

ORGANISATIONAL MODULES 2024

**MUCKAMORE ABBEY HOSPITAL INQUIRY
WITNESS STATEMENT**

Statement of Miriam Somerville

Date: 24 April 2024

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

The statement is made in response to a request for evidence by the Inquiry Panel.

This is my second statement to the Inquiry.

There are no documents produced with my statement.

Qualifications and positions.

1. I am a qualified cognitive behavioural psychotherapist. I am also a qualified speech and language therapist. I hold a Masters Degree in the Management of Learning Disability Services from the University of Kent 1990.
2. I have held the following positions. From 2002 to 2006 I was Director of Hospital and Community Learning Disability Services in North and West Belfast Health and Social Services Trust. From 2006 to 2011 I was Co-Director of Learning Disability Services in Belfast Health and Social Care Trust.

Module

3. I have been asked to provide a statement for the purpose of M7: MAH Operational Management.
4. My evidence spans across the Inquiry's Terms of Reference.

5. 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.

Q1. Please explain what your role was in the operational management of MAH and when you held that role? In doing so please explain:

- i. **The cohort of staff or area for which you had leadership and/or management responsibility.**
 - ii. **The day to day responsibilities of your role.**
6. In NWBHSST I was the Director with overall responsibility for the hospital. AHP staff, hotel services, psychology and medical staff reported to line managers elsewhere in the Trust, but other staff reported through their line managers to me. Staff had professional lines of accountability as well. I directly managed four senior managers working at the hospital – Asst director of nursing, Asst director of governance, Asst director of social work, Asst director of business management.
7. In my role I had the following day to day responsibilities;- overseeing the work of senior managers, participating in the Chief Executive's weekly team meetings, leading the development of the new model for the hospital both in terms of the service provided and the new buildings, chairing the resettlement steering group with representatives from the other trusts, reporting to the Health and Social Care Boards and the Department on progress with resettlement, contract negotiations with Boards, corporate responsibilities as a trust director, including attending Trust Board meetings.
8. My role was the same in Belfast Trust except that I reported to the Director of Mental Health and Learning Disability rather than directly to the Chief Executive. I did not attend Trust Board.

Q2. Please explain your understanding of the structures that were in place for the operational management of MAH?

9. There were line management structures and meeting structures. Staff were either managed within the hospital structure or from elsewhere in the trust. If elsewhere, there were mechanisms both formal and informal to liaise with hospital managers. Formal through Core Group meetings and informal through other trust meetings.
10. Q5 below explains meetings and these meetings, especially Core Group were the decision-making fora for the hospital. Minutes were circulated to relevant trust wide meetings and vice versa. For example, minutes of the hospital governance group were sent to the chair of the trust wide governance meeting, hospital managers attended both meetings and brought minutes and action points back to the hospital governance group.
11. Professional staff also had a lead within the trust to whom they were professionally accountable.
12. Managers undertook one to one meetings with staff they were responsible for as well as team meetings. This provided opportunities to discuss operational issues.

Q3. Please explain the lines of accountability from MAH ward staff through to the Trust Board? Who decided that matters ought to be escalated? Was there guidance to identify when that ought to happen and what action ought to be taken?

13. Ward staff reported to a ward manager who reported to a senior nurse manager who reported to the Assistant Director of Hospital Services who reported to me. In NWBHSST I reported to the Chief Executive who reported to Trust Board. In Belfast Trust I reported to the Director of Mental Health and Learning

Disabilities who reported to the Chief Executive. This Director's post became the Director of Community Services with the same reporting mechanisms.

14. The Assistant Director was also professionally accountable to the Director of Nursing.
15. Anyone in the structure could escalate an issue. There was written guidance for some issues e.g. Child Protection or Vulnerable Adults policies. Where there was no written guidance, discussion at team meetings or one to one meetings would help staff identify when matters needed to be escalated. Staff knew that the lead social worker could be contacted in a safeguarding emergency and out of hours arrangements were in place. Senior managers were aware of matters that needed to be escalated to the senior executive team e.g. in NWBHSST the Chief Executive always wanted to know about the admission of a child.

Q4. What training was provided for new line managers at MAH on staff management processes?

16. An induction programme for new managers was provided by the trust both NWBHSST and Belfast. Ongoing training was provided by the Beeches Management Centre.

Q5. What regular meetings took place at Directorate level in relation to MAH? In answering this question, please provide an explanation of:

- i. How often meetings occurred.
- ii. Who attended meetings.
- iii. Who decided the agenda for meetings.
- iv. What regular reports were provided to meetings.
- v. How reports were prepared, and by whom.
- vi. Who reports were sent to.
- vii. How concerns were escalated.

17. As far as I can recall, meetings were as detailed below.

18. Core Group. Attended by Asst Director of Hospital Services, Asst Director of Governance, Medical Director, Lead Social Worker, Director / Co-Director. Once a month this was expanded to include representatives from other services e.g. AHPs, psychology, finance. Weekly meeting with set agenda but any attendee could add to the agenda. Reports included incidents and accidents, sickness absence, use of seclusion, audits, resettlement. Reports were prepared either at Directorate level or within the hospital using data that was routinely collected. Reports were sent to all attendees and minutes were sent to Chief Executive (NWBHSST), Director of Mental Health and Learning Disability (Belfast). Escalation for urgent issues was usually by phone call to Chief Executive or other relevant Director e.g. nursing. For less urgent issues, the Medical Director and I attended the Chief Executive's weekly meeting where an issue could be raised. In Belfast this became the Director's meeting.
19. Medical Staffing. Monthly meeting attended by all medical staff and Asst Director. Director / Co-Director attended from time to time. Set agenda which could be added to. Reports included admissions and discharges, incidents, use of seclusion, medical audits. Reports were prepared by medical admin staff in the hospital. Minutes were sent to Trust Medical Director. Escalation as in para 18.
20. Governance Group. Quarterly, I think. Attended by the extended core group. Reports focused on quality, governance and risk within the hospital. As well as reports outlined in previous paragraphs, Charter Mark applications and Patients' Charter were important. Reports were generated both within the hospital and at Directorate level. There was also a Directorate Governance meeting to which the Hospital Group presented progress reports. Escalation was to the Director and Trust head of governance.
21. Learning Disability Managers' Meeting. Monthly meeting attended by Asst Directors / Service Managers in hospital and community learning disability services. Finance and HR also attended. Agenda and reports as in information above. Concerns from this meeting were escalated to Chief Executive or Director by me.

22. Ward Managers' Meeting. Monthly meeting for all ward managers with senior nurse managers and Asst Director. Reports from other meetings e.g. Core Group, Governance Group were shared as well as professional issues. Concerns were escalated by Asst Director to me and to Director of Nursing.

23. There were also regular meetings with the Health and Social Care Boards monitoring performance, with advocacy organisations and with the Society of Parents and Friends. I also chaired a Regional Resettlement Strategy Group at the hospital.

24. There were also a range of meetings overseeing the development of the new buildings and the new model of service provision.

Q6. What arrangements were in place at Directorate level to monitor the following:

- i. Staff implementation of and adherence to BHSCT policies.**
- ii. Nursing staff adherence to professional nursing standards.**
- iii. Clinical staff adherence to professional clinical standards.**

25. All staff were expected to sign to confirm that they had read and understood a new policy. This was monitored by ward managers, the Clinical Director for medical staff and other first line managers. There was a programme of internal audits alongside Evaluating Quality Care as well as external audits from RQIA.

26. There was a schedule of walkabouts by the Asst Director who would arrive unannounced on a ward and talk to patients, family members and staff. This was a way of noticing good or poor standards of care which could be addressed. I tried to accompany her on these visits from time to time. In NWBHSST the Director of Nursing and Non-Executive Directors were regular visitors to the wards.

27. Both the Trust Medical Director and Director of Nursing held professional meetings where professional standards and Trust policies were on the agenda.

Q7. If concerns about the particular matters addressed in question 6 were identified, how were they escalated?

28. The usual process would be through the line management system to me and the relevant professional Director. There was also an open door to the Asst Director or me for any member of staff, patient or family member. Staff were also aware that there was a Whistleblowing Policy.

Q8. What performance management processes were in place to monitor and improve the performance of all staff, including those in leadership positions, at MAH?

29. An appraisal system was in place where objectives were set annually, and progress monitored regularly. This included all managers who had Personal Development Plans and monthly one to one meetings with their manager.

30. The EQC audits provided useful information about quality in different areas of the hospital. If trends were identified, this would be addressed as a performance issue.

31. Continuous poor performance could result in disciplinary processes.

Q9. Were line managers required to seek HR advice and/or inform HR if they undertook performance management meetings?

32. Yes.

Q10. What arrangements were in place at Directorate 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 explain how any concerns about such matters were escalated.

33. Core Group meetings were usually the first place that workforce issues would be discussed. Each ward had an agreed staffing establishment and if levels fell below this, the Asst Director would bring this to the attention of Core Group members. If this was a short-term problem and an internal solution could be found, this would be agreed and actioned. If, however, there was a resource issue, this would be presented at Chief Executive's / Director's meeting. It would also be raised with the Boards commissioning the service.

34. As resettlement progressed, in NWBHSST the Director of Nursing in conjunction with the Asst Director, used the Telford scale to ascertain appropriate levels of nursing.

35. The heads of service for other staff groups, e.g. psychology, AHPs, medical staff would also present workforce issues to Core Group and escalated as for nursing.

Q11. What processes were in place to provide career development opportunities to staff at MAH to ensure that staff had the required specialist skills to deliver care in a learning disability facility?

36. Career / professional development opportunities were part of the appraisal process and staff could avail of specialist training e.g. TEAACH and positive behaviour support. There was a regular journal club in the hospital where recent research was presented and regional special interest groups.

Q12. Were data analysis and trend identification reports prepared at Directorate level in relation to MAH? If so, how regularly and how was the data used to inform improvements to patient care and staff training?

37. Yes, reports were presented to Core Group and other meetings. There was a schedule for the presentation of data – some weekly, some monthly and some quarterly. Necessary actions were agreed at the meeting and implemented. Relevant data was cascaded and shared through team meetings and ward meetings.

Q13. Was support provided by the Directorate to MAH in respect of data analysis and trend identification? If yes, please provide details of this support.

38. Yes – as in question 12. Reports indicating trends in for example use of seclusion, sickness absence, reasons for physical intervention were presented on a regular schedule.

Q14. 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 Directorate level to address such concerns.

39. During my time at MAH, I remember one instance of a member of staff mistreating a patient. The Asst Director brought it to my attention and told me that the member of staff had been immediately suspended and HR and Director of Nursing informed. The staff member was subsequently dismissed.

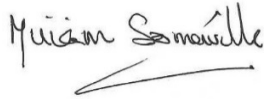
Q15. Do you wish to draw to the attention of the Panel any other matters not covered by the above questions that may assist in the Panel's consideration of the Terms of Reference?

40. 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

Handwritten signature of Muisim Samouelle in black ink, with a horizontal line underneath the name.

Date: 24.4.2024