

# **MAHI** Muckamore Abbey Hospital Inquiry

**Opening by Senior Counsel to the Inquiry  
Sean Doran QC**

**6 - 7 June 2022**

# 1. Introduction

## Outline of Opening

1. Introduction.
2. Core Participants.
3. Background to the Inquiry.
4. Legal Framework.
5. History of Muckamore Abbey Hospital.
6. Snapshot of MAH Today.
7. MAH within Health and Social Care Structure.
8. Provisions Governing Admission.

# 1. Introduction

## Outline of Opening (continued)

9. Terms of Reference.
10. Witness Evidence.
11. Production of Documents.
12. History of Reporting on MAH.
13. Criminal Proceedings.
14. Schedule.
15. Conclusion.

## 2. Core Participants

- Individuals affiliated to the Society of Parents and Friends of Muckamore Abbey.
- Individuals affiliated to Action for Muckamore.
- Other persons (not affiliated) affected by events at Muckamore.
- Department of Health.
- Belfast Health and Social Care Trust.
- Regulation and Quality Improvement Authority.
- Police Service of Northern Ireland.

### 3. Background to the Inquiry

- Minister's announcement 8 September 2020.
- PCC Report on the Engagement with current and former patients, families and carers (March 2021).
- Minister's written statement to the Assembly on 29 September 2021 publishing Terms of Reference.
- Setting up of Inquiry on 11 October 2021.

## 4. Legal Framework

- Inquiries Act 2005.
- Inquiry Rules 2006 (Chair's Statement 10 November 2021).
- Highlighted provisions of Inquiries Act 2005:
  - Section 2: civil or criminal liability.
  - Section 5(5) and (6): Terms of Reference.
  - Section 17: procedure and conduct.
  - Sections 18 and 19: public/ restrictions.
  - Sections 21 and 35: compulsion/ offences.

## 5. History of Muckamore Abbey Hospital

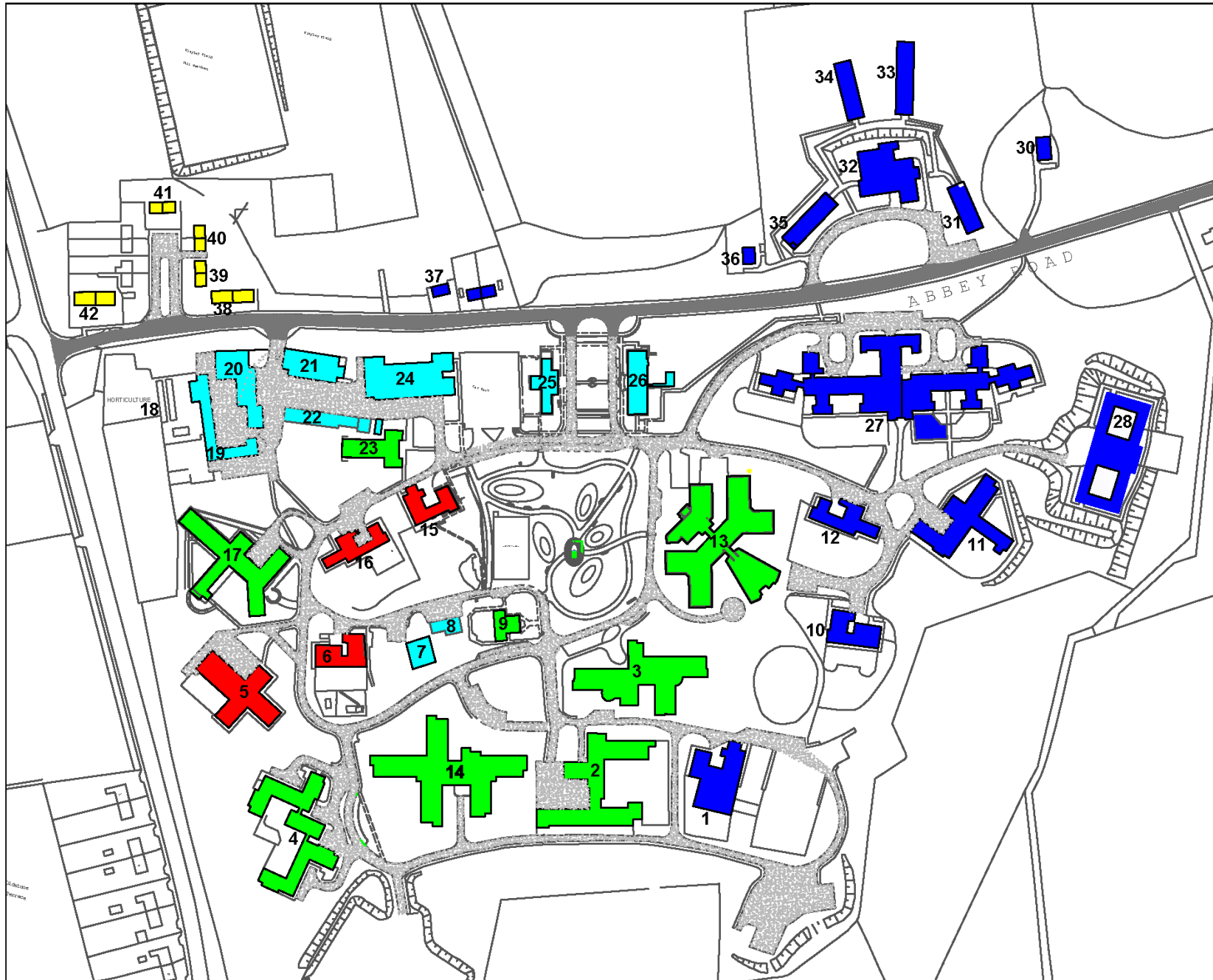
Phase 1 (1949 - 1958): Muckamore Abbey House, Opening and Expansion.

Phase 2 (1958 - 1978): The New Hospital, Opening and Expansion.

Phase 3 (1978 - 1987): A Change in Philosophy.

Phase 4 (1987 - 2007): Resettlement of Long Stay Patients/ Core Hospital.

Phase 5 (2007 - 2021): Implementation of the Bamford Recommendations.



**LEGEND**

- Core Hospital
- Available to be demolished
- Support Services / Admin
- Resettlement
- Closed

**BUILDING REFERENCES**

1. Conicar
2. Social Training Centre
3. Sixmile
4. Erne
5. Greenan
6. Moylena
7. Energy Centre
8. Generator House
9. Cosy Corner
10. Fairview
11. Finglass
12. Foybeg
13. Cranfield
14. Ardmore
15. Mallow
16. Moyle
17. Moyola (Day Care)
18. Horticulture
19. Estates
20. Boilerhouse
21. General Stores
22. Garages & Vehicle Repairs
23. Swimming Pool
24. Laundry
25. Library
26. Administration Main Block
27. Rathmore / Rathmullan
28. Fintona
29. Macerator
30. Mortuary
31. Social Services
32. Seminar Rooms
33. Hostel
34. Hostel
35. Hostel
36. Matron's Bungalow
37. Hotel Services
38. Bungalow No 13 & 14
39. Houses No 11 & 12
40. Houses No 9 & 10
41. Houses No 7 & 8
42. Bungalow No 1 & 2

**QUEEN ELIZABETH ARMY HOSPITAL, ARMED  
FORCES  
SITE PLAN**

DATE: 1/11/01



# Video footage of Muckamore Abbey Hospital

## 6. Snapshot of MAH Today

- Total: 37 patients.
- Cranfield 1: 7 patients.
- Cranfield 2: 8 patients.
- Sixmile assessment: 3 patients.
- Sixmile treatment: 6 patients.
- Killead: 8 patients.
- Donegore: 5 patients.



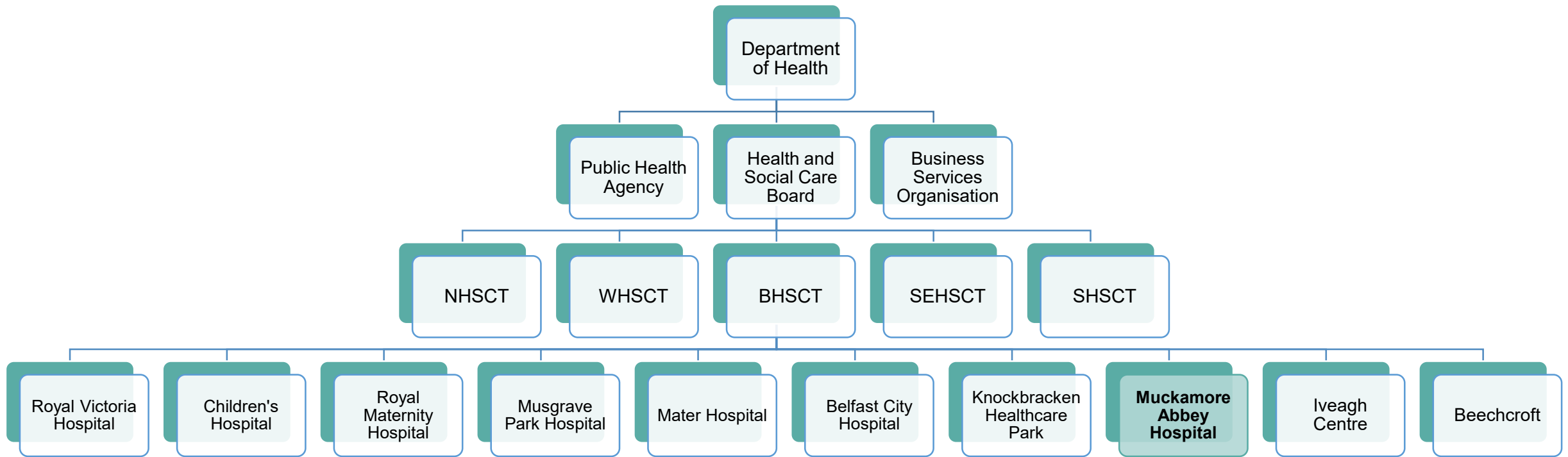
# 7. MAH within Health and Social Care Structure

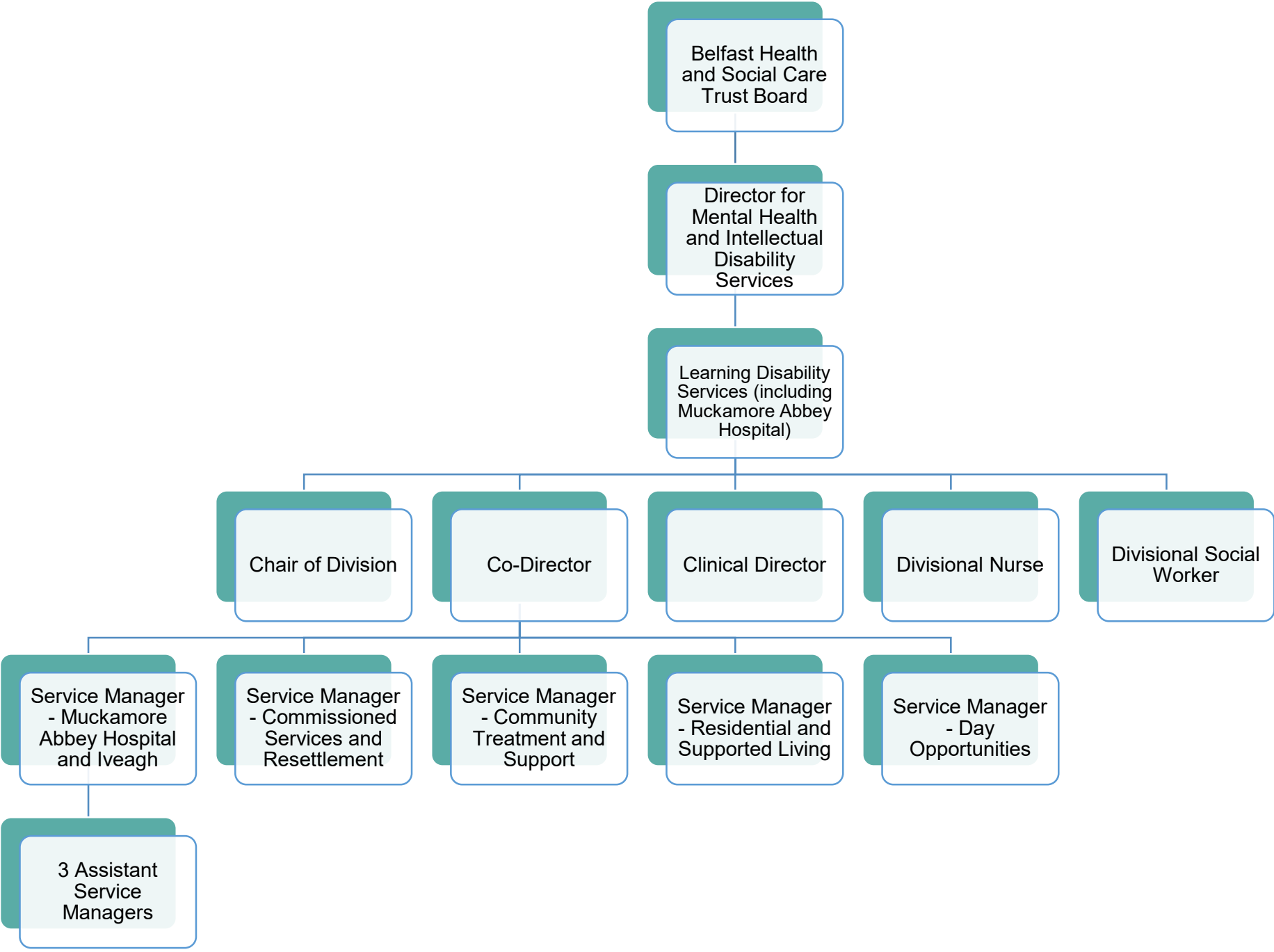
## Flowchart 1:

- Department of Health.
- Health and Social Care Board.
- Belfast Health and Social Care Trust.
- Muckamore Abbey Hospital.

## Flowchart 2:

- Director for Mental Health and Intellectual Disability Services.
- Learning Disability Services (including MAH).
- Chair/ co-Director/ Professional Group Leaders.
- Service Managers.
- Assistant Service Managers.





## 8. Provisions Governing Admission

- Voluntary admission and detention.
- Mental Health (Northern Ireland) Order 1986.
- Bamford recommendations.
- Phased implementation of Mental Capacity Act (Northern Ireland) 2016.

# 9. Terms of Reference

## Core objectives

1. The core objectives of the Inquiry are to:
  - a. examine the issue of abuse of patients at Muckamore Abbey Hospital (MAH);
  - b. determine why the abuse happened and the range of circumstances that allowed it to happen;
  - c. ensure that such abuse does not occur again at MAH or any other institution providing similar services in Northern Ireland.

# 9. Terms of Reference

## Timeframe

2. The Inquiry will report and make findings on events that occurred between 2<sup>nd</sup> December 1999 and 14<sup>th</sup> June 2021.
3. The Inquiry will be able to receive and take account of evidence outside of that period where such evidence will assist the Inquiry in examining, understanding and reporting on matters within these terms of reference.



## 9. Terms of Reference

### What occurred?

4. The Inquiry will examine the nature and extent of abuse of patients at MAH.
5. The term “abuse” may include (but is not restricted to) the following:
  - a. physical abuse;
  - b. sexual abuse;
  - c. psychological abuse;
  - d. mental or emotional abuse;
  - e. patient neglect;
  - f. inappropriate or negligent care;
  - g. appropriation of or improper interference with patients’ finances or belongings;
  - h. other misbehaviour towards patients.

## 9. Terms of Reference

### What occurred? (continued)

6. The Inquiry will examine the role of frontline staff, those with responsibility for clinical and professional oversight, those with leadership and/ or management responsibilities within the relevant Health Trusts (and any other relevant persons or bodies)<sup>1</sup> in respect of such abuse.

<sup>1</sup> Note that all references in this document to the Health Trusts and other bodies with roles and responsibilities in respect of health and social care shall include any precursors of such bodies that existed within the timeframe of these terms of reference.

## 9. Terms of Reference

### What occurred? (continued)

7. The Inquiry will also consider, to the extent necessary to enable the Inquiry to examine the nature and extent of abuse of patients, the adherence by staff and management, the Trusts, the Board and the Department of Health to relevant statutory obligations, the regulatory framework, protocols, policies and guidance in respect of all aspects of service delivery.

## 9. Terms of Reference

### What occurred? (continued)

8. The Inquiry will examine the primary and secondary causes of such abuse and will address the question of whether the abuse resulted from systemic failings within MAH or the wider health care system in Northern Ireland.

## 9. Terms of Reference

### **Recruitment, retention, training and support**

9. The Inquiry will examine the policies and practices relating to recruitment, retention, training and support of staff and management at all levels within MAH (and, where necessary, within other facilities offering comparable services).

## 9. Terms of Reference

### Identifying and responding to concerns

10. The Inquiry will examine the adequacy of methods available to communicate concerns (including allegations of abuse) by staff, patients, relatives and others about the treatment of patients at MAH.

## 9. Terms of Reference

### Identifying and responding to concerns (continued)

11. The Inquiry will examine the response to such concerns by frontline staff, those with responsibility for clinical and professional oversight and those with leadership and/ or management responsibilities within the relevant Health Trusts, the Health and Social Care Board, the Public Health Agency and the Department of Health.

## 9. Terms of Reference

### Identifying and responding to concerns (continued)

12. The Inquiry will examine the operation of all relevant commissioning, supervisory and regulatory agencies (including but not limited to those agencies specified in paragraph 11) to determine whether and if so why there were failures in the early identification, investigation and resolution of issues raised about the treatment of patients.



## 9. Terms of Reference

### Identifying and responding to concerns (continued)

13. The Inquiry will also examine the response of other relevant agencies, including the Police Service for Northern Ireland (PSNI), the Patient and Client Council (PCC), the Health and Safety Executive (HSE) and the Regulation and Quality Improvement Authority (RQIA), when allegations of abuse of patients at MAH were reported to them.

## 9. Terms of Reference

### CCTV

14. The Inquiry will examine the effects of instalment, operation and use of CCTV at MAH.

## 9. Terms of Reference

### **Safeguards, mechanisms and policies regarding other patients**

15. The Inquiry will examine the safeguards, mechanisms and policies in place to ensure that patients were not subject to abuse or other disturbing behaviour by other residents/patients and whether those controls and policies were sufficient.

## 9. Terms of Reference

### Resettlement

16. The Inquiry will examine the adequacy and workings of the policy and process of discharge and resettlement of patients of MAH

# 9. Terms of Reference

## Resources

17. The Inquiry will consider the adequacy of financial resources to ensure:
  - a. appropriate numbers, skills, quality and training of staff;
  - b. appropriate care, treatment and accommodation for patients with mental health conditions and/or learning disabilities treated or cared for at MAH.

# 9. Terms of Reference

## Legal and regulatory framework

18. The Inquiry will examine the following:

- a. the relevant primary and secondary legislation;
- b. the regulatory framework;
- c. any relevant Codes, policies, guidelines, reports and other documentation relating to management, administration and working practice at MAH (and, where necessary, of other comparable facilities).

## 9. Terms of Reference

### **Legal and regulatory framework (continued)**

19. The Inquiry will consider the adequacy of the above to provide a framework to prevent abuse of patients with mental health conditions or learning disability in MAH and other such settings in Northern Ireland.

## 9. Terms of Reference

### **Matters of practice and procedure**

20. The Inquiry Chair will determine how the Inquiry is conducted, including the procedure, the nature of evidence and calling of witnesses to the Inquiry.
21. Aspects of practice and procedure may be governed by protocols to be established at the outset of the Inquiry.
22. Appropriate witness services will be made available in the course of the Inquiry.



## 9. Terms of Reference

### Report and recommendations

23. The Inquiry will submit its report to the Minister of Health. The Inquiry may make findings on matters within the terms of reference as outlined above, including the issue of abuse and whether such abuse resulted from systemic failings.

## 9. Terms of Reference

### Report and recommendations (continued)

24. Having regard to (and dependent on) those findings, the Inquiry will make recommendations in respect of the following:
- a. the core objective of ensuring that any such abuse and any such failings do not recur at MAH or at any other facility providing similar services in Northern Ireland;
  - b. improvement of the training of staff and management at MAH and comparable facilities;

# 9. Terms of Reference

## Report and recommendations (continued)

24. ...

- c. improvement of management, policies, systems and processes within MAH, including those relating to whistleblowing and corporate governance;
- d. improvement of competence, quality and internal governance of the Board of such hospitals;

## 9. Terms of Reference

### Report and recommendations (continued)

24. ...

- e. to the extent that it is necessary and appropriate, the role of wider adult social care services and the relevant health and social care bodies (including but not limited to the Health and Social Care Trusts, the Health and Social Care Board, the Public Health Agency and the Department) in ensuring the safety of patients and best practice in service delivery at MAH and comparable facilities;

# 9. Terms of Reference

## Report and recommendations (continued)

24. ...

- f. the legal and regulatory framework and related matters;
- g. the requirement or desirability of the provision of redress to meet the particular needs of victims of abuse within MAH.

## 9. Terms of Reference

### Report and recommendations (continued)

25. The Inquiry Chair may, if necessary and appropriate, issue an interim report or reports with recommendations.

# 10. Witness Evidence

- Voluntary participation and powers to compel witnesses.
- Encouraging engagement and engagement sessions.
- Completion of contact forms.
- Statement team.
- Registered intermediaries.
- Witness support.
- Oral evidence – spectrum of witnesses.

# 11. Production of Documents

- “Document providers”.
- 73 organisations contacted to date.
- Retention of documents that may be relevant to Inquiry.
- Ongoing production of documents to Inquiry.
- Assessment of materials by Inquiry team.
- Redaction in accordance with Restriction Orders.
- Disclosure to Core Participants.



## 12. History of Reporting on MAH

- *Ennis Ward Adult Safeguarding Report* (October 2013).
- *A Review of Safeguarding at Muckamore Abbey Hospital – A Way to Go* (November 2018).
- *A Review of Leadership and Governance at Muckamore Abbey Hospital* (July 2020).
- Responses to allegations initially made by patient in 1996:
  - Review Group appointed by EHSSB (November 2005).
  - PSNI investigation (c. 2006-2008).
  - EHSSB/ NWBT Review (December 2005).

# 13. Criminal Proceedings

- The ongoing criminal investigation and prosecutions.
- Memorandum of Understanding between the Inquiry, the Police Service of Northern Ireland and the Public Prosecution Service for Northern Ireland (9 March 2022).
- Materials relating to the PSNI investigation.
- CCTV viewing.

# 14. Schedule

- Core Participant Openings – Wednesday 8, Thursday 9, Monday 13 June.
- Next week 13 - 16 June – closed CCTV viewing sessions.
- 28 - 30 June and 4 - 7 July – oral evidence.
- Inquiry hearings resume September.
- Questioning of witnesses and submission of questions by Core Participants.

# 15. Conclusion

- Counsel's concluding remarks.