 13th February this year, I once again asked for cooperation in moving forward with the statement-taking process in relation to the remainder of the patient experience evidence. At that time I was hopeful that that evidence could be heard by the end of June 2023. 14:09

Finally, on 20th March this year, at the beginning of these modules I said this: 14:09

"The window of time in which we can allow for the statement-taking process from patients and their relatives cannot remain open forever and we have already made significant alterations to the Inquiry's timetable. I can only reiterate once again that the time for them to engage with us has come. It is now." 14:09

I want to stress once again that the evidence from these families is important to the Inquiry and I want to express my thanks to all those who have engaged so far. We've been requesting the instruction documents

since November last year and I can say that, to date, we have received instruction documents in relation to about half of Phoenix Law Core Participant clients. We do now need to move forward, whether we've received instruction law documents from Phoenix Law or not. I'm pleased to say that the process of taking statements from this important group of witnesses has now started in earnest and we have an intense period over the next month of taking statements. 14:10

The Inquiry has today written to Phoenix Law, who represent these two CP groups, and provided dates for all the remaining potential witnesses to attend the Inquiry to give their accounts to the Inquiry team directly so that, where appropriate, statements can be drafted. 14:10 14:11

These meetings are being scheduled to give these individuals the opportunity of providing their accounts to the Inquiry, whether they've given full instructions to Phoenix Law or not. 14:11

The intention is therefore to be in a position to call all of those who are to give evidence orally by the end of September 2023, this year in other words. This is nine months later than it was originally intended. That means that unless the statements are made by 11th August, those witnesses regrettably may lose the opportunity of providing their account by way of direct 14:11

oral evidence to the Inquiry, and this message must, please, be relayed to those affected.

If a full statement is taken from a witness, then it will be for the Panel to determine whether it wishes to hear from that witness orally or whether it's sufficient for the statement to be read into the record. We will, of course, take note of the witness's own wishes. 14:11

I want to make it clear that although some of those potential witnesses may still be waiting for documentation from the Trust which they've asked for, that is not part of the Inquiry's process and we will take statements whether the patient relatives have all the documents, documentation they have asked for or not. 14:12

If they choose not to engage for that reason, that will be of great regret to the Panel, but no further concession can be made. There are many others who wish to see this Inquiry conclude properly and move to the stage of making recommendations, and further delay is unfair on all those who have engaged so far and provided their evidence to the Inquiry. And it is also unfair to the staff at MAH and others who are watching the progress of this Inquiry. 14:12 14:12

As is well known, the policy of the Inquiry is to make

targeted requests to the Trust based on themes identified by the Panel. As I mentioned on 20th March in my public statement, the Panel has made a number of such requests in relation to patients about whom it has heard. The Inquiry has received notice of a judicial review in this respect from a patient relative who objects to the Inquiry receiving medical records without their involvement. Unfortunately, that may have the effect of delaying receipt of such notes with respect to any patient in relation to whom a request has been issued, but the Inquiry will continue while that issue is resolved. 14:13 14:13

All Core Participants have been notified of that legal challenge. 14:13

In relation to the schedule after the end of September. In October we intend to begin hearing from a number of MAH staff members. We have begun the process of writing out to members of staff from whom we'll want to take a statement. As I mentioned in my previous update, I have appointed a firm of solicitors called Napiers to provide advice and support to members of staff who are considering coming forward or to those who are asked to give a statement. 14:14 14:14

Although we will not now sit until September, the likely start date being the 12th of September, the work of the Inquiry team will continue. We will be taking

both patient experience statements as well as those from members of staff. And in addition to this, we'll also be planning for evidence Module 6. So it's going to be a busy time, so that we can ensure that we're ready to start the full programme of evidence to take us from September to the end of this year. 14:15

The Inquiry team will of course be continuing its work throughout the summer, except on the summer bank holidays. 14:15

Before we break, I just want to thank a number of people for the work that has gone into delivering these modules.

14:15

First of all I want to thank the counsel team led by Seán Doran KC and the solicitor team. I want to thank all the admin team under the Secretary to the Inquiry. There is the technical team from Pi, Eddie, Tara and Grace, and I want to thank them very much for their work. The stenographer today is Aoife, but she has also been -- we have also been supported by Paula and Charlie, who have done excellent work. It goes without saying perhaps that to keep an inquiry like this running, it takes a huge amount of work that is completely unseen. It's not always recognised publicly and I wanted to do that now. 14:15 14:16

It remains just to hope that everybody gets the

opportunity for a break from work, and so can I wish everybody a pleasant and productive summer.

MR. DORAN: Thank you, Chair. Can I just say something very briefly, Chair. Following the sounding of the alarm and the spilling of water earlier today, I've entered the hearing room with some degree of trepidation this afternoon! But seriously, on behalf of all of the legal representatives and all of the other teams working on the Inquiry, can I wish you and the Panel all the very best for the summer. I hope that you all have a good break and manage to get some time to relax after what has been a fairly intensive evidence session. So have a good summer. 14:16 14:16

CHAIRPERSON: Thank you very much indeed. We'll see everybody back in September. 14:17

THE INQUIRY WAS THEN ADJOURNED TO SEPTEMBER 2023