PRIVATE & CONFIDENTIAL

MUCKAMORE ABBEY HOSPITAL INQUIRY

SITTING AT CORN EXCHANGE, CATHEDRAL QUARTER, BELFAST

HEARD BEFORE THE INQUIRY PANEL

ON MONDAY, 6TH JUNE 2022 - DAY 1

Gwen Malone Stenography Services certify the following to be a verbatim transcript of their stenographic notes in the above-named action.

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THE INQUIRY COMMENCED AS FOLLOWS ON MONDAY, 6TH JUNE 2022

OPENING BY THE CHAIRPERSON

10:31

CHAIRPERSON: All right. Well, good morning. I want to welcome everybody who's present here in Hearing Room A, and those watching next door in Hearing Room B and those who are watching on our live link.

10:31

This is the first hearing day of this Public Inquiry into Muckamore Abbey Hospital. This Inquiry is of great importance to a large number of people who live and work here in Northern Ireland and who have any connection to the hospital. But it's also important to 10:32 the wider mental health and learning disability services here, which need to learn from its mistakes.

The treatment and care of those with learning disabilities or with mental illness who are, by their 10:32 nature, vulnerable, should be of a high quality and safe in any civilised society. And to abuse those people receiving such care is anathema to any competent and caring health professional. It brings the medical, nursing and care professions into disrepute, and it 10:32 makes people fearful of committing their loved ones to the care of others who should be able to care for them safely and with compassion.

The management of such facilities should, perhaps obviously, be of the highest standard, and the practices of staff should always be under scrutiny, both internally and by external agencies, to ensure that high standards of care are being delivered and 10:33
that all staff are behaving compassionately to even the most challenging of patients.

Now, what has happened at Muckamore Abbey Hospital, which I'm going to refer to either as Muckamore or MAH, 10:33
just for the sake of brevity, has been referred to as a "scandal". And without predetermining any issue, it is quite obvious that bad practices were allowed to persist at the hospital to the terrible detriment of a number of patients. Those patients themselves were 10:34
all, without exception, highly vulnerable in different ways. And so it is understandable that there is considerable public anger at some of what has already been revealed.

10:34
Relatives and carers who entrusted their loved ones to the hospital to be cared for with compassion have discovered that in many cases that's not what was happening. And because so many of the patients were either non verbal or had difficulty expressing 10:34
themselves - I hope that will be the last time that happens. I expect it won't be. (Phone ringing).

Because so many of the patients were either non verbal

or have difficulty communicating, they couldn't express what was happening or they were not regarded as credible.

Many of the parents and relatives and carers who trusted the hospital have been let down, and they are, understandably, furious, and some feel guilty. I say that because in the lead up to today, I have met, through the engagement sessions, a number of families and individuals who have expressed their great upset and anger at what they've now discovered was happening when they left their loved relatives at Muckamore. And some, I know, feel guilty. Their anger and their upset is perfectly understandable. But I do want to say this: This Inquiry requires cool and calm reflection. In order to meet our Terms of Reference, we need people to be able to come forward and speak to us, not just from the patient perspective, but also from the staff at the hospital and elsewhere, many of whom will have been doing their best to provide safe and compassionate care. And I will do whatever I need to, to ensure that this room and this Inquiry is a safe space for all who come to give evidence and all those who attend. 10:35 10:35 10:35 10:36

Throughout these hearings, I ask everyone to behave courteously. I'm sure, having met many of you, that you will. 10:36

Today is the culmination in some respects, but in

others it's just the start of a massive effort by those closely affected by, and involved with, Muckamore Abbey Hospital, to have an Inquiry which will scrutinise what was happening at the hospital over many decades.

10:36

I regard the patients and their relatives and carers who have been abused, or received poor care, as being at the front and centre of this Inquiry. And getting to the bottom of what's been happening at Muckamore, would be quite impossible without hearing about the 10:37
experiences of patients, either directly from those patients or from their loved ones. And that is why the evidence is going to start with what I will loosely term "the patient experience", and I'll say more about our approach to the evidence a bit later on. 10:37

Now, let me speak a bit about what an Inquiry can do and what it can't do. The central purpose of an Inquiry like this is set out in its Terms of Reference. In essence, it's to find out what happened and how it 10:37
was allowed to occur. Our job is to make recommendations in due course to the government, which will be effective in preventing such things happening again.

10:38

What an Inquiry is not allowed to do is to rule on or to determine anybody's civil or criminal liability. Now, that doesn't prevent the panel forming and publishing conclusions which may lay blame at an

individual or organisational door. But before we do that, before we publicly criticise anyone or any organisation, they're entitled to know of that criticism and have the opportunity of trying to address it. 10:38

Eventually, we will write a report setting out the conclusions we've come to. But the essence of our function is to explore the evidence and to construct sensible recommendations which will ensure that 10:38 patients are well treated and cared for at Muckamore and at similar institutions in Northern Ireland in the future, and to ensure that there are systems which work to prevent the abuse of patients occurring. 10:39

As I've said at a number of the engagement sessions, people shouldn't worry that they will have to wait until the very end of this Inquiry for urgent recommendations to be made. This Inquiry will inevitably take some time, but should we come across 10:39 issues that require urgent and immediate rectification, we won't hesitate to write a short interim report and issue recommendations.

Now, I sit here with two panelists who I'm going to 10:39 introduce in a moment. Can I first introduce myself, rather than just assume you know about me and what my role is. My job is to Chair this Inquiry and to make all legal and administrative decisions. The buck for

all of those types of decisions stops with me, and I take responsibility if things shouldn't be working well. My sole aim is to meet the Terms of Reference set up for us.

10:40

My background is as a barrister practicing in England for about 38 years, prosecuting and defending in criminal cases, but also dealing with a number of complex medical regulatory cases involving the GMC, the General Medical Council, as well as the regulators for 10:40
pharmacists, dentists, nurses and osteopaths.

I acted as counsel to the Inquiry into the Mid Staffordshire Hospital under Sir Robert, the Chairmanship of Sir Robert Francis, which was an 10:40
Inquiry examining poor care and treatment of patients at a major hospital in the midlands in England. And that was then the largest public Inquiry into a hospital which had ever been undertaken in the UK, and it resulted in a seminal report for the NHS and 10:41
numerous recommendations for change.

I've also undertaken an independent review for the National Health Service into how the fit and proper person test is applied to senior managers in a health 10:41
care setting, and my recommendations from that review are being taken forward by the NHS leadership now.

I also sit as a part-time judge in criminal cases in

England.

I've had no professional connection to Northern Ireland until this appointment. I am entirely independent of the government, either here or in Great Britain, and I give you this undertaking that I and this panel will act independently, without fear or favour, throughout the Inquiry. 10:41

My job is also to make determinations upon any legal issues which arise during the course of this Inquiry. Those decisions are for me to make, having heard or read all the arguments and having taken advice from Mr. Sean Doran, QC, who is our counsel to the Inquiry. But legal issues are for me to determine. 10:42

By contrast, the panel collectively hears the evidence and makes any factual determinations together. And we can only hear evidence when we're sitting here together as a panel. When it comes to writing any reports, or making any recommendations, we do that collectively. So, in short, legal and administrative issues are for me to determine, but any factual issue is for the panel collectively. 10:42

So, before I go on to deal with the hearings and how they're going to work, I'm going to ask my fellow panelists to introduce themselves, and can I turn first, please, to Prof. Murphy. 10:42

PROF. MURPHY: Good morning. I'm Glynis Murphy and I'm professor of clinical psychology and disability at the Tizard Centre in University of Kent. I'm trained as a clinical and forensic psychologist, and I'm a fellow of the BPS and a fellow of the Academy of Social Sciences. 10:43

All of my working life, so the last 50 odd years, I have worked half-time mostly in universities, and the other half of my time in the NHS, and all of my NHS work has been with people with learning disabilities and/or autism. So I've worked with children, with adults, in community teams, in hospital settings, both in secure units and in assessment and treatment services, all for people with learning disabilities and/or autism. 10:43 10:44

My research has been largely in abuse and in challenging behaviour, and I've also helped NICE to develop the guidelines that they published in 2015 for people with learning disabilities and behaviour that challenges. I chaired that guideline development group. 10:44

One of the other things I did that is relevant to this Inquiry is that, following the Panorama programme in, I think, 2019, that showed abuse in a small hospital service in England, Northern England, called Whorlton Hall, CQC asked me to do an independent report about their regulation and inspections of Whorlton Hall, 10:44

because they had rated it as good, whereas it was very clear from the Panorama programme that the care was abusive there. So I did an independent report for them, following which they have changed much of their methodology for inspecting services. 10:45

Again, I have no connections with Northern Ireland and am completely independent of the government here and in Great Britain.

CHAIRPERSON: Thank you very much indeed. And 10:45
Dr. Elaine Maxwell.

DR. MAXWELL: Hello. Thank you. I'm Elaine Maxwell. I have been a nurse for over 40 years, working clinically in hospitals and in the community as a health visitor, before moving into managing the quality 10:45
of care and then becoming an executive director of nursing on the boards of two NHS Trusts in England.

More latterly I was a non executive director on the board of another NHS Trust in England. So I have 10:45
extensive experience in nurse management and Trust board management.

I've also worked as an academic, researching patient safety and change management, and I was associate 10:46
professor of leadership and service improvement at London South Bank University.

Most recently, I've been working as the clinical

advisor for the National Institute For Health Research, looking at how evidence that has been produced can be enacted in practice.

During my career, I've had a long experience of managing complaints, and I was an advisor to the Parliamentary and Health Ombudsman in England. I've also conducted a number of independent investigations into adverse events in England and also in the Channel Islands, including deaths of babies around child birth and wrong site surgery. And like my colleagues, I'm entirely independent and looking to hear all the evidence without any prejudgment. 10:46 10:46

CHAIRPERSON: Thank you very much indeed. So, as many will know, this Inquiry was instituted on 11th October last year. And since that date, there's been a massive amount of work to do towards opening the Inquiry today. I'm not going to go into a long list of the work that's been done to get to this point, but being able to open this Inquiry today in a fully equipped building, with all the necessary systems in place has been, as you can imagine, a massive task. The Inquiry owes a great deal of thanks to the Inquiry Secretary, Jaclyn Richardson and her staff, who've worked with great efficiency and diligence. 10:47 10:47

I also want to thank the solicitor to the Inquiry, Lorraine Keown and her team, who have done a massive amount of work behind the scenes and will continue to

do so.

We also have a team of technicians responsible for the audio visual equipment, which is allowing us, I hope, to stream to Hearing Room B and from our website. And they've been working very hard over the last few weeks to get everything ready. 10:48

The voice you will hear most over the coming days is that of Sean Doran QC, who acts as senior counsel to the Inquiry. He is a very experienced barrister, and supporting him are a team of what are commonly called junior barristers. That doesn't indicate that they are junior in experience, but simply that they haven't reached the rank of Queen's Counsel yet. 10:48 10:48

The first juniors are Denise Kiley and Mark McEvoy. The second juniors are Shirley Tang, Sophie Briggs and James Toal, and at some stage in this Inquiry it is likely you'll be hearing from each of them. 10:49

Now, later today Sean Doran will start his opening address, and I know that he's going to set out with some care the work that has been done so far and the evidence that he expects to call in this first period of hearing evidence. And I'm going to say something about the nature of the evidence that's going to be heard in this first part, but first, I'm afraid, I want to lay down some ground rules for the use of this 10:49

building and this room.

This floor will be available from 8:30 in the morning. Please don't arrive before that, because you won't be able to get into the building. And in general, when 10:49
we're hearing evidence, we're going to start the hearing each day at 10:00 o'clock. So if you're attending this main hearing room, we would ask you to be ready by 9:45 at the latest. If lawyers need to
have conferences with clients then they must arrange 10:50
those much earlier so that we can still get a prompt start. We will start whether everyone is present or not. I don't expect every core participant desk to be attended whenever we're sitting, I'll leave it to your
discretion as to which CPs - core participants - attend 10:50
or do so by their lawyers.

I would say this to counsel: It is for you to organise yourselves so that you're here when you're needed. I
will not engage with diarising the sitting of this 10:50
Inquiry to suit counsel's diaries, otherwise things are going to become quickly impossible.

We will ring the bell, or it's a gong, whatever you
want to call it, about five minutes before the start of 10:50
the hearing and a second ring will indicate that the panel are about to come in. Please do come in on the first ring. Arriving late can be disruptive. And if you do arrive late, especially once we start hearing

from witnesses, you may be asked not to attend until we break.

Hearing Room B does receive a live feed of these proceedings, and that can be used as an alternative to watch what's going on. But if you are in Hearing Room B, please remember, it is an extension of this hearing room, so please be aware not to disturb people too much. 10:51

The feed to Hearing Room B, which is the same as the live feed on the website link, has a short delay on it, and I'm going to explain the reason for that in a moment. But, otherwise, you'll be able to see and hear everything that's happening in here from the room next door. 10:51

Exhibits will be shown on screen and you'll be able to see the witnesses giving evidence, unless there is some good reason for a witness' face not to be shown. And there will be a member of the Inquiry team present in Hearing Room B to ensure everything is working as it should. 10:51

In this Hearing Room A, when the panel enters, I'm grateful to you for standing when we came in. If you're able to do so, not just as a sign of respect, but really to mark the formality of the proceedings and the beginning of each session. And as I say, we'll 10:52

start at ten, carry on until about one, we'll try and have a twenty minute break in the morning and a twenty minute break in the afternoon, which will run between 2:00 and around 4:30.

10:52

If we find, as is inevitable, that a witness' evidence is shorter than expected, we may stop early, and if longer, we may try and finish the witness, but we'll try not to sit beyond 5:00 o'clock.

10:52

While you are in this room or in Hearing Room B, please have mobile telephones off or on silent, and obviously don't make any calls while in either room.

For the reasons that I'll explain, in this room, 10:53
Hearing Room A, there is, please, to be no live use of social media and no tweeting or any other form of live use of the evidence being given in this room. You can, of course, use messaging between the lawyers if you need to, but no use of material from inside this room 10:53
should be used externally.

Hearing Room B has slightly more relaxed rules. If you're in Hearing Room B and you need to text, as long as it's not distracting to others, then you can do so. 10:53
There is a short delay on the feed into Hearing Room B, it's about three minutes. That will allow you to live tweet from that room, unless I suspend that permission for any reason. The reason for the short delay is only

this: That at some point it may happen that someone will say something, such as giving a piece of evidence upon which I placed a restriction order. With the best will in the world, we cannot say that mistakes like that will never happen. But if that does happen, I can stop the live feed and the technicians will remove the offending piece of the transmission, so then we can continue.

10:54

If any counsel becomes aware of a piece of evidence which should not have been given orally - and I expect each CP will be sensitive to their own material - can I ask you please to alert Mr. Doran or one of his team behind him straightaway so that I can stop the live feed? I will then, if necessary, hear any argument about the publication of that piece of evidence and then we can continue.

10:54

10:54

When we do adjourn in this room, could you please just remember that Hearing Room B will still be listening to the proceedings for about three minutes, so don't rush in, as it were, because it will disturb them.

10:55

And if I can just address those in Hearing Room B - and I'll have to repeat this, I'm sure, in the future. Please be sensitive to others and avoid distraction. Be aware that some of those who are sitting next to you, for some of those the evidence may be of particular importance or it may be upsetting. So, in

10:55

order to avoid distractions, if you're sitting in Hearing Room B, please also have your phones on silent, don't move around more than is necessary.

There must be no recording, please, of evidence in either room and no photography within the building. If anyone is found to be recording or taking photographs anywhere in the building, they will be asked to leave and not return. And I may take other action. That is simply to protect witnesses and others who may be sensitive about their appearance here. 10:55 10:56

I'm afraid I've got to address the issue of food in the hearing rooms. I'm afraid no food or drink other than water, please, in this room. I am more relaxed about people drinking coffee or tea in Hearing Room B. Please don't turn it into a picnic park. And can I apologise that the vending machines don't accept cards today, they will tomorrow. So apologies to many of you, who, like me, don't carry coins around anymore, probably can't get a drink quickly. 10:56 10:56

Can I, finally, just turn to the issue of the live link, which is capable of streaming these proceedings live to the public in general and to those who are interested? Now, some inquiries have effectively broadcast the entirety of their proceedings, limited only by restriction orders. And I have had to consider how best to approach that issue in this Inquiry. This 10:57

is a Public Inquiry and it's important that it's transparent and as open as it can be. But the topic matter of much of the evidence that we're going to be hearing is going to be very personal, very sensitive and will bring the emotions to the surface. And, further, we want to encourage people who haven't yet done so to come forward to the Inquiry with information about MAH, and live streaming of all of the evidence is, in my view, likely to have a negative effect on those who may be considering that question. 10:57 10:58

I also have to take account of the fact that many with a close interest in this Inquiry may not be able easily to attend through mobility issues or because they have caring responsibilities for another at home. What I've decided is as follows: All those in Hearing Room B will see and hear everything that goes on in this room, with the time delay I've mentioned; core participants will be provided with an access link and a password for live link which will allow them to watch all the proceedings via the website from home or elsewhere, as if they were in Hearing Room B; there will still be a strict prohibition on recording any part of the proceedings, as there is in this room or in Hearing Room B, and if we find that isn't adhered to, I will review the use of that link by core participants. 10:58 10:58 10:59

The general public will be able to watch some parts of our proceedings, including these opening remarks and

counsel to the Inquiry's opening statement and, depending on what I hear later, the core participants' addresses via a live feed from a link on the website. But live evidence and other parts of the Inquiry will not, in general, be live streamed with open access to all. I will keep that under review, but I have to balance a number of competing interests, and currently, that, it seems to me, is where fairness lies, including the encouragement of others to come forward. 10:59

Now, I'm sorry to set out that sort of long list of rules about the use of this floor, but you will appreciate we're going to be working in this environment for some time, and it's important that we start as we mean to go on and that the hearing rooms are places where people can come and listen and focus without distraction, unwanted noises, smells or visual distractions. 11:00

Can I turn to our Covid protocol? Because we are currently living with a dangerous epidemic, we have to take reasonable steps to mitigate the transmission of COVID-19. Because of the nature of this Inquiry, we also have to be particularly aware that those attending proceedings may either be themselves more vulnerable than others if they catch the virus and, secondly, that they may be returning home to where people may be particularly vulnerable. 11:00

Furthermore, I have to try and protect these proceedings to ensure that we can carry on. And of course, if we get a significant number of people suffering from COVID-19, we may have to stop for a while. 11:01

Now, we're lucky that on our panel we have someone who can properly be regarded as a Covid expert. Dr. Maxwell is, as you've heard, not only a registered nurse, but she's also the author of two National Institute For Health Research reviews on the evidence on long Covid. So with her advice, I've deemed the following steps to be a reasonable mitigation of the risks of transmission for those attending these proceedings. And it goes without saying that anyone who does attend does so at their own risk. 11:01 11:01

First and foremost, if anyone has tested positive or has developed symptoms, which include a persistent cough, higher than usual temperature, loss of taste or smell, unusual muscle aches, tiredness or body pain, please don't attend until you've tested on day two of those symptoms appearing. 11:01

I would encourage anyone who's going to attend regularly to take a lateral flow test at least twice a week, and we suggest on Sundays and Tuesdays. 11:02

There is in fact, or will be from tomorrow, filtered

air-conditioning throughout this floor. We've got some machines in working today, but we are going to have HEPA filters fitted to all the ventilators and ventilation system on this floor, which should mitigate the danger of airborne virus. And in conference rooms, please keep any windows you have open.

Moving around the building, when you rise, please do wear a mask. If you don't have one, we have a number available at reception, and please wear it properly. There is no point, as I've seen many people do, wearing a mask until they're speaking to somebody and then taking the mask off. So please do wear masks properly.

If you're sitting in this room and sitting at a desk, you can remove the mask, provided you are sitting within a profession bubble, as it were, with the person you're sitting next to and you are both comfortable with that. You should be sufficiently distanced from those around you. But when we rise or take a break, please put the masks back on.

I'm going to encourage everybody sitting in the public gallery in this room and all those sitting in Hearing Room B to continue wearing masks. I've noticed - I don't think anyone is at the moment. But I am going to encourage that for the reasons that I have stated. Just bear in mind that others may be going home to look after highly vulnerable people. So please do wear

masks if you're sitting in the public gallery from now on. The problem is that because of the close proximity of the public gallery, social distancing isn't possible.

11:04

You will note the, the lawyers will have noted the, the core participants sitting at the desks will have noticed that there are water jugs on every table, there are glasses on every table. Those will be changed every night. There will be fresh water in the jugs every day. We're trying to discourage you from bringing in plastic bottles. Apart from being unfriendly to the environment, they tend to get left around and increase the risk of touch transmission.

11:04

11:04

If everyone follows those rules, there is a good chance of us keeping these hearings going. And so I do ask you, please, to consider your personal responsibility.

Now, let me address some legal issues. And in reality, I'm addressing the lawyers representing core participants in the room.

11:04

The system for any counsel or solicitor addressing the Inquiry, other than counsel to the Inquiry, will be that we will ask you to come forward to the lectern, which is going to appear magically, I think, tomorrow morning, and speak from there. And we've had a number of discussions with the technicians; it would in fact

11:05

have been very difficult to have microphones on every desk, because of the live transmission, but also because of the cameras. And it's important that the public can see who's speaking. And so, please, any lawyer who is invited to address the Inquiry will be asked to do so from the lectern, and that will ensure that you can be seen and heard by the public, who need to hear and see you. And also, of course, on the live feed, when that is appropriate. 11:05

Questioning of witnesses will be undertaken by counsel to the Inquiry and his team of barristers, in accordance with the Inquiry rules. As I'm sure you all know as lawyers, under the rules, under certain circumstances, I have the power to allow others to question witnesses, but I will need persuading. There is a good reason for that -- that there is a good reason for that to happen and that the questions couldn't otherwise be asked by Mr. Doran or one of his team. 11:06

Part of the reason for that is that all counsel acting under Sean Doran have received specialised vulnerable witness training, but it's also to control the amount of questioning that witnesses are subjected to and to control the length of these proceedings. So I'm sure that the core participants will understand this isn't an environment when they will be constantly hearing their lawyers speak, which I know is attractive to 11:06

some, but I have a duty to control that.

There will, of course, be a system for core participants to submit any questions they want put to a witness to Sean Doran and his team before a witness gives evidence and I expect that system to be adhered to. He will set out the timetable for you to request him to ask questions of a witness, and I hope you'll keep to that. And you're less likely, frankly, to get your questions asked if they're submitted late. 11:07

I do require any legal application to be submitted 48 hours in advance and to be in writing. Please make written arguments, should there be any, concise. A skeleton argument of more than eight pages is no longer a skeleton. Please use eleven point type, otherwise I won't be able to read it. I won't entertain off-the-cuff legal submissions made orally, unless there is a genuinely urgent need for that to happen, and I will need persuading of that. 11:08

On that note, can I encourage all counsel and solicitors to observe my guidance for e-mails and the service of documents. The guidance is this: That no e-mails should be sent to the Inquiry team between 7:00 p.m. and 7:00 a.m. We all have lives outside of this Inquiry. It's important for everyone's well-being that we respect the times that people should be able to switch off the technology. Obviously, if there's a

truly urgent need then you must be able to do so, but I hope that will be the exception. I would impose the same rules on each of the teams, but I don't have power, it seems to me, to do that, but I would encourage you to keep to those times. 11:08

Evidence from witnesses will be given on oath or affirmation from the witness table, which is here to my left. To your right. It will be recorded by stenographers and an immediate transcription is being 11:09
provided to core participants, and the transcripts will be available on the website once corrected. I understand there are glitches with that system today, despite the fact that we had a full test last week, that is, I'm afraid, bound to happen and I hope we get 11:09
that sorted out by tomorrow.

Now, some witnesses will, no doubt, want to give evidence anonymously, or at least protected by screens, or they may want to give evidence over a videolink. 11:09
There are facilities to receive evidence by way of videolink from various other places, and when that's to happen, the video feed will be shown in this room and in Hearing Room B, or, if the witness doesn't want their face shown, it will be an audio feed only. We 11:09
also have voice distortion available should that be required for witnesses who wish to remain anonymous.

I'm open to witnesses to give evidence in any way in

which they are most comfortable, but because these are public proceedings, there would have to be a very good reason for a witness to be allowed to give anonymous evidence. If anonymity has been granted, then the redacted statement will still be available to all core participants to know the nature of the evidence being given.

Some witnesses may ask to give evidence in this room, but from behind a screen and shielded from the larger part of the room. If that helps to lessen the anxiety of giving evidence, so that only part of the room can be seen, then I will be open to that.

In short, I'll be open to any system that makes a witness' life easier in any way that I can. But I do have to weigh that in the balance with the importance of ensuring that these proceedings are both public and transparent.

Now, some of the evidence given is likely to be distressing, either to the witness or to those hearing the evidence. There is a trained counsellor available should anyone want to speak to one. Today I think we have Deborah here. She is wearing a yellow lanyard. So all counsellors will be wearing yellow lanyards. They will be easily identifiable. And they will speak to you in private, if that would be helpful. She can also explain the service that's being offered. Those

services are provided by the Inquiry and paid for by the Inquiry, and that is not just for members of the public; anyone who is affected by the material we hear and see is welcome to speak to one of our counsellors.

11:12

Now, let me say a few words about the structure of this Inquiry, and I know that Mr. Doran is going to deal with this in much more detail. But when we start hearing evidence, we will start with the patient experience and evidence from relatives who can tell us about their loved ones and their experiences. Not only do we want to put the patients at Muckamore front and centre of this Inquiry, but we want to put their experience first. And there is a good forensic reason for doing so. Much later in this Inquiry we'll be hearing from the big organisations which had the responsibility for running Muckamore. We'll hear all about the policies surrounding this hospital and how policies were created to govern the patient care, the staff behaviour and how patients should be looked after. We'll hear from the RQIA, who have a number of duties, but who also inspected Muckamore on a number of occasions.

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It is easy to be persuaded by written policies and written inspection reports, and the written word can be a powerful tool. But policies don't ensure that patients receive safe and compassionate care, people do. So when we come to examine the behaviour of the

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big organisations and the policies, it's important that we have the evidence in front of us of how those policies and intentions in fact translated on the ground into the care that patients received at Muckamore. And so we can't do that without the evidence of how the patients were actually treated. 11:13

In getting these proceedings underway, I've had to make some hard decisions. There have been requests that we don't hear from any witness until all of their documents are available and have been analysed. So, by way of example, some witnesses may have made complaints and there'll be a record of such a complaint with the Trust. And one approach would be to wait until all of those documents had been collated, they'd been tracked down, they'd been shown to the witness and all the core participants before the witness gives evidence. But the danger of that approach - and it has its attractions - is that we wouldn't be starting to hear evidence for many months. My view - and this has been my decision - is to ensure that we do start these proceedings and we receive some evidence about the patient experience before we break in July. If we find that documents do need to be tracked down, we will undertake that exercise after hearing the first part of the evidence, and if it is really necessary, we can ask witnesses to return to deal with that documentation. 11:14 11:14 11:14 11:15

Can I turn to the police's role and the criminal cases

that you will all be aware of and are ongoing? And I just want to speak briefly about how we will try to ensure that we don't come into conflict with the police operation investigating the issues at MAH or, indeed, come into conflict with the outstanding criminal cases which are going through the criminal justice system.

As you may be aware, the Inquiry has entered into a memorandum of understanding - an MOU - with the police service, the PSNI, and with the Public Prosecution Service. It was necessary and important to do that so that we make sure that the Inquiry, as far as possible, can't interfere with the work being conducted by the PSNI and the PPS to prosecute individuals accused of criminal behaviour in relation to their role at Muckamore. And the MOU sets out the terms of the Inquiry gaining access to important material, including, of course, CCTV material.

As anyone who's followed the Muckamore story will know, there is a large amount of CCTV, which has provided the PSNI with evidence of abuse and which will be used as part of the evidence in forthcoming criminal trials. The police and the Public Prosecution Service are understandably sensitive about the publication of that material prior to the trial starting. The PSNI have, however, offered the facility to the Inquiry so that panel members can view such CCTV as we wish to. Although this isn't my preferred option, the panel will

have to view that material in private session. Now, I hope that in due course CCTV can be viewed by core participants, but at this stage it's important that the panel is able to view a reasonable cross-section of that material, because of the sensitivities around that material it has to be done privately at this stage. 11:17

Another topic: Some time ago, I approached the Director of Public Prosecutions for Northern Ireland to ask him, in a very limited way, to give an indemnity from prosecution for witnesses giving evidence before this Inquiry and he has agreed to do so. And I want to explain why I did that, because I would understand if there's some concern that people will be let off as a result. They won't be. And I want to explain how it's going to work. 11:17 11:18

The Inquiry has the power to require evidence and documents to be provided to us by individuals and organisations. A refusal to comply with such request may lead to a referral to the High Court for contempt proceedings, and the Inquiry has issued a number of these notices, which are called section 21 notices, and all of those notices have been, or are being, complied with. And as the hearings continue, I expect to issue further section 21 notices. 11:18 11:18

Our Terms of Reference include a requirement that we examine not only the abuse which occurred, but also the

circumstances which allowed abuse to occur. The body of nurses, carers and management at the hospital will form a critical piece of the jigsaw of evidence which will help us to meet our Terms of Reference.

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As you may be aware, although I have power to direct witnesses to attend the Inquiry and produce evidence, any witness is entitled to claim what's called the privilege against self-incrimination in relation to criminal offences. No Court or Inquiry has the power to override that legal principle. And, so, if the right is exercised, as I believe it would be by some witnesses, the Inquiry could be deprived of a very important and a significant area of evidence.

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The indemnity or undertaking that has been granted is that witnesses before this Inquiry will not be prosecuted on the basis of the written or oral evidence they give to this Inquiry. It relates solely to evidence produced to this Inquiry. It does not prevent the prosecution of any individual on the basis of any independent evidence, such as direct witness testimony or CCTV. So no one will be let off who would otherwise have been prosecuted.

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But my serious concern was that, unless such an indemnity was given, it would have been likely that there would be a substantial area of evidence which the Inquiry would never hear. That evidence would inform

the Inquiry as to internal nursing and management practices within the hospital. And that is why the undertaking was sought and I'm grateful that it's been given. It will allow the Inquiry to receive evidence which it would not otherwise have received, and it means that no one will be able to claim the right of silence on the grounds that the evidence might incriminate them. It deprives them of that protection and it will allow me, if necessary, to insist on answers being given or risk referral to the High Court. 11:21

Let me turn to address the core participants directly, and their lawyers. Could I ask counsel, as I read out their names, to stand? I'm going to do that so that the cameras can, apparently, swivel to the right person, and if you could just remain standing for a few minutes. But that will allow the public in Hearing Room B, and the general public, to see who is who. And if I get anybody's name wrong, my apologies in advance and please do correct me. 11:22

Patients and relatives who are members of Action for Muckamore are represented by Phoenix Law Solicitors and they're represented by counsel Monye Anyadike-Danes QC. Thank you very much. Helena Wilson and Stephen McQuitty. Thank you very much indeed. 11:22

Patients and relatives who are members of the Society of Parents and Friends of Muckamore are also

represented by Phoenix Law and by the same team of counsel. I have left it to them, as it were, how they divide their work between the various core participants that they represent, but I know that they've been working hard over the last few weeks. 11:23

Patients and relatives of patients at Muckamore who are not affiliated to those two groups, but nevertheless have a close interest in the events at Muckamore and are CPs in this Inquiry, I've referred to those in a very loose term as "Group 3" for convenience, but they are each individuals who have been granted core participant status. They're represented by O'Reilly Stewart Solicitors and by counsel, Mr. Connor Maguire and Ms. Victoria Ross. If they're present? They're not. 11:23 11:23

Belfast Health and Social Care Trust, who are represented by the government directorate of legal services, otherwise known as DLS, and by counsel, who are Mr. Joseph Aiken QC; Anna McLarnon, Matthew Yardley and Laura King. Thank you very much indeed. 11:23

The Department of Health is also represented by the Directorate of Legal Services and by counsel Mr. Andrew McGuinness. Welcome, Mr. McGuinness. Thank you. And the RQIA, who are also represented by DLS and by counsel Mr. Michael Neeson. Thank you very much, Mr. Neeson. 11:24

The police service, the PSNI, are here present by Detective Chief Inspector Jill Duffie, by their solicitor Colin Hanna, and by counsel Mr. Mark Robinson QC. Thank you very much. 11:24

I want to welcome all core participants and their representatives and thank all core participants for their co-operation so far. All have been working hard to submit documents to the Inquiry on time, and 11:25 although a number of extensions have had to be granted, I have no reason to think that people have not been co-operating.

We will all have different perspectives and approaches, 11:25 but again I am sure that you will appreciate for this Inquiry to work there has to be a degree of co-operation between the parties. Please submit your questions to counsel to the Inquiry as early as you can and within the timeframe that's going to be set down by 11:25 Mr. Doran. That will allow him to filter your questions into the appropriate point in his questioning, which is also going to help the witness. If you do have legal matters to raise, as I have said, I want those raised in good time and in writing at 11:26 least 48-hours ahead of the issue having to be addressed.

We, for our part, will try to ensure that you get the

relevant witness statements and any documents in good time for you to consider them and prepare questions. It will always be at least 24-hours, at a minimum, in advance, together with a notice of who will be giving evidence the next day, but as you will see in due course, the timetable set by Mr. Doran will allow, I hope, for much longer and the administration team will try to meet that. 11:26

If there is some good reason for not being able to keep to the usual time limits, we'll explain why and listen to your views. 11:26

Now, I'm sorry that although a number of witness statements have now been taken, we've only managed to obtain very few from either Action for Muckamore or the Patients and Friends of Muckamore, who are core participant witnesses. Their evidence will be really important as the Inquiry progresses, and I hope that in the very near future that process will be accelerated by good co-operation between Phoenix Law and Cleaver Fulton Rankin, who are the Inquiry statement takers, and I know have been working hard to take statements since early this year. 11:26 11:27

I'd remind everybody that Cleaver Fulton Rankin are the only approved and designated statement takers, and I would discourage others, as it were, from making their own attempts, certainly from this carta of patients and 11:27

their relatives.

Now, as core participants - the lawyers will know what I'm about to say - but as core participants, as individuals, you have the advantage of getting early access to the evidence. That means to the witness statements and to any documents you need in order to formulate questions for your counsel or for counsel to the Inquiry. But there are rules around that which I expect to be observed. This Inquiry itself will be making public that which should be made public and we will be putting all the relevant material that we can on the website. But material that you receive as core participants is not to be disseminated outside of the Inquiry. It's for you to use to take your particular interests forward, to help you understand the evidence and formulate any questions you want Inquiry counsel to ask, but it's not material to be provided to a wider audience or to the press. And to that end, all core participants, before they get access to the Box Document System, will have signed undertakings to handle the material disclosed to you by the Inquiry without divulging that material to a third party. 11:27 11:28 11:28 11:28

If people don't abide by those rules, despite the security systems that we put in place, there are likely to be serious consequences. The material that we are dealing with is potentially exceptionally sensitive. Such behaviour of revealing material provided to core 11:29

participants by the Inquiry to others who are not authorised to receive it would be without the permission of the Inquiry and it is likely to amount to a criminal offence under section 170 of the Data Protection Act. Infractors would be stopped from receiving further material, they risk losing their status as core participant and being barred from these proceedings. And if there are regulatory offences we will report to the relevant regulator. 11:29

Now, I'm sorry to take such a strong line on that issue, but there are many people with a close interest in these proceedings and many more that we want to encourage to come forward. As I've said, we are going to be dealing with some exceptionally sensitive material, and seeing things in the press for the first time, which haven't come from the Inquiry, is unfair to people and it's disruptive of the Inquiry itself. But it could also discourage people from coming forward and ultimately frustrate the Inquiry's purpose. I'm sure that all CPs will abide by the rules, but it's important that the wider public understand why these rules are imposed and have to be adhered to. 11:29 11:30 11:30

On that note, we are not providing hard copy documents, unless for any reason it's absolutely impossible to avoid it. I understand some lawyers prefer to have printed material and find it easier to navigate. In general terms, I would encourage people to work 11:30

electronically where possible.

Quite apart from the environmental impact of printing large quantities of paper, it is, of course, far less secure. If you do print material, please be extremely conscious of the sensitivity of the material we are dealing with, most of which would be categorised as special category personal data for GDPR purposes. Complying with GDPR responsibilities is your own personal duty. In other words, on your head be it. And many of you will know the sort of fines that the Information Commissioner can levy when there are failures. 11:31 11:31

I know that there's a lot of press and media interest, and I want to address the press and media directly, if I may? First of all, I want to highlight the work of the media prior to the set up of this Inquiry. They have played a crucial role in bringing the issues under examination to the fore and they gave a voice to the families and friends of patients at Muckamore Abbey Hospital, and in many ways that work in uncovering the issues and amplifying their concerns have contributed significantly to our presence here, and for that, many are grateful. 11:31 11:32 11:32

The press play an essential role in our democracy and have assisted in publicising and promoting some of the Inquiry's work, and I have no doubt that they will want

to report our proceedings as fully and accurately as they can and I hope they do. The Inquiry team will assist them as much as we can and give them advance notice of the hearing dates and the nature of the evidence to be given. But just this: My view is that this Inquiry is about the people most concerned in it. They have the right to hear things directly from me or the Inquiry team, and it's no good saying that patients and relatives come first and then them hearing about Inquiry events from the media who've been given some sort of prior access via a leak of some sort. 11:32 11:33

In order to assist the press and media, we have a room available to them so that they can report and discuss what's going on without distraction and without distracting others, but I would underline the rule, please, about not taking any images within the Inquiry building, not seeking to interview or photograph any witnesses inside the Inquiry premises or as they try to enter. Press and journalists will be wearing black lanyards, clearly identifying them as members of the press. 11:33 11:33

And the reason for that rule is this: The task of giving evidence in public is stressful enough without having the added stress of facing cameras. Many people will be anxious or stressed simply by attending the Inquiry premises, so, please, be sensitive to that. If the rule is infringed about photography within the 11:33

Inquiry premises, there are steps I can take and I will. But I'm very hopeful to have a co-operative relationship with everyone who attends, including the media, who are interested in the Inquiry's work.

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Well, that's all that I have to say at this stage. We're going to break now until two o'clock and I will then ask Mr. Doran to make his opening address. His remarks, I know, are going to take us well into tomorrow. We're not going to be sitting on Wednesday morning, so any core participant who wishes to make some opening remarks will have a chance to do so after Mr. Doran has concluded tomorrow, but I expect they won't start until Wednesday afternoon from two o'clock. And then all day Thursday to hear the remainder.

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Now, as the lawyers will know, I've limited opening speeches by core participants to one hour each. I hope you'll be able to conclude within that time, and I reserve the right to use what lawyers call a guillotine if you're unable to confine yourself.

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I understand that all core participants may wish to make an opening statement. It's a matter for you whether you do. But the order I've set down is that the organisational CPs should go first; the Department of Health, the Belfast Trust, RQIA and then PSNI, then the individuals represented by O'Reilly Stewart Solicitors and, depending on how long those addresses

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are, we'll take a short break in between if needed. I'm happy, within reason, if you want to change that order for counsel's convenience, but only if it is agreed by all and we don't lose time.

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I have received a written application from Ms. Anyadike-Danes that she be allowed to speak on Monday morning, and I have granted that request, albeit reluctantly, as it will eat into the time the panel have to view CCTV, but we'll make that up elsewhere. But I understand that she wouldn't be ready this week because of the number of individual CPs whom she represents. She has slightly longer to address us to reflect the fact that she represents, in effect, two organisational core participants, or at least two associations who have individuals affiliated to them.

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We'll, therefore, break after the first series of addresses until the Monday morning and then we'll hear the opening address on behalf of those affiliated for Action for Muckamore and the Parents and Friends of Muckamore. We will then be going into closed session, for reasons set out in the restriction order last week, and the panel will begin reviewing some of the CCTV evidence.

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Can I thank everybody for their attention so far. We're now going to rise and we will return to continue the hearing and to hear Mr. Doran's opening address at

two o'clock. Thank you very much.

END OF OPENING BY THE CHAIRPERSON

LUNCHEON ADJOURNMENT

THE HEARING RESUMED AS FOLLOWS AFTER THE LUNCHEON ADJOURNMENT

CHAIRPERSON: Mr. Doran.

13:53

OPENING BY MR. DORAN

MR. DORAN: Chair, Prof. Murphy, Dr. Maxwell, I would like to begin my opening by welcoming you to Belfast on behalf of all of the legal representatives in the Inquiry. 14:01

I'm aware, of course, that you have already spent some time in the city. Since the formal establishment of the Inquiry on 11th October 2021, you, Chair, have taken a hands-on role in preparing for these oral hearings. The panel members have also spent a substantial portion of the past month in Belfast getting ready for the work of the Inquiry. 14:01

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I would also take this opportunity to wish you well in the exacting task that is presented by the Terms of Reference of this Inquiry. I shall return in detail to those Terms of Reference later in my opening.

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The Minister for Health first announced his intention to establish a Public Inquiry into events at Muckamore on 8th September 2020. It is important at the beginning of these oral hearings that I, as counsel to

the Inquiry, should acknowledge the efforts of patients, former patients, their families, their friends and their representatives, in campaigning for this Inquiry. Many of them are present today, either in person or by watching remotely. This is a very significant week for them. It is a significant week for all who have been affected by the events that have led to us being assembled here today to open the public hearings. 14:02

I wish to state at the outset the commitment of the Inquiry legal and administrative teams to achieving a thorough, fair and effective examination of the issues with which this Inquiry is concerned. 14:03

The Inquiry will be receiving a large volume of evidence about Muckamore Abbey Hospital itself. How the hospital operates on a daily basis and how it is managed. The panel will hear evidence about health care structures, about legislation, policies, procedures, rules, regulations, codes of practice, guidelines and protocols. The Inquiry will have to examine the roles and responsibilities of the different authorities responsible for oversight and management of the hospital. It will also have to look at the authorities responsible for regulating and monitoring the operation of the facility. It will need to consider the various channels through which complaints and concerns about the hospital can be investigated. 14:03 14:04

Fundamentally, however, the Inquiry will be concerned with people. More specifically, the Inquiry will be concerned with very vulnerable people and the care of the vulnerable in a hospital setting. It will be concerned also with those people who have responsibility for such care, from frontline staff to the upper tiers of the health service. 14:05

There will, perhaps, be days on which we become immersed in the mechanics of how the health system works. There may be days on which we become immersed in the proper interpretations of rules and regulations or in the nuances of a particular policy. But at the end of such days, it is to people, and in particular to the vulnerable patient, to whom we must return. 14:05

The subject of abuse is at the core of this Inquiry. The Inquiry will inevitably hear some harrowing evidence of abuse in the course of its work. It is also important, however, to acknowledge that many involved in the care of the vulnerable carry out their work with diligence and compassion and in accordance with the highest professional standards. There are those who have devoted many years of their lives, often in challenging circumstances, to care properly for the patients at Muckamore. It is important that their good work should not be obscured by the unacceptable conduct of others. 14:06 14:06

The Inquiry will hear accounts of positive experience and negative experience, it will hear stories about care and failings in care, it will examine the subject at the level of daily practice and at the level of management, it will examine the operation of the hospital within the broader structures of health care in Northern Ireland. Importantly, the Inquiry will conduct this examination from an entirely independent, neutral and dispassionate perspective. 14:07

As you have said, Chair, the Inquiry requires cool and calm reflection upon events. 14:07

My opening will take some time. There are several topics that I wish to cover. My counsel team has prepared a PowerPoint outline that I hope will assist the audience. This will also provide an early opportunity to test screens that we will be using to display documents throughout the hearings. I will, of course, take breaks at suitable times. I sincerely hope that no one will be put off by the lengthy list of matters that I'm going to be speaking about. 14:08 14:08

You will see on the screen now a list of the topics that I will be addressing. In a moment I will add to the Chair's short summary of the core participants to the Inquiry. I will then speak about the background to the Inquiry, and I will consider briefly the legal framework within which the Inquiry will be operating. 14:08

I then propose to provide a broad historical overview of the hospital, followed by a contemporary snapshot of the hospital as it stands today. I will go on to provide an outline of where the hospital currently sits within the health and social care structures in Northern Ireland. I will also introduce, very briefly, the legal provisions governing admission to the hospital.

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I will then turn to look in some detail at the Terms of Reference. This is a significant document, for obvious reasons. We will be returning to this document frequently in the course of the hearings. Having introduced the Terms of Reference, it will then be necessary to consider the sources of material that the Inquiry can call upon to conduct its work. I will provide an update on the work that has been conducted to date on taking witness statements and obtaining documents for Inquiry purposes.

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At that point in my opening, I am going to go back in time again to consider some earlier investigations, reviews and reports that relate to Muckamore. I expect that the Inquiry will hear frequent references to those earlier processes in the hearings. The Inquiry will not, of course, be constrained by those earlier processes. The Inquiry has a much wider remit than any previous examination of the hospital. The Inquiry will take its own course. It is, however, important for the

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Inquiry to be fully informed of previous investigations that are relevant to its work.

Having looked at those earlier processes, I will then say something about the current and ongoing criminal 14:10
investigation and prosecutions in respect of alleged abuse at the hospital. This Inquiry is running in parallel to those criminal proceedings and I want to explain, briefly, how that is going to work in practice. 14:11

Before I finish, I am going to say something about the Inquiry's schedule from now to the summer break. Panel, I'm very conscious that the Inquiry has not yet received the full extent of evidence and documentation 14:11
that will come before the Inquiry. I will, therefore, be dealing with some matters in outline only. For example, the organisational structures within which the hospital operates and the roles and responsibilities of the various relevant authorities. Those and other 14:11
matters will be examined in much greater detail at a later stage in the Inquiry.

As Inquiry counsel, I now wish to extend a specific welcome to the core participants and their 14:12
representatives. Their representatives will be addressing you, but I'm going to say a few words about the core participants' background and their role.

The core participants comprise patients and their relatives, and also a number of public authorities with a significant interest in the issues that the Inquiry will be examining. You, Chair, have granted core participant status to a number of individuals affiliated to the group called The Society of Parents and Friends of Muckamore Abbey. The Society was originally formed in the early 1960s to safeguard the well-being of patients at the hospital and to enhance their quality of life through social, health and educational pursuits. The Society has, for decades, contributed to many initiatives aimed at assisting patients in their daily life in the hospital. The secretary to the Society, Brigene McNeilly, and the Chairman, Billy Moore, have worked tirelessly over the years to achieve that objective, both on behalf of their own relatives and on behalf of others at the hospital. 14:12 14:12 14:13

You have also granted core participant status to a number of individuals affiliated to the group Action for Muckamore. Action for Muckamore is a group of relatives whose family members have been affected by the abuse at Muckamore. They campaigned actively for this Inquiry. Glynn Brown, whose son Aaron was a patient at Muckamore when the allegations of abuse at the hospital surfaced, was instrumental in raising the concerns that have ultimately resulted in this Inquiry. He has made regular, passionate and articulate 14:13 14:13

contributions to the discussion around Muckamore before and after the Inquiry was announced.

Looking back at some of the media reporting prior to the announcement of the Inquiry, I was particularly struck by an interview that the group gave to BBC Newsline in January 2019. In that interview Anne Blake, whose son Jonathon was a resident of Muckamore, stated the group's position very succinctly. She said that what was required is: 14:14

"A proper public Inquiry and a root and branch change in Muckamore, not a cosmetic change, a root and branch change."

I am confident that those words encapsulate the thoughts of many persons who have been affected by the events that will be examined by this Inquiry.

As counsel to the Inquiry, I was also struck by the words of Dawn Jones, whose son Timothy is a patient of Muckamore. In an interview with the BBC in December of last year, she very positively encouraged participation in this Inquiry. She said:

"I would just plead to people, if they could, former staff members, present staff members, anybody at all connected to Muckamore, families, ex patients or current patients, if they could just contact the public

Inquiry."

I hope Brigene, Billy, Glynn, Anne and Dawn, will not mind me mentioning them by name in my opening. They will be the first people to say that there are many others who have worked tirelessly to protect patients' interests at the hospital over the years. The Inquiry will, of course, be hearing from many of those individuals during the oral hearings. 14:16

It is very fitting that these two groups will have the opportunity to contribute fully to the work of the Inquiry through their core participant status. As you've said, Chair, the two groups are represented by Phoenix Law Solicitors, who instruct Monye Anyadike-Danes QC and Helena Wilson and Stephen McQuitty of the Northern Ireland Bar. 14:16

In preparing for the Inquiry, Chair, you also wished to ensure that other individuals who have been affected by events at Muckamore would have an opportunity to be designated as core participants in appropriate circumstances. You recognised that there are persons who are not affiliated to any particular grouping, but who have a sufficient interest in the work of the Inquiry to justify the grant of core participant status. You explained your approach to this matter in a Chair's statement on 10th November 2021. Core participants who fall within this category are 14:17 14:17

represented by O'Reilly Stewart Solicitors, who instruct Connor Maguire QC and Victoria Ross.

The core participants and their representatives will play an active part in the Inquiry. So too will many others who come before the Inquiry to give evidence as witnesses. 14:17

I may just pause for a moment, Chair, to acknowledge that there are others, no longer with us, who would have had a great interest in the Inquiry's work. In the months prior to the Inquiry you, Chair, reached out to as many people as possible who might be in a position to assist the Inquiry, whether from the perspective of patient, or staff, or otherwise. 14:18 14:18

At one of the early engagement sessions held by the Inquiry, Mrs. Margaret Lyons was a member of the audience. Mrs. Lyons' son Richard had been admitted to Muckamore when he was 17 years old in 1992 and he remained there until 2018. Richard, sadly, died on his 46th birthday on 19th February 2021. 14:18

Having met the Inquiry team in October 2021, Mrs. Lyons decided to put her memories of her son and his time in the hospital in writing. She did this not only to assist the Inquiry, but also, as she said, to leave a lasting record for her son. The Inquiry has that record and it will be shared with core participants in 14:19

due course. Mrs. Lyons intended to go on and make a statement to the Inquiry's statement team. Before that happened, however, Mrs. Lyons herself passed away on 10th February of this year. Fortunately, Chair, you attended Mrs. Lyons' home and spoke to her before her death. I know that you were touched by her determination to assist the Inquiry, even at a time when she herself was very ill. Mrs. Lyons and her son are among many whose lives were affected by the matters that the Inquiry will examine, but who, sadly, will not be with us as the Inquiry proceeds. I think it is important that we remember them as we embark on the hearings. 14:20 14:20

Moving on from the patients and their relatives and carers, the next core participant is the Department of Health, which is the department with overall responsibility for the provision of health and social care services in Northern Ireland. The department is represented by counsel, Mr. Andrew McGuinness, who is instructed by the Departmental Solicitor's Office. The Belfast Health and Social Care Trust has also been granted core participant status. The Trust is responsible for the management of the hospital. It is also one of the major providers of documents to the Inquiry. As you've said, Chair, the Trust is represented by Joseph Aiken QC and Anna McLarnon of counsel with Matthew Yardley and Laura King. They're instructed by the Directorate of Legal Services. 14:20 14:21 14:21

The next core participant is the Regulation and Quality Improvement Authority. The RQIA was established under legislation in 2003. Although accountable to the Department of Health, the RQIA is an independent health and social care regulatory body. Its functions include the registration and inspection of a range of health and social care services. The functions of the former Mental Health Commission were transferred to the RQIA with effect from 1st April 2009. Since that date, the RQIA has had a specific responsibility for keeping under review the care and treatment of patients with a mental disorder or learning disability. The RQIA is represented by Michael Neeson, counsel, who is instructed separately from the Trust by the Directorate of Legal Services.

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Finally, the Police Service of Northern Ireland has been granted core participant status. The panel will be aware that PSNI is currently conducting a major investigation into the allegations of abuse at the hospital. I will be saying more about that in due course.

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Over the years, PSNI has also investigated other incidents that predate the timeframe of the incidents being examined in the current investigation. Those prior matters will also be of interest to the Inquiry. PSNI is represented by Mark Robinson QC, who is

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instructed by PSNI legal services branch.

So, to summarise, the core participants are individuals affiliated to Action for Muckamore, individuals affiliated to The Society of Parents and Friends of Muckamore Abbey, other patients and their families who are separately represented from those two groups, the Department of Health, the Belfast Health and Social Care Trust, the Regulation and Quality Improvement Authority, and the Police Service of Northern Ireland. 14:24

The legal representatives of core participants will be making opening statements to the panel on Wednesday afternoon, Thursday, and Monday morning. My counsel team and I look forward to engaging with them throughout the Inquiry, with the overriding objective of assisting the panel in its examination of the issues. 14:24

You have mentioned the Inquiry counsel team in your introduction, Chair. As you indicated, Mark McEvoy and Denise Kiley appear with me as junior counsel to the Inquiry. The other members of my junior counsel team are Sophie Briggs, Shirley Tang and James Toal. We have, of course, been working closely with the Solicitor to the Inquiry, Lorraine Keown and her team, and the secretary to the Inquiry, Jaclyn Richardson and her administrative staff. On behalf of my counsel, I would like to acknowledge the significant work that has 14:24 14:25

been done by the Inquiry's solicitor and administrative teams to make this day possible.

Before moving on from my brief survey of the core participants, there are two things that I want to mention. First, the list of core participants is not necessarily closed. Rule 5 of the Inquiry Rules provides that the Chair may designate a person as core participant at any time during the course of the Inquiry, provided that person consents to being designated. So it may be that others will be designated as core participants in due course. 14:25 14:26

Secondly, it is important to emphasise that there are other means of participating in the Inquiry, quite apart from the contribution to be made by core participants, the Inquiry hopes to hear from many others in the course of its work, through oral evidence where appropriate, through written statements and through the provision of relevant materials to the Inquiry. 14:26 14:26

Moving on to the background to the Inquiry. As I have said, the Minister first announced his intention to set up a Public Inquiry on 8th September 2020. In the course of that announcement, he said: 14:27

"I want to take this opportunity to once again put on record my apologies on behalf of the health and social

care system to patients and families who have been let down by a failure to protect patients from abuse. A shocking failure that has affected some of the most vulnerable members of our society, who should be protected. However, families and patients want and deserve more than apologies. They want and need answers as to why this happened and how it was allowed to happen. I hope that the Public Inquiry that I have announced today will give them those answers." 14:27 14:28

In closing the announcement, he said:

"This is a sad chapter in the history of health and social care services in Northern Ireland, in particular for the Belfast Trust and Muckamore Abbey Hospital. They have failed in their duty to protect these patients. They have failed in their duty to the family members. This abuse should never have happened, and as the Minister, I will do all that I can to make sure it never happens again. That is why I am announcing a statutory Public Inquiry into the events at Muckamore Abbey Hospital." 14:28 14:28

That announcement was followed by a period of engagement with patients and former patients, their families and carers on the Terms of Reference of the Inquiry. This engagement was facilitated by the patient and client council. A report summarising the key themes from that process was published in March 14:28

2021. Following on from that process and the appointment of the Chair in June 2021, the Minister consulted with the Chair with a view to finalising the Terms of Reference. Then, on 29th September 2021, the Minister made a written statement to the assembly publishing those Terms of Reference. The Minister also confirmed that the setting up date of the Inquiry would be 11th October 2021. 14:29

In the course of my opening, I will be saying more about the work in which the Inquiry's legal and administrative teams have engaged since October to enable the oral hearings to commence this week. 14:30

Before I move on from the background to the Inquiry, I would like to make reference to one particular passage in the engagement report that had a particular resonance. In the context of a summary of what patients, their families and carers wanted, the report noted as follows: 14:30 14:30

"Respondents remarked that they do not believe that abuse and neglect of the kind that was uncovered in Muckamore Abbey Hospital will be prevented from happening again until its underlying causes are addressed. They hope that this Inquiry will function as a paradigm shift for adult social care in Northern Ireland. They view the Inquiry as an opportunity to call attention to the need for increased investment in 14:30

learning disability support services, as well as policy changes to improve accountability for abuse and neglect in adult social care settings and legal reforms that will better safeguard the human rights of persons with disabilities throughout this jurisdiction." 14:31

This passage resonated for two reasons. First, it expressed the need for the Inquiry to look beneath individual narratives recounting abuse in order to uncover the underlying causes of the events at 14:32
Muckamore. Secondly, it made the very important point that the Inquiry should have a forward looking aspect. I will be returning to these two themes in the course of the opening, and indeed later as the evidence progresses. 14:32

I move on now to look at the legal framework. The Inquiry has been established under the Inquiries Act 2005. Separate rules have not been made to govern inquiries established by a Northern Ireland Minister. 14:32
However, you, Chair, have indicated that you intend to follow the Inquiry Rules 2006. That was explained in a Chair's statement of 10th November 2021.

Throughout the Inquiry, we may have to look in detail 14:33
at aspects of the legislation and the rules. There's no need for me to sketch out the entire legal framework in my opening. I do, however, think there are some sections of the legislation that ought to be signposted

as we embark on the hearings. I want to draw attention to five matters in particular: First, as you have indicated, Chair, the Act provides that the panel is not to rule on and has no power to determine any person's civil or criminal liability. That is in section 2 of the Act. Importantly, however, section 2 also provides that an Inquiry Panel is not to be inhibited in the discharge of its functions by any likelihood of liability being inferred from facts that it determines or recommendations that it makes. This provision underpins the inquisitorial nature of the Inquiry. There are no parties, as in a civil case, and no accused, as in a criminal case. The Inquiry's core function is truth finding rather than dispute resolution. 14:34 14:34 14:35

Having said that, as section 2 itself makes clear, the Inquiry should not be hampered in its investigations by any fear that legal responsibility might be inferred from a determination of fact. For the avoidance of doubt, it remains open to the Inquiry to make robust findings and recommendations. 14:35

Secondly, section 5(5) of the Act provides that functions conferred by the Act on an Inquiry Panel or a member of an Inquiry Panel are exercisable only within the Terms of Reference. Terms of Reference are then defined in section 5(6) as: 14:35

"(a) the matters to which the Inquiry relates;
(b) any particular matters on which the Inquiry is to determine the facts;
(c) whether the Inquiry panel is to make recommendations; and
(d) any other matters relating to the scope of the Inquiry that the Minister may specify."

I'm going to consider the Terms of Reference in some detail later. I am flagging up this provision now simply to emphasise the centrality of the Terms of Reference to the Inquiry's work.

The panel's statutory functions are exercisable only within the parameters of the Terms of Reference. Those terms are fundamental to all decisions about material to be sought, witnesses to be called, and lines of Inquiry to be pursued.

Thirdly, Section 17(1) provides that:

"Subject to any provision of the act or rules, the procedure and conduct of an Inquiry are such as the chair may direct."

Critically, in making any such decision, the Chair must act with fairness. The Chair must also act with regard to the need to avoid any unnecessary cost, whether to public funds or to witnesses or to others. All of

those with an interest in the Inquiry will have seen on the Inquiry website several statements by the Chair as to the approach to be adopted to various matters. Those matters include the taking of witness statements, the designation of core participants and the grant of funding. There are also several protocols dealing with: 1. The production of documents to the Inquiry; 2. Core participants; 3. The funding of legal representation; and 4. Redaction, anonymity and restriction. 14:38

Another document on the website that I will look at in greater detail in due course is the memorandum of understanding between the Inquiry, the PSNI and the PPS. Importantly, all of those documents are underpinned by the wide statutory discretion vested in the Chair as to the conduct and procedure of the Inquiry. Moreover, those documents are not finite; it may be that in the course of the Inquiry it will be necessary to add to them as appropriate to cater for particular eventualities. 14:38 14:39

Section 17 affords the Chair considerable flexibility in that regard, but with those two important qualifications; relating to fairness and the avoidance of unnecessary cost. 14:39

Chair, there are two other matters that I want to deal with under the heading "legal framework", but it may

perhaps be a suitable time at which to take a short ten minute break?

CHAIRPERSON: Certainly. You want to break now for ten minutes?

MR. DORAN: Yes, Chair. 14:39

CHAIRPERSON: Yeah. That's fine. Yeah, that's a good idea. Okay, thank you very much indeed. We'll reconvene in ten minutes. Thank you.

SHORT ADJOURNMENT 14:40

CHAIRPERSON: Mr. Doran, just before you continue, can I just say it's very warm in here. The reason is we're having HEPA filters put into the ventilation, which means that it's not working at the moment. So 14:51 apologies to everybody. If anyone wants to take off a jacket, they're very welcome to do so. But we are going to try to struggle on, unless it really becomes too difficult. And, Mr. Doran, you can sort of tell us if you need to stop early. 14:52

MR. DORAN: Thank you, Chair.

CHAIRPERSON: All right? We'll also open the windows overnight. Thank you very much.

MR. DORAN: The fourth aspect of the legislation to which I want to draw attention is covered by sections 18 and 19. These provisions address the public aspect of inquiry proceedings, and you have touched upon them in your opening, Chair. 14:52

I'm not going to go into the minutiae of these provisions. Importantly, the default position established by those provisions is that inquiry proceedings are of a public nature. The Chair must take such steps as he considers reasonable to ensure 14:52
that the public can attend or see or hear simultaneous transmission of the proceedings and also to obtain a record of documents given to the Inquiry or the Inquiry Panel.

14:53

Section 19 does, however, allow the Chair to impose restrictions on attendance at the Inquiry or part of the Inquiry, or restrictions on the disclosure or publication of material. Such restrictions can be imposed where certain conditions are met. The 14:53
restrictions must be required by a statutory provision or rule of law. Alternatively, the Chair must consider the restrictions conducive to the Inquiry fulfilling its functions or to be necessary in the public interest. There are certain matters to which the Chair 14:54
must have regard in making that decision.

There are examples of such restriction orders on the website. First, Chair, you have directed that personal information, such as private addresses, private e-mail 14:54
addresses, telephone numbers and other personal identifying numbers should be redacted in any disclosed papers. And that's the subject of restriction order number 1. Secondly, you have granted anonymity to

present and former patients at the hospital, although that anonymity can, of course, be waived by the patient concerned or by the person who is entitled to make decisions on the patient's behalf, and that is the subject of restriction order number 2. 14:55

Thirdly, there is a restriction order dealing with the Inquiry's viewing of CCTV footage next week, and I shall say something more about that viewing in due course. 14:55

It is likely that other restriction orders will have to be made as appropriate as the Inquiry moves forward. As you have said, Chair, the Inquiry will often be dealing with highly sensitive and highly personal matters. It will sometimes be necessary for the Inquiry to depart from the default position of openness. But, of course, such departure must always be justified by reference to the legislation. 14:55

Section 19 is important, Chair, as it allows you some flexibility to adopt measures that you consider to be conducive to the Inquiry fulfilling its Terms of Reference or to be necessary in the public interest. If, for example, there are people who think they can assist the Inquiry but are fearful of doing so in a public manner, they should, of course, contact the Inquiry to explain their position and explain their concerns. If necessary, they may ask you to take 14:56

measures that will assist them in giving evidence. Such measures may include, for example, anonymity or screening. Such measures are at the discretion of the Chair. Importantly, the legislation recognises that some modifications to the default position of the proceedings being entirely public can be made in order to assist the Inquiry in achieving its objectives. 14:56

Fifthly, and finally, I want to mention the Inquiry's powers of compulsion. By and large, the Inquiry hopes that those who are asked to assist the Inquiry, whether by providing documents or coming to give evidence, will do so on a voluntary basis. In the absence of co-operation, however, the Chair does have important powers of compulsion in section 21. Using those powers, the Chair can require persons to provide a statement, to attend to give evidence, or to produce documents or other materials to the Inquiry. 14:57 14:57

Section 35 of the Act provides that: 14:58

"A person who fails, without reasonable excuse, to comply with a notice issued by the Chair under section 21 is guilty of a criminal offence."

14:58

Importantly, it is also an offence to distort or alter documents that are given to the Inquiry, or to prevent relevant material being given to the Inquiry.

Similarly, it is an offence to suppress, conceal, alter or destroy a relevant document in the course of the Inquiry.

These are significant provisions, as they underline the public importance of the task in which the Inquiry is engaged. Any attempt to impede or to interfere with that task is properly regarded as a serious matter. In highlighting these provisions, it should not be assumed that other aspects of the legislation are any less important. It occurs to me, however, that these provisions provide particular reference points that need to be kept in mind as we make our way through the hearings. 14:58 14:59

I'm now going to provide a broad historical overview of the hospital, followed by a snapshot of the hospital today and its current patient population. I'll then provide a summary of where the hospital sits today within the structure of the health and social care system in Northern Ireland. I will also introduce the legislative provisions governing admission to the hospital. But for the rest of this afternoon's session, I'm going to focus on the broad historical overview of the hospital. 14:59 15:00

I must acknowledge that the counsel team's review of the history has been assisted by the Ulster Historical Foundation publication titled: "From special care to

specialist treatment. A history of Muckamore Abbey Hospital." That publication was authored by Ian Montgomery with Joe Armstrong and was published in 2009. There is also a helpful brief historical overview in the July 2020 report by the Muckamore Abbey Hospital review team. That report is titled: "A review of leadership and governance at Muckamore Abbey Hospital", and I shall be returning to that report tomorrow at a later stage of my opening. 15:00

15:01

I'm not going to clutter my review of the history with references, but obviously those can be provided at a later stage.

I'm also very conscious that some members of the audience will have a far more intimate knowledge of the history of the hospital than I will ever have. And if I do make any errors, I apologise to them, and I hope that others will put me right after my opening remarks. 15:01

15:01

The history of the hospital can probably best be traced by dividing it into a number of phases. This is by no means an exact division, but I hope it will assist in understanding the various cycles in the hospital's life over the past seven decades. The phases are listed on the slide. Phase 1: 1949 to 1958. Muckamore Abbey house opening and expansion; Phase 2: The new hospital opening and expansion; Phase 3: 1978 to 1987. A change of in philosophy; Phase 4: 1987 to 2007. Resettlement 15:02

of long-stay patients and the move to a core hospital; Phase 5: 2007 to 2021. Implementation of the Bamford recommendations.

So Phase 1: 1949 to 1958. Muckamore Abbey house opening and expansion. The hospital opened in 1949. The opening of the hospital marked a new era in the treatment of persons with learning disabilities in Northern Ireland. The year before, the Mental Health Act (Northern Ireland) 1948 was passed. For the first time, people with learning disabilities received specific legal recognition in Northern Ireland. The Act made provision for persons requiring special care. A government agency, the Northern Ireland Hospitals Authority, was made responsible for providing that care. The Hospitals Authority was legally obliged to identify persons requiring special care and to provide that care either in the community or in residential accomodation. A special care service was established. Medical practitioners, school and welfare authorities were obliged to inform the special care service about anyone who they thought might be suffering from a learning disability. The person was then examined by a Medical Officer. If the Medical Officer declared that a person required special care, the new special care service would admit the patient into residential care or arrange training and supervision at home. 15:03 15:03 15:03 15:04 15:04

The Muckamore Abbey Estate had been identified by the

special care service as the site for a major new hospital. Whilst waiting for the new hospital to be built, the existing Muckamore Abbey House, a large dwelling house on the estate, was converted into a 17-bed residential unit. Muckamore Abbey House first opened to patients in November 1949, and four teenage girls with learning disabilities went to live there. Muckamore Abbey House was subsequently extended in March 1952, increasing accomodation capacity to 68 beds. 15:05

The first unit of the newly built premises to open was the hospital block, which admitted its first patients in October 1958.

15:05

Phase 2: 1958 to 1978. The new hospital opening and expansion.

CHAIRPERSON: Mr. Doran, could I just interrupt just for one moment. I can see people trying to scribble down what's on the slides. Can we take it that the 15:06 slides will be available for those who want them?

MR. DORAN: Yes. Absolutely.

CHAIRPERSON: Thank you very much.

MR. DORAN: The hospital operated as a regional service for adults and children with learning disabilities, 15:06 providing mostly long-term inpatient care. Over the next fourteen years, following on from 1958, seventeen more villas, as the hospital residential units were called, opened on the site, together with the second

stage of the hospital block.

As the infrastructure of the hospital grew, so too did the number of patients accommodated there. By 1966, patient numbers at Muckamore Abbey Hospital had reached 880. And, so, Muckamore Abbey Hospital was developed as the centre of a single multi disciplinary service for the care of people with learning disabilities in Northern Ireland. 15:06

At its inception and during its early years, the hospital was operated by the same personnel - doctors, nurses, social workers - who were responsible for providing community care. However, the reorganisation of the health service in 1973 marked a change in the care of people with learning disabilities. Muckamore would now be a residential facility with responsibility for community care transferred to district social services teams. 15:07

In September 1973, the Eastern Health and Social Services Board became responsible for the hospital. The ensuing period saw continued growth of the hospital. At the peak of that growth, in and around 1974, the hospital provided accomodation for approximately 900 patients from across Northern Ireland. At that time overcrowding was a recognised problem and the hospital continued to expand in a bid to accommodate increasing numbers. The period between 15:07 15:08

1980 and 1989 saw the opening of two more units and a community centre in the hospital complex.

Phase 3: 1978 to 1987. A change in philosophy.
Despite the continued growth of Muckamore Abbey Hospital in the 1980s, the 1970s had in fact marked the beginning of a shift in the philosophy of caring for persons with learning disabilities. In 1978 the Department of Health and Social Services issued a paper that was titled "Services for the mentally handicapped in Northern Ireland - policy and objectives". That paper announced a plan to reduce the number of patients in hospitals for people with learning disabilities. 15:09 15:09

Some years later, in 1986, a rehabilitation unit, as it was called at the time, was established at the hospital. Its purpose was to promote a return of patients to community settings. From that time onwards, hospital numbers continually declined. 15:09

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Phase 4: 1987 to 2007. Resettlement of long-stay patients and the move to a core hospital.
In 1987 the regional strategy for Northern Ireland 1987 to 1992 was published. It sought to move patients away from long-stay hospitals towards community care and to implement an extensive programme of resettlement. It set a target of 20% reduction in the number of long-stay hospital beds in the period 1987 to 1992. A particular emphasis was placed on reducing the numbers 15:10

of people with learning disabilities in hospitals. The early years of this resettlement programme saw patient numbers at Muckamore Abbey Hospital fall to 558 by 1993.

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The North and West Belfast Community Unit, later to become the North and West Belfast Health and Social Services Trust, assumed responsibility for the hospital in April 1990. The policy change away from long-term hospital care, together with serious concerns about the 15:11
physical condition of the hospital buildings placed Muckamore in danger of closure.

In 1995 the Eastern Health and Social Services Board, which at that time was the body responsible for the 15:12
commissioning of services at Muckamore, formally proposed closure of the hospital.

The Society of Parents and Friends of Muckamore Abbey, together with the hospital trade unions and various 15:12
other interested groups, launched a campaign to save the hospital. The campaign was widely supported and ultimately the hospital was saved from closure. The hospital went on to receive the prestigious charter mark for excellence in the provision of public services 15:12
in 1997, and this accolade was repeated in 2001, 2005 and 2007.

Despite the hospital's reprieve from closure, health

care policy continued to move away from long-term hospital care towards specialised short stay assessment and treatment services.

In 1996, the Department For Health and Social Services published a strategy entitled "Health and well-being into the next millennium - regional strategy for health and social well-being 1997 to 2002". Its objective was to re-settle all long-stay patients from learning disability hospitals in Northern Ireland to the community. It set a target that by 2002, long-term institutional care should no longer be provided in traditional hospital environments. 15:13

In 1999, which, as we shall see, coincides with the commencement of the timeframe of the Inquiry's Terms of Reference, the Department established a regional project steering group to oversee the resettlement process. 15:14

By June 2000, the hospital had an approved capacity of 416 and accomodation was spread across seventeen wards and units. Of those, seven wards catered for patients who were deemed suitable for resettlement, nine wards provided ongoing treatment, and the hospital, at that time, also continued to contain a sixteen bed children's ward. This was used for specialist assessment and treatment of those still awaiting confirmation of transfer to a community setting. 15:14

The number of patients accommodated at the hospital was below capacity in and around this time, with only 357 patients accommodated by 1st April 2001.

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In May 2001 the North and West Belfast Health and Social Services Trust approved the closure of the seven resettlement wards. Resettlement of the patients accommodated on those wards was then to be planned on a ward by ward basis.

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Strategic development of services for people with learning disabilities continued to move away from long-term hospital care. It was, however, recognised that some services would still be required on an inpatient basis at Muckamore. Therefore, the regional project steering group, established in 1999 to oversee resettlement, also worked on a specification for what was described as the core hospital. The purpose of the core hospital was said to be:

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"The provision of an inpatient element of the assessment and treatment of people with severe learning disability and an additional mental disorder as defined in the Mental Health (Northern Ireland) Order 1986."

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A business case was developed and, in 2002, a 115 bed inpatient facility was approved for the Muckamore Abbey Hospital site. A patient focus group was established

in 2003 as part of the planning process for the new hospital.

In June 2005, the Department of Health and Social Services revealed a new target for inpatient numbers. It proposed that Muckamore Abbey Hospital would accommodate a total of 87 patients by 2011. At the time that reduced target was announced, there were 318 patients at the hospital. The mission of the hospital at that time was confirmed to be treatment and assessment. The objective was that no patients would live there in the long term. This was in line with the Bamford review of mental health and disability in Northern Ireland, which I will come back to shortly.

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In 2005 the hospital continued to provide a regional treatment centre for children with moderate to severe learning disabilities and complex needs. That was despite policy announcements in and around 1992 declaring that no child should receive care in a hospital for people with learning disabilities by the end of 1997.

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Ultimately, in March 2010, the assessment and treatment of children with a learning disability moved from Muckamore Abbey Hospital to a new facility, the Ivy Centre in Belfast.

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By 2006, there were three patient populations at the

hospital: First, those identified for resettlement; secondly, those undergoing active assessment and treatment; and thirdly, those for whom hospital treatment had been completed but no place was available for them to be discharged to, as community services were still awaiting development. 15:19

October 2006 saw the opening of two new buildings on the hospital site: Cranfield, a 35 bed assessment unit; and Six Mile, a 23 bed forensic unit. And this leads me on to the final matter that I'm going to address this afternoon, Chair, and that's Phase 5 of the history, which brings us up to the present, 2007 to 2021, implementation of the Bamford recommendations. 15:19 15:20

I've already mentioned the Bamford Review. In 2002, the Department of Health and Social Services had launched a comprehensive review of mental health and learning disability law, policy and service provision in Northern Ireland. The review was Chaired by Prof. David Bamford of the University of Ulster. The review's findings were published over the course of ten reports between June 2005 and August 2007. These included a report titled "Equal Lives" which was published in 2005. It called for a continued shift from hospital to community based services. It envisaged that by June 2011, all people with a learning disability living in a hospital should be relocated to the community. It also recommended the development of 15:20 15:20

specialist services and an adequately trained workforce to deliver those services. The Bamford Review envisaged a 10 to 15 year timescale for full implementation of its recommendations.

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In October 2009, the Northern Ireland Executive published the first Bamford action plan intended to operate in the period from 2009 to 2011. It set out agreed actions and time scales for delivery of the Bamford vision. A further action plan was published in 15:22
November 2012 to operate in the period from 2012 to 2015. One of the agreed actions in that plan was to re-settle all long-stay patients from learning disability and mental health hospitals by March 2015. That target was not achieved. By September 2018, there 15:22
were still 76 patients at the hospital. By February 2020, that number had reduced to 53. By August 2021, the number of patients at the hospital had fallen to 41.

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Now, Panel, that concludes my brief overview of the history of Muckamore Abbey Hospital. The next topic that I am going to deal with, and I think I will deal with it tomorrow, is a snapshot of the hospital and its patients today. So I'll be looking at the hospital as 15:23
it stands today and the current patient profile and I'll then be going on to look at where the hospital sits within the health and social care structures in Northern Ireland. And I will, of course, address all

of the other matters that I flagged up earlier. But I think perhaps it's been a long day, it's perhaps an appropriate time now to stop.

CHAIRPERSON: If we break now, are you reasonably g1 comfortable, Mr. Doran, that you will finish your opening tomorrow? 15:23

MR. DORAN: I am indeed, yes.

CHAIRPERSON: All right. In that case, no difficulty at all. I think we're starting at 10:30 tomorrow. And could I just remind the lawyers in the room, those who have desks, that we are trying to operate a clean desk policy, obviously just to get used to that, because of the material that we will be dealing with in due course. So if everybody could remove their papers we'd be grateful. And we will try to do something about the temperature in this room in the next couple of days, but it may be hot in here tomorrow. And you'll bear that in mind, Mr. Doran. 15:23 15:24

MR. DORAN: I certainly will.

CHAIRPERSON: All right. Can I thank everybody for their attendance today, for being so courteous - we finally got the telephones all switched off, which is a relief. We will see everybody who wants to attend tomorrow at 10:30. Thank you very much. 15:24

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THE INQUIRY WAS THEN ADJOURNED UNTIL TUESDAY, 7TH JUNE 2022 AT 10:30 A.M.

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