

ORGANISATIONAL MODULES 2024

**MUCKAMORE ABBEY HOSPITAL INQUIRY
WITNESS STATEMENT**

Statement of Noel McKenna

Date: 23 September 2024

I, Noel McKenna, 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 first statement to the Inquiry.

There are no documents produced with my statement.

Qualifications and positions

1. I am a member of the Chartered Institute of Secretaries and Administrators. Prior to retiring I was a self-employed management consultant and operated a training business.
2. I have held the following positions. From in or around 2004 to 2007, I was a member of the Mental Health Commission (MHC). From in or around 2007 until powers transferred to the RQIA in 2009 I was Chairman of the MHC.

Module

3. I have been asked to provide a statement for the purpose of M5: RQIA and MHC.
4. My evidence relates to paragraph 13 of 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 provide a synopsis of your role in the MHC and the dates of your appointment.

6. I was a member of the MHC for approximately three years from 2004 to 2007 when I then became Chairman of the MHC until its transfer into the RQIA in 2009. The Chair who preceded me left their post early and instead of a lengthy appointment process I was appointed following a telephone interview with the then Chief Executive and another member of the MHC. I think this was because of the impending changes with the RQIA, and so I was the last Chair of the MHC.
7. My role as a member of the MHC was to attend meetings and do occasional site visits but that was to more than just MAH. I only went to MAH once for a visit, albeit that one visit did stand out.
8. My role as Chairman was conducting meetings which took place quarterly and overseeing the AGM. The Chief Executive of the MHC looked after the administrative side of things. During meetings we would have an itinerary which we would go through, but I cannot recall specifics of what this would have been.

Q2. Please provide an explanation of the system(s) of inspection carried out by the MHC at MAH from 02 December 1999 until the transfer of MHC functions to RQIA on 01 April 2009.

In answering this question, please describe how effective the system(s) of inspection were in:

- i. **Developing key lines of inquiry.**
 - ii. **Analysing key themes over time.**
 - iii. **Following up on recommendations.**
 - iv. **Responding to individual patient concerns identified at inspections.**
9. This would not have been within my remit as Chairman, this aspect of the MHC will have been led by Chief Executive.
 10. The one visit I had to MAH will have been organised by one of the administrative team from the MHC. Given the passage of time I cannot recall the date, or even

year, when this visit took place. I cannot recall who else attended with me or what ward we visited.

11. I recall going into two adjoining rooms, we did not go around all of MAH. In the first room we encountered a male staff member with a child of around 10/12 years of age who was wearing a safety helmet. It transpired the child was prone to injuring himself by hitting his head against walls hence he was wearing the helmet.

12. From there we went into a much larger room where there was approximately 15 people, all youngish looking men and four/five carers watching them. I was very put off by it as there was a very intimidating type of atmosphere in the room, a lot of tension and so we did not stay very long. They were all strong, healthy-looking men and the carers/supervisors were young strong looking men also, which I felt only added to the intimidating and tense feeling about it as it was people glaring at you. I was very saddened by it wondering how they are going to get their day in standing about doing nothing. There did not seem to be an awful lot of therapy. This was an announced visit so they knew we would be coming, and I thought they would be doing something instead of it just being young, angry men staring. It was a sad, sad room to be standing in and I was quite taken by it.

13. Any recommendations likely would have been made by the professional member. I am quite certain I would have said I was not impressed by MAH following the one visit I had there, and that staff could be doing something more with the patients, but I cannot comment any further than that.

Q3. Did the MHC carry out inspections focused on individual patients, or in respect of individual wards, or did it inspect MAH as a whole? What led to each type of inspection being carried out?

14. During my visit to MAH, I had no engagement with any patient individually nor did any of my colleagues do so, we were in and out in a very short period of time. MAH were on notice of the inspection, to the best of my recollection the MAH staff just directed us where to go and escorted us through MAH. We probably met in a meeting room to begin with, I cannot recall, and then taken to the ward area, but

not around MAH as a whole. I do not know why this was, if we had of asked to go anywhere else, I suppose they would have taken us we but did not ask that. The psychiatrist would have been with us leading the visit and a team leader, I was a lay person.

Q4. Were MHC inspections ever focused on specific topics, for example, detention or finances? If yes, what led to a topic focused inspection being carried out?

15. Not to my knowledge, it was just a general walkabout of MAH.

Q5. How many MHC inspectors were generally involved in an inspection, and what disciplines or professional backgrounds were the inspectors from?

16. There was a psychiatrist on all visits from recollection. Then there would have been a senior administration person from the MHC and one or two members of the MHC so in or around four people involved for each visit.

Q6. How long did MHC inspections generally take? In relation to these inspections:

- i. What proportion of time was spent speaking to staff?
- ii. What proportion of time was spent checking paper/electronic records?
- iii. What proportion of time was spent interviewing patients?
- iv. Did the MHC medically examine patients during inspections?
- v. Was sufficient time spent on each of the above?

17. I would estimate we spent around 15 minutes on the actual ward, it was a very cursory visit. In hindsight I wondered why we bothered as I do not think we got very much out of it. I am sure we would have some sort of de-briefing and a meet and greet in the boardroom at the outset of the visit, but I cannot recall any detail in relation to this.

18. I did not take part in the inspection of records, and I did not speak to any of the

patients. I do not think there was any examination of patients but that would not have been my role either.

19. There was nothing learned from the inspections for me, there was no in-depth discussion just a box ticking exercise. The visit will have been led by the psychiatrist who did most of the talking. I did take part in inspections in other places where did talk to patients but not MAH.

Q7. Did the MHC carry out both announced and unannounced inspections? If yes:

- i. How was this decided, and who was this decided by?
- ii. Were there any differences in outcome? If so, what were they?

20. The one visit I was involved in was an announced visit, but I think there were unannounced visits which took place also.

Q8. Did MHC inspectors who visited MAH have learning disability training? If so, please provide details.

21. No, there was no training I was ever involved in. I applied for and got the role and then was made Chair in the lead up to the transfer to RQIA as I have outlined above.

Q9. In respect of wards which were inspected by the MHC:

- i. Were there obvious and sustained differences between wards? If so, what were those differences and what did the MHC attribute those differences to?
- ii. Was there a difference in 'culture' between wards? If so, what were those differences, and how can they be explained?

22. As I have said, I was only involved in one visit to MAH so I cannot comment other than to say I could draw comparisons with inspections I did to other hospitals/facilities where I saw a difference in interactions with medical professionals and patients which were good quality engagements and I learned

things from those visits, but not MAH.

Q10. Did the MHC consult with families during MHC inspections? If yes, how were those families selected?

23. Not in my experience.

Q11. Did the MHC medical panel ever review drug treatment plans for patients who had been detained at MAH for 3 or more months? If yes:

- i. Did the MHC ever have concerns about the patients' drug treatment plans?
- ii. What were these concerns?
- iii. What action, if any, did the MHC take?

24. I was a lay member of the MHC and so this would not have been within my remit.

Q12. Were the MHC notified about any serious incidents in respect of patients at MAH? If yes:

- i. How often did this occur?
- ii. What were the nature of the incidents?
- iii. What action, if any, did MHC take?

25. Not to my memory.

Q13. Were inspections ever carried out because of complaints received from families of patients? If so, was an investigation ever initiated following a single complaint, or was more than one complaint on an issue required before an inspection would be carried out?

26. Not as far as I am aware, just routine visits took place.

Q14. Did the MHC refer any specific cases to the Mental Health Review Tribunal for review in respect of detention of patients at MAH?

27. Not to my memory, we were there as an independent body. The real decision makers as far as I could see in the MHC were the administrative people.

Q15. Did the MHC bring to the Department of Health, the Trust, or to any other body, any issues arising from the findings of their inspections at MAH?

28. Not that I am aware of. A report would have been completed by one of the professional members of staff following the visit and filed away. I do not recall any onward provision of the report to any other body.

Q16. Do you wish to draw to the attention of the Panel any other matters that may assist in the Panel's consideration of paragraph 13 of the Terms of Reference?

29. A long time after my time in the MHC I heard about the Inquiry into MAH and I was not one bit surprised that something was going on as the tension was terrible, it was a very oppressive atmosphere. The men ^{and women} looked angry.

30. There was no furniture – not even a television – just big bare rooms with no talking, no laughing, just staring – I found it very distressing. I know patients may have been challenging but they needed something to do. In my view, being there for 15 minutes during my one visit was more than enough in a way, as there was nothing to be said or done. The staff were not very talkative, and it was the most intimidating atmosphere I ever met in a so-called hospital. I would have said this to colleagues at the time and I do not recall them disagreeing.

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: *Noel McKenna*

Date: 23 September 2024