Muckamore Abbey Hospital Inquiry

Module 4 – Staffing

MODULE 4 ADDENDUM WITNESS STATEMENT ON BEHALF OF BELFAST HEALTH AND SOCIAL CARE TRUST

I, Brendan McConaghy, Co-Director for Human Resources and Organisational Development at Belfast Health and Social Care Trust (the Belfast Trust), make the following statement for the purposes of the Muckamore Abbey Hospital Inquiry (the MAH Inquiry):

1. This is my first witness statement to the MAH Inquiry. I gave oral evidence to the MAH Inquiry on 1 June 2023. The oral evidence I gave on 1 June 2023 related to various staffing topics addressed in the witness statement of Ms Brona Shaw, dated 6 April 2023, provided in response to the MAH Inquiry's request for evidence in respect of Module 4.

2. The purpose of this statement is to correct two errors that arose in the witness statement of Ms Shaw.

3. The documents that I refer to in this statement can be found in the exhibit bundle attached to this statement marked "BMC1".

4. The first error that I wish to address is to be found at paragraph 329 of Ms Shaw's statement, on page 137. Paragraph 329 relates to Topic 6 of Module 4, *"Induction Programme for new unregistered staff and temporary workers".*

5. Paragraph 329 on page 137 states:

> *"The local induction for nurses employed by the Belfast Trust is usually carried out by a Nurse Development Lead and/or a Clinical Educator, in conjunction with the relevant managers. The local induction for nursing assistants employed by the Belfast Trust is usually carried out by the HR Vocational Learning Team.* (Underlined for emphasis)."

6. On further examination of Ms Shaw's witness statement, I observed that this paragraph is incorrect. To clarify, the HR Vocational Learning Team does not carry out the local induction for nursing assistants employed by the Belfast Trust. Rather, the HR Vocational Learning Team carries out the bespoke induction programme for nursing assistants employed by the Belfast Trust. Ms Shaw addresses the bespoke induction programme for nursing assistants at paragraphs 348 to 363 of her witness statement, on pages 143 to 148. The local induction for nursing assistants employed by the Belfast Trust is in fact usually carried out at ward level, by the ward manager, supported by clinical educators and Nurse Development leads. Paragraph 329 should therefore state:

> *"The local induction for nurses employed by the Belfast Trust is usually carried out by a Nurse Development Lead and/or a Clinical Educator, in conjunction with the relevant managers. The local induction for nursing assistants employed by the Belfast Trust is usually carried out at ward level by the ward*

manager supported by clinical educators and Nurse Development leads."

(Underlined for emphasis.)

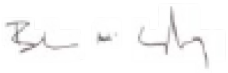
7. I apologise for any inconvenience that this error has caused the MAH Inquiry.

8. The second error that I wish to address relates to the document provided at page 10,355 of Ms Shaw's statement. During the evidence session on 31 May 2023, Counsel for the MAH Inquiry referred Ms Shaw to page 10,355 of her witness statement. Counsel noted that page 10,355 was a lone page within the exhibits, and asked Ms Shaw if she knew what the document might be. The Chair of the MAH Inquiry asked where the report was, and Ms Shaw indicated that she would have to come back to the MAH Inquiry on that issue.

9. I can confirm that page 10,355 is Tab 09.06 of the exhibit bundle to Ms Shaw's witness statement. Tab 09.06 should have contained an entire document entitled "Muckamore Abbey Hospital Seclusion Report August 2008". At the time the statement was originally lodged with the MAH Inquiry, only the first page of the document was included at Tab 09.06 in error. The error arose due to an administrative oversight. I apologise for the inconvenience this may have caused to the MAH Inquiry. I have provided a full copy of the "Muckamore Abbey Hospital Seclusion Report August 2008" behind Tab 1 of the exhibit bundle.

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: 

Dated: 23 October 2023

Belfast Trust Module 4 Statement (Addendum) Exhibit Bundle– "BMC1"

Tab	Document	Page
1	"Muckamore Abbey Hospital Seclusion Report August 2008"	6

Belfast Health and Social Care Trust

Muckamore Abbey Hospital Seclusion Report August 2008

MMcK - 29 September 2008

Introduction

The Mental Health (Northern Ireland) Order 1986 refers to seclusion as the forcible denial of the company of other people by constraint within a closed environment. The patient is usually confined alone in a room, the door of which cannot be open from the inside and from which there is no means of exit open to the patient.

Although seclusion falls within the definition of a medical treatment in the Mental Health Order (1986), it is not considered a treatment programme. Seclusion is not a procedure that is specifically regulated by statute.

The Order makes it clear that seclusion is an emergency management procedure for the short term control of patients whose behaviour is seriously disturbed and should be used as a last resort, after all other reasonable steps to control the behaviour have been taken.

The sole aim in using seclusion is to contain severely disturbed behaviour which is likely to cause harm to others. It should never be used where there is a risk that the patient may take his/her own life.

Indications for Use

Seclusion for a patient can only occur in circumstances where the patient cannot be safely managed in the open ward environment. It must only be used as a last resort when all other strategies have been considered.

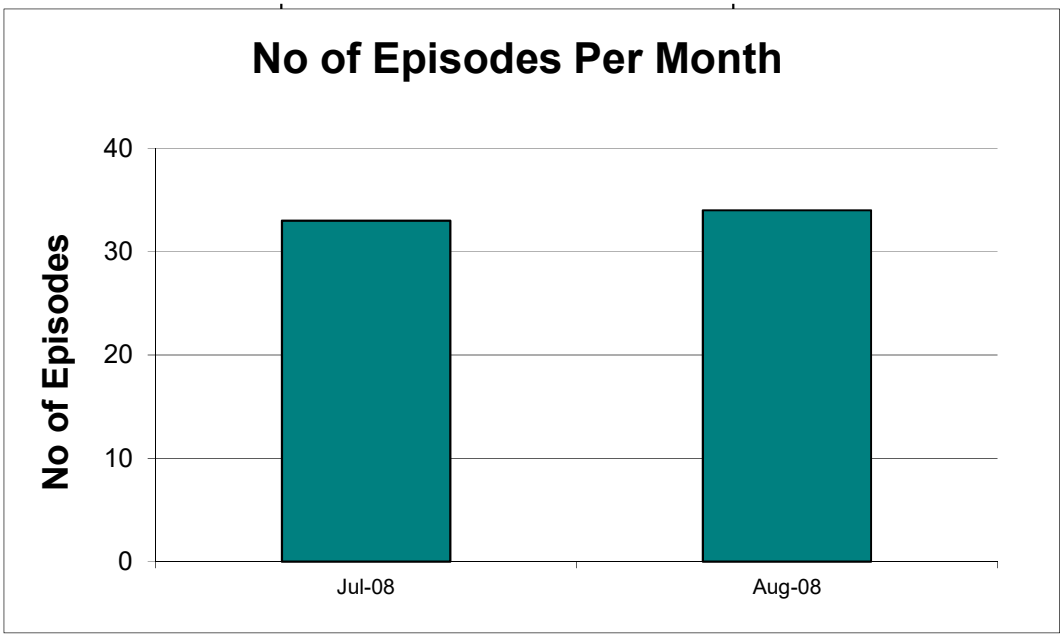
Seclusion should only be used as an emergency management procedure for the short-term management of patients whose behaviour is seriously disturbed and who present a significant risk to others.

Policy

- The decision to use seclusion will always be based on the immediate presenting risks, professional judgement and knowledge of the patient.
- Nursing staff may initiate the seclusion episode, however the Responsible Consultant or Duty Doctor will be involved in decisions about continuing the use of seclusion and the ongoing management of the patient while in seclusion.
- Seclusion will take place in a safe, secure and properly identified room where the risk of the patient harming themselves or others is reduced. It will have adequate heating, lighting, ventilation and appropriate seating and/or bedding.
- A member of nursing staff will be within sight and sound of the patient at all times during the seclusion episode. The room should offer complete observation from the outside whilst also affording the patient privacy from others.
- The patient is offered drinks, food and toilet facilities as required for their comfort.
- Records will be kept detailing a step-by-step account of the seclusion episode.
- The patient should be able to see a clock (outside the door).
- There will be regular review and audit of the use of seclusion in the hospital.
- Staff will follow the accompanying procedural guidance when managing all episodes of seclusion.

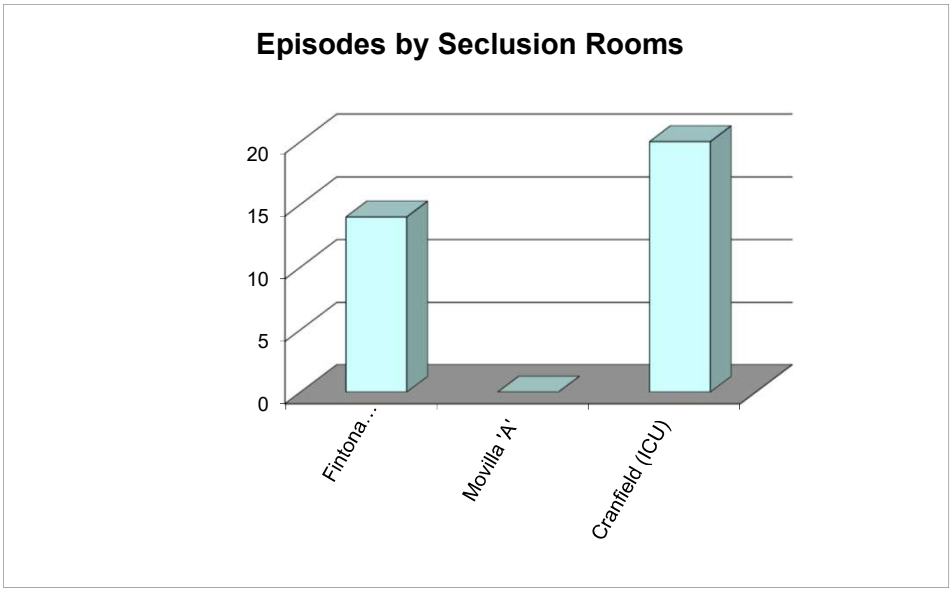
EPISODES PER MONTH

Jul-08	Aug-08
33	34



EPISODES BY WARD

Seclusion Room	Fintona North/South	Movilla A	Movilla B	Cranfield M	Cranfield W	Cranfield ICU	Totals
Fintona North/South	14						**14**
Movilla 'A'							**0**
Cranfield (ICU)				3	13	4	**20**
Total	**14**	**0**	**0**	**3**	**13**	**4**	**34**



38% of episodes occurred in Cranfield Woman and 41% in Fintona

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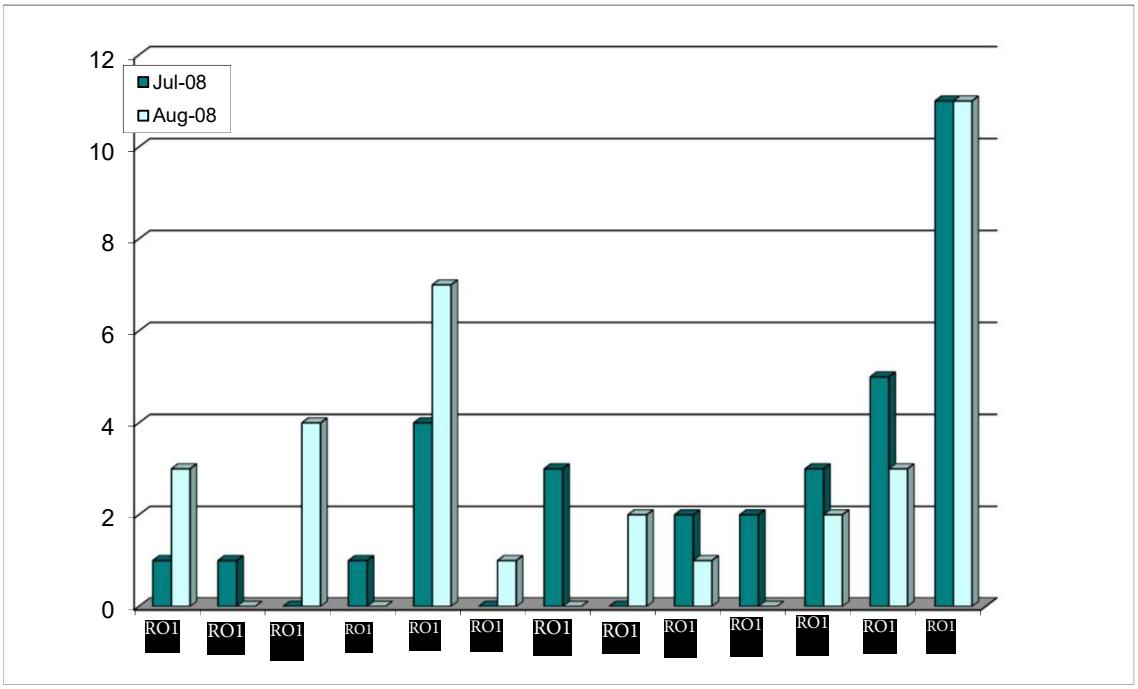
EPISODES PER PATIENT

Patient Name	Jul-08	Aug-08
RO1	1	3
RO1	1	0
RO1	0	4
RO1	1	0
RO1	4	7
RO1	0	1
RO1	3	0
RO1	0	2
RO1	2	1
RO1	2	0
RO1	3	2
RO1	5	3
RO1	11	11
Totals	33	34



32% of all episodes were by patient RO1

5 accident forms were completed during this period

None under 18 years

TIMING OF COMMENCEMENT OF SECLUSION EPISODES

COMMENCED BETWEEN TIME PERIOD	All Patients
Not recorded	0
Midnight to 1	0
1 to 2	0
2 to 3	0
3 to 4	0
4 to 5	0
5 to 6	0
6 to 7	0
7 to 8	0
8 to 9	2
9 to 10	4
10 to 11	0
11 to 12	3
12 to 13	1
13 to 14	5
14 to 15	1
15 to 16	4
16 to 17	0
17 to 18	2
18 to 19	4
19 to 20	2
20 to 21	2
21 to 22	2
22 to 23	1
23 to Midnight	1
TOTAL	34

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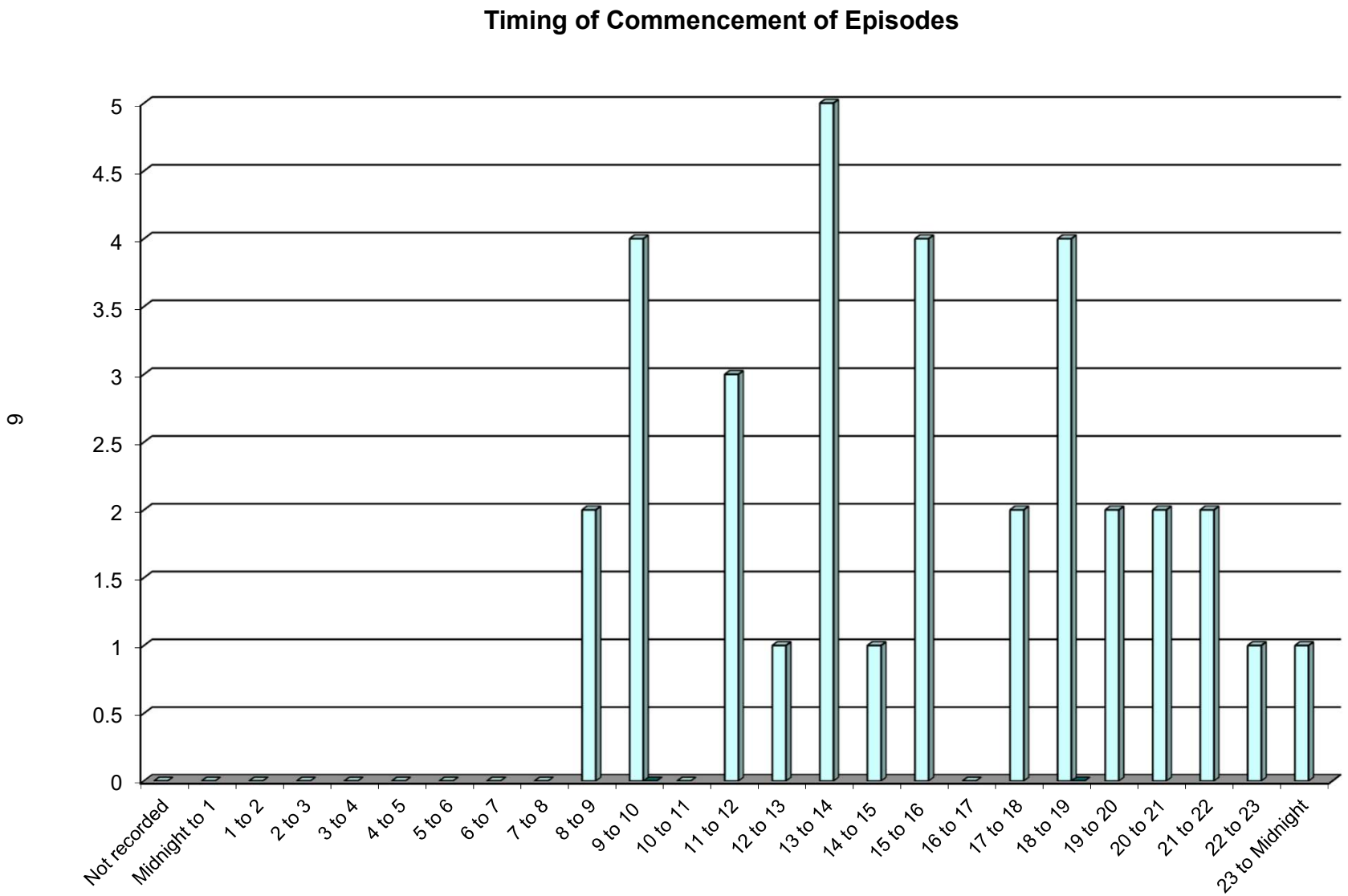

DURATION OF SECLUSION EPISODES - NO's OF EPISODES

Duration	Aug-08	Comments
Not Recorded	0	
< = 0.5 hour	4	
>0.5 hour, < = 1 hour	8	
>1hour, < = 1.5 hour	1	
>1.5, < = 2.0 hour	8	
>2.0 hour, < = 2.5 hour	3	
>2.5hour, < = 3.0 hour	2	
>3.0hour, < = 3.5 hour	6	
>3.5hour, < = 4.0 hour		
>4.0hour, < = 5.0 hour	1	*Patient ROI was unsettled and aggressive
>5.0hour, < = 6.0 hour		
>6.0hour, < =7.0 hour	1	*Patient ROI was unsettled and aggressive
>7.0hour, < = 8.0 hour		
>8.0hour, < = 9.0 hour		
>9.0hour, < = 10.0 hour		
>10.0hour, < = 11.0 hour		
>11.0hour, < =12.0 hour		
>12.0hour, < =13.0 hour		
>13.0hours		
TOTAL	34	

*Patient is monitored and documentation made in the Seclusion Care Plan every 15 minutes as per policy.

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