

Muckamore Abbey Hospital Inquiry

Organisational Module 9 – Trust Board

WITNESS STATEMENT OF CECIL WORTHINGTON

I, Cecil Worthington, former Director of Social Work within the 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 statement is made on my own behalf in response to a request for evidence from the MAH Inquiry Panel dated 12 June 2024. The statement addresses a set of questions posed to me relating to the Trust Board of the Belfast Trust (the Trust Board).
2. This is my first witness statement to the MAH Inquiry, though I provided my recollections to assist with the Belfast Trust witness statement provided by Brenda Creaney relating to Module 6b and the Ennis Ward Adult Safeguarding Report.
3. The documents that I refer to in this statement can be found in the exhibit bundle attached to this statement marked “CW1”.
4. The 12 June 2024 MAH Inquiry request for evidence, with the accompanying questions, can be found at Tab 1 in the exhibit bundle.

Qualification, Experience and Position of the Statement Maker

5. I was the Director of Social Work / Children’s Community Services of the Belfast Trust between September 2012 and September 2017. In addition, I was also interim Director of Adult Social and Primary Care Services from August 2016 until August 2017. Prior to my appointment as Director of Social Work / Children’s

Community Services I was the Co-Director of Family and Childcare from October 2007 until April 2009. From May 2009 until August 2012, I moved to become the Executive Director of Social Work/Children's Services at the Northern Trust, before returning to Belfast Trust in September 2012 to take up the role of Executive Director of Social Work and Children's Community Services. As Belfast Trust Director of Social Work / Children's Community Services, I was a member of the Executive Team and the Trust Board.

6. I commenced my professional career as a Social Worker in August 1978 following obtaining a BA Hons in Social Work in the same year.

Questions for Trust Board Members

Question 1

Please identify:

- i. **The time period in which you were a member of the Trust Board.**
- ii. **Any sub-committee(s) of the Trust Board of which you were a member. Please also outline the composition and remit of any such sub-committee(s).**

7. The time-period during which I was a member of the Trust Board was from September 2012 until September 2017.
8. I was not a member of sub-committees of Trust Board, such as the Audit Committee or the Assurance Committee, or, laterally, the Social Care Committee. I was a member of various Steering Groups, which reported to the Assurance Group within the assurance structure. The Assurance Group ultimately fed into the Assurance Committee which fed into Trust Board. The Steering Groups, some of which changed over time during my time on Trust Board, included:
 - a. Learning from Experience
 - b. Governance
 - c. Equality, Engagement & Experience

- d. Safety & Quality
- e. Social Care

Question 2

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

The structures and processes that were in place at Trust Board level for the oversight of MAH

9. The structures and processes in place at Trust Board level for the oversight of MAH were the same as for all other services within the Belfast Trust. The Trust Board was primarily concerned with the strategic direction of the Belfast Trust as a whole, as well as with providing oversight of the functions performed by the Belfast Trust.
10. Services within the Belfast Trust are all situated within Directorates. During my time each Directorate was made up of different services areas. Towards the end of my time there was a move to Care Delivery Units sitting within Divisions within Directorates. It is the responsibility of the Directorate in question to manage the services within the remit of the Directorate and to provide assurance that the service is being properly managed. If there are any concerns or problems within an individual Directorate, the Director in question can escalate their concerns beyond the Directorate to be dealt with at Board level.
11. The Board of the Belfast Trust ensures that it receives assurance about the services provided by the Belfast Trust through the Assurance Framework. The Assurance Framework sets out how the Board of the Belfast Trust undertakes oversight of the Belfast Trust's services, and how it receives assurance that those services are operating properly. The Trust Board would receive assurance relating to any individual services, such as MAH, through the Assurance Framework.

My view of how effective those structures and processes were in ensuring adequate oversight of MAH at Trust Board level

12. The Belfast Trust is a large and multi-service organisation with a broad range of acute and community services. The community services included Children, Older People and Mental Health, as well as Learning Disability. It often felt like there was a more immediate focus on acute services at Trust Board itself, but it was the same governance structures that applied across the organisation and, during my time as Director of Social Work, I did think they were effective in ensuring adequate oversight of all the services the Belfast Trust. I am not aware of any occasion during my time when something of concern about the likes of MAH could not be brought to Trust Board, if that was considered necessary. I can say that during the year when MAH fell within my broad remit, I was not aware of issues specific to MAH that I considered needed to be escalated to Trust Board.

Question 3

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

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

13. My recollections of both Trust Board and Executive Team is that MAH rarely featured as a standalone item on the agendas of either of these meetings, which was similar to the position for other services and hospitals. With the exception of perhaps A&E services, I do not recall any other individual services being routinely raised at this level, unless some specific issue had been raised that required the Executive Team's attention. It may be there were occasions when specific matters relating to MAH were raised at either Executive Team or Trust Board by the relevant Director, but I am afraid I cannot now remember them. The minutes of the various meetings will assist with whether this was the case.

14. Although MAH was not a standalone agenda item, the Executive Team did consider matters relevant to MAH as part of its work in the sense that lots of strategic decisions applied across the entire Belfast Trust. Further, there could be

consideration of matters more directly affecting MAH in the sense that, for example, targets set for the Belfast Trust by the Department of Health (DoH) came up fairly frequently. During my time on the Trust Board, the relevant target was resettlement from MAH and this regularly featured on the agenda of the Executive Team. The Executive Team monitored performance against a wide range of targets set by the DoH and we were provided with 'Performance Scorecards' to monitor and assess how each service was performing against the target in question.

Question 4

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

15. Firstly, I do recall that the Trust Board was held in MAH around the Summer of 2015. This was a result of a decision to move around the venue for the Trust Board meetings to make the Trust Board more visible and to allow the Trust Board members to do a walk around of a location following the meeting.
16. Secondly, when I also took on the role of interim Director of Adult Social and Primary Care (August 2016 to August 2017), I visited MAH in August 2016 to meet the then Service Manager, Esther Rafferty. This was to help me get an understanding of the operational issues and challenges in MAH. I may have visited MAH again before I was able to appoint, in November 2016, a new Co Director to replace to John Veitch. John Veitch retired in September 2016.
17. In May and July 2017 I did two management walk arounds accompanied by my then Co-Director, Mairead Mitchell. Ms Mitchell had replaced John Veitch. The main purpose was to speak to staff to pick up any concerns or issues they may have and to see the wards. It was also to ensure staff received a message from senior management that lines of communication were there if they needed to raise any issues. During those visits I did not see any behaviour from staff that gave me any cause for concern. The wards appeared to be well run and staff appeared to be providing high quality care. I certainly had no idea, and saw nothing to give me any idea, that some staff at MAH may have been abusing patients in their care.

Question 5

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

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

Reports on the Safeguarding of patients at MAH

18. I do not recall the Trust Board receiving reports of this type, whether in relation to MAH or any other service within the Belfast Trust. The Delegated Statutory Functions reports, which I discuss below, provided information on adult safeguarding, but specific reports arising from adult safeguarding investigations were not tabled at Trust Board.

Reports on seclusion rates at MAH

19. As above, I do not recall the Trust Board receiving such reports.

Reports on Complaints relating to MAH

20. The Trust Board would receive general information relating to complaints, however I do not recall it receiving information relating specifically to MAH or other specific locations within the Belfast Trust.

21. The focus of the Trust Board was on performance throughout the entire Belfast Trust, it would therefore not ordinarily focus on complaints at an individual site, but rather on overall performance against Trust-wide targets.

Reports on Resettlement of patients from MAH

22. Updates on progress on re-settlement targets were received by the Trust Board. The Executive Team would also receive routine Performance Scorecards which would show resettlement rates against targets.

Staffing (both establishments and vacancies) at MAH

23. Staffing issues specific to MAH would not have been reported at Trust Board. Staffing issues generally, which would have included MAH and the rest of the Belfast Trust, were reported on within the appropriate groups of the Assurance Framework under the Trust Board.

Question 6

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

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

24. My recollection is that strategic Resettlement reports were compiled by the Trust Performance Management Team, working with key staff within the Adult Social and Primary Care Directorate. The purpose of this was to communicate to the Trust Board progress, or the lack of progress. It also gave members of the Trust Board the opportunity to ask questions regarding activity and progress.

Question 7

Please provide details of any occasions on which you became aware of concerns relating to the matters set out in question 5 (i)-(v) above and describe

your recollection of action taken at Trust Board level to address any such concerns.

25. By reason of my answer above, I do not recall any concerns or action taken by Trust Board in relation to the matters set out at question 5.

Question 8

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

The arrangements in place at Trust Board level for workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix (and thereby to ensure safe care) at MAH

26. As stated in the response to question 5 around workforce planning and monitoring, these issues were not tabled at Trust Board to my recollection. They were discussed by the appropriate steering groups within the Assurance Framework. This also would have been the case for all other services within the Trust. The Trust Board did not monitor the workforce within individual Belfast Trust services, although it would have considered any issues raised to it if the bodies responsible for monitoring workforce had identified any problems or concerns.

My recollection of any actions taken by the Trust Board to ensure that MAH staff skills matched MAH patient needs.

27. By reason of my answer above, I have no recollection of the Trust Board taking any actions in this area.

Question 9

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

28. My recollection is that each year the Trust would receive a percentage cost savings/efficiencies targets which would be applied equally across the Operational Directorates. In this way, MAH was treated the same as other services within the Belfast Trust. I do not recall MAH being singled out for less favourable treatment compared to other parts of the Belfast Trust.

Question 10

From 2010 onwards, following bed closures at MAH:

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

29. I have no recollection of the issues of bed closures and ward staffing at MAH being specifically discussed at Trust Board, which is the same for other areas of the Belfast Trust. Assurance was received by the Trust Board having structures in place within directorates to make operational decisions about any necessary ward closures, and about required staffing. I do not believe these issues would have been issues for the Trust Board in the first instance. The Trust Board did not take operational responsibility for the reorganisation of wards within individual services. Those issues would primarily have been dealt with at Directorate level, and any problems or concerns could have been raised to the Trust Board as appropriate.

Question 11

Were any issues relating to MAH ever included in:

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

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

30. I presented the Delegated Statutory Functions Report annually to the Trust Board during my time as Director of Social Work. Within the report there was always a Learning Disability section and often an attached Annual Report on Adult Safeguarding activity. They were compiled by social workers involved with Learning Disability services and adult safeguarding. I do not now have a specific recall of information about MAH that may have been contained in the reports. However, this report did not go into specific detail on the many adult safeguarding cases that were addressed within the Belfast Trust each year.

31. Regarding the Corporate Risk Register again I do not recall MAH being included on it during my time, though I accept I may be wrong about that. Thought I don't now remember the detail, I am confident MAH featured on the Directorate Risk Register, regarding matters such as workforce, and it being discussed within the appropriate groups in the Assurance Framework.

Question 12

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

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

32. The specific detail of SAIs, whether from MAH or elsewhere within the Belfast Trust, was generally not discussed at Trust Board. The Trust Board received numbers and general trend data from across the Belfast Trust, but the detail and investigation and action planning took place below Trust Board at the Assurance

Committee with, for example, reports coming from the SAI group. This, again, would be true for other service areas.

Question 13

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

33. Inspection reports were generally not tabled at Trust Board unless by exception. Inspection reports for all services were acted upon within the appropriate Directorates. They were tabled at Assurance Committee, which would oversee that satisfactory responses were given to any actions required. If RQIA served an Improvement Notice then that was something that would be escalated to Trust Board, because it meant there was a specific and potentially serious problem within a service of the Belfast Trust that Trust Board needed to be aware of, and to be assured was being addressed.

Question 14

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

34. Not to my knowledge. I don't recall Trust Board itself ever writing to DoH about any matters; that is not normally how engagement between a Trust and the DoH would occur.

Question 15

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

35. I do not recall Trust Board ever discussing the installation and operation of CCTV at MAH, or anywhere else within the Belfast Trust. In fact, I only became aware that the CCTV was active within MAH when the events of August 2017 came to light.

Question 16

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

36. I was not aware of concerns about the abuse of patients by staff in MAH.

Question 17

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

37. I am personally aware of the Winterbourne View scandal, which came to public attention in June 2011. I was not working for the Belfast Trust at that time. It is not always the case that events in England are immediately considered in Northern Ireland, but it is likely Learning Disability Services throughout Northern Ireland took account of any recommendations coming from the report. My recollection is that one of the key recommendations was that all inpatients should be assessed and reviewed to ensure their placement was suitable or otherwise. Given the drive for re-settlement over many years, this would have required all patients within MAH to have a such a review and assessment.

Question 18

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?

38. In a number of questions it has been asked whether the Trust Board received a range of reports relating to MAH on different subjects. It is important to state that, while the Trust Board generally did not receive such reports relating to MAH, the Trust Board would also not have received reports of a similar nature relating to other comparable or analogous locations or disciplines within the Belfast Trust.

Other Matters

39. I feel I have covered what I wish to say, but if there is something specific that I can assist the MAH Inquiry with then I am happy to try to do that.

Declaration of Truth

40. The contents of this witness statement are true to the best of my knowledge and belief. I have, to the best of my ability, either exhibited or referred to the documents which, collectively, I believe are necessary to address the matters on which the MAH Inquiry Panel has requested me to give evidence.

Signed: Cecil Worthington

Dated: 18 July 2024

Cecil Worthington Organisational Module 9 Exhibit Bundle "CW1"		
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MAHI Muckamore Abbey Hospital Inquiry

MAHI Team
1st Floor
The Corn Exchange
31 Gordon Street
Belfast
BT1 2LG

12 June 2024

By Email Only

Mr Cecil Worthington

Dear Mr Worthington

Re MAHI Organisational Modules 2024: Request for Witness Statement

The Inquiry is currently preparing for the final phase of evidence. Please see enclosed a document summarising the ten organisational modules to be heard in this phase: [Organisational Modules 2024.pdf \(mahinquiry.org.uk\)](https://mahinquiry.org.uk/Organisational%20Modules%202024.pdf).

It is anticipated that the Inquiry will hear evidence in respect of these modules from September to October 2024.

The purpose of this correspondence is to issue a request, in the first instance, for a statement from you that will assist the Inquiry in this phase of evidence. It should be regarded as a request by the Inquiry Panel for the purposes of Rule 9 of the Inquiry Rules 2006.

The Inquiry understands that you were the Director of Social Work/Children's Community Services in the Belfast Health and Social Care Trust (BHSCT) between 2012 and 2017.

You are asked to make a statement for the following module:

M9: Trust Board

I have also enclosed for your attention a copy of the Inquiry's [Terms of Reference](#). You will note that the module in respect of which you are asked to make a statement is primarily concerned with the evidence of those in key positions of responsibility for MAH, past and present, at Trust Board level.

Please find enclosed a set of questions for Trust Board members that the Panel wish to be addressed in your statement ("Questions for Trust Board Members"). It would be helpful if you could address those questions in sequence in your statement. If you

do not feel that you are in a position to assist with a particular question, you should indicate accordingly and explain why that is so.

Please note that, while the Inquiry has received and heard a considerable body of evidence about the relevant systems and processes that were in place during the timeframe of the Terms of Reference, the Inquiry will now be focusing primarily on the *adequacy and effectiveness* of those systems and processes.

Please see enclosed a Statement Format Guide that will assist with the presentation of your statement. It is important that statements made for Inquiry purposes should be consistent in format. It is appreciated that the number of required sections will depend on the range and breadth of issues to be covered and that some flexibility will be needed to ensure the most effective presentation, but you are asked to adhere to the Guide to the extent that is possible.

You are requested to furnish the Inquiry with your completed statement by 26 July 2024. Your statement should be uploaded to the Inquiry's document management platform BOX via the following link:

<https://mahinquiry.box.com/s/2y4rny3kdkobf1l9yax07zo6o234177o>

Should you have any issues accessing BOX please email info@mahinquiry.org.uk and a member of the team will assist you.

Statements made for the purpose of the organisational modules will be published on the Inquiry's website.

As noted above, it is anticipated that evidence in these modules will be heard by the Inquiry in September and October 2024. If there are any dates in those months on which you will be unavailable to attend the Inquiry to give evidence, please inform the Inquiry as soon as possible by emailing the Inquiry Secretary jaclyn.richardson@mahinquiry.org.uk.

If you have any queries about this correspondence, please do not hesitate to contact me.

Yours faithfully,



Lorraine Keown
Solicitor to the Inquiry

Encs:

1. Outline of Organisational Modules April – June 2024: [Organisational Modules 2024.pdf \(mahinquiry.org.uk\)](#)
2. [MAHI Terms of Reference](#).
3. OM2024 Statement Format Guide.
4. Questions for Trust Board Members.



**M9: Trust Board
Questions to be Addressed in Witness Statement**

Questions for Trust Board members

1. Please identify:
 - i. The time period in which you were a member of the Trust Board.
 - ii. Any sub-committee(s) of the Trust Board of which you were a member. Please also outline the composition and remit of any such sub-committee(s).
2. Please explain your understanding of the structures and processes that were in place at Trust Board level for the oversight of MAH. How effective were those structures and processes in ensuring adequate oversight of MAH at Trust Board level?
3. To your recollection, how often was MAH included on the agenda of:
 - i. Meetings of the Trust Board.
 - ii. Meetings of the Executive Team.
4. Did you have occasion to visit the MAH site during your time on the Trust Board? If so, please indicate how often and outline the objectives of the visit(s).
5. Did the Trust Board receive reports on the following (and if so, please indicate how often):
 - i. Safeguarding of patients at MAH.
 - ii. Seclusion rates at MAH.
 - iii. Complaints relating to MAH.
 - iv. Resettlement of patients from MAH.
 - v. Staffing (both establishments and vacancies) at MAH.
6. If the Trust Board did receive reports on the matters set out in 5 (i)-(v) above, please explain:
 - i. Who prepared those reports?
 - ii. Was the information received sufficient to facilitate effective intervention by the Trust Board, if that was required?
 - iii. Was the information received monitored over time by the Trust Board? If so, how was it monitored?

7. Please provide details of any occasions on which you became aware of concerns relating to the matters set out in question 5 (i)-(v) above and describe your recollection of action taken at Trust Board level to address any such concerns.
8. What arrangements were in place at Trust Board level for workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix (and thereby to ensure safe care) at MAH? Please also describe your recollection of any actions taken by the Trust Board to ensure that MAH staff skills matched MAH patient needs.
9. Did the Trust Board's approach to cost savings and efficiencies in relation to MAH differ from the approach taken to other service areas within the Trust? If so, please explain how and why it differed.
10. From 2010 onwards, following bed closures at MAH:
 - i. How did the Trust Board assure itself that the reorganisation of wards was safe?
 - ii. Were concerns about ward staffing (both establishments and vacancies) at MAH raised with the Trust Board? If so, please describe your recollection of any actions taken by the Trust Board to address those concerns.
11. Were any issues relating to MAH ever included in:
 - i. The Delegated Statutory Functions Report?
 - ii. The Corporate Risk Register?

If so, please describe the issues that were included. Please also explain your recollection of whether those issues were discussed at Trust Board meetings.
12. Were SAIs which occurred at MAH always reported to the Trust Board? If so:
 - i. What information did the Trust Board receive in respect of SAIs?
 - ii. Were SAIs discussed at Trust Board meetings?
 - iii. What actions did the Trust Board take in response to SAIs?
13. How did the Trust Board consider and respond to inspection reports relating to MAH prepared by RQIA? How did the Trust Board assure itself that any required actions were addressed within the timeframe of any Improvement Notices?
14. Did the Trust Board ever escalate issues related to MAH, or formally correspond with DoH, in relation to problems such as staffing shortages or challenges around resettlement? Please provide your recollection of what, if any, issues were escalated and what the outcome of that escalation was.

15. Do you recall the Trust Board ever discussing the installation and operation of CCTV at MAH? If so, please give details.
16. Other than as addressed in responses to the questions above, please provide details of any occasions on which you became aware of concerns over the abuse of patients by staff at MAH and describe your recollection of action taken at Trust Board level to address such concerns?
17. Were you aware of the Winterbourne View scandal in England and the Transforming Care work undertaken by the NHS? If so, what was your view of the subsequent steps to reduce hospital beds in England, and the associated initiatives such as STOMP (“stopping over medication of people with a learning disability, autism or both”)? Did you or the Board consider whether similar initiatives should be applied in Northern Ireland? If not, why not?
18. 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?