

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

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1 THE INQUIRY COMMENCED AS FOLLOWS ON MONDAY, 6TH JUNE
2 2022

3
4 OPENING BY THE CHAIRPERSON

5
6 CHAIRPERSON: All right. Well, good morning. I want
7 to welcome everybody who's present here in Hearing Room
8 A, and those watching next door in Hearing Room B and
9 those who are watching on our live link.

10:31

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

10:31

18
19 The treatment and care of those with learning
20 disabilities or with mental illness who are, by their
21 nature, vulnerable, should be of a high quality and
22 safe in any civilised society. And to abuse those
23 people receiving such care is anathema to any competent
24 and caring health professional. It brings the medical,
25 nursing and care professions into disrepute, and it
26 makes people fearful of committing their loved ones to
27 the care of others who should be able to care for them
28 safely and with compassion.

10:32

10:32

10:32

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

8
9 Now, what has happened at Muckamore Abbey Hospital,
10 which I'm going to refer to either as Muckamore or MAH, 10:33
11 just for the sake of brevity, has been referred to as a
12 "scandal". And without predetermining any issue, it is
13 quite obvious that bad practices were allowed to
14 persist at the hospital to the terrible detriment of a
15 number of patients. Those patients themselves were 10:34
16 all, without exception, highly vulnerable in different
17 ways. And so it is understandable that there is
18 considerable public anger at some of what has already
19 been revealed.

20 10:34
21 Relatives and carers who entrusted their loved ones to
22 the hospital to be cared for with compassion have
23 discovered that in many cases that's not what was
24 happening. And because so many of the patients were
25 either non verbal or had difficulty expressing 10:34
26 themselves - I hope that will be the last time that
27 happens. I expect it won't be. (Phone ringing).

28
29 Because so many of the patients were either non verbal

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

4
5 Many of the parents and relatives and carers who 10:35
6 trusted the hospital have been let down, and they are,
7 understandably, furious, and some feel guilty. I say
8 that because in the lead up to today, I have met,
9 through the engagement sessions, a number of families
10 and individuals who have expressed their great upset 10:35
11 and anger at what they've now discovered was happening
12 when they left their loved relatives at Muckamore. And
13 some, I know, feel guilty. Their anger and their upset
14 is perfectly understandable. But I do want to say
15 this: This Inquiry requires cool and calm reflection. 10:35
16 In order to meet our Terms of Reference, we need people
17 to be able to come forward and speak to us, not just
18 from the patient perspective, but also from the staff
19 at the hospital and elsewhere, many of whom will have
20 been doing their best to provide safe and compassionate 10:36
21 care. And I will do whatever I need to, to ensure that
22 this room and this Inquiry is a safe space for all who
23 come to give evidence and all those who attend.

24
25 Throughout these hearings, I ask everyone to behave 10:36
26 courteously. I'm sure, having met many of you, that
27 you will.

28
29 Today is the culmination in some respects, but in

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

5
6 I regard the patients and their relatives and carers
7 who have been abused, or received poor care, as being
8 at the front and centre of this Inquiry. And getting
9 to the bottom of what's been happening at Muckamore,
10 would be quite impossible without hearing about the 10:36
11 experiences of patients, either directly from those
12 patients or from their loved ones. And that is why the
13 evidence is going to start with what I will loosely
14 term "the patient experience", and I'll say more about
15 our approach to the evidence a bit later on. 10:37

16
17 Now, let me speak a bit about what an Inquiry can do
18 and what it can't do. The central purpose of an
19 Inquiry like this is set out in its Terms of Reference.
20 In essence, it's to find out what happened and how it 10:37
21 was allowed to occur. Our job is to make
22 recommendations in due course to the government, which
23 will be effective in preventing such things happening
24 again.

25
26 what an Inquiry is not allowed to do is to rule on or
27 to determine anybody's civil or criminal liability.
28 Now, that doesn't prevent the panel forming and
29 publishing conclusions which may lay blame at an 10:38

1 individual or organisational door. But before we do
2 that, before we publicly criticise anyone or any
3 organisation, they're entitled to know of that
4 criticism and have the opportunity of trying to address
5 it.

10:38

6
7 Eventually, we will write a report setting out the
8 conclusions we've come to. But the essence of our
9 function is to explore the evidence and to construct
10 sensible recommendations which will ensure that
11 patients are well treated and cared for at Muckamore
12 and at similar institutions in Northern Ireland in the
13 future, and to ensure that there are systems which work
14 to prevent the abuse of patients occurring.

10:38

15
16 As I've said at a number of the engagement sessions,
17 people shouldn't worry that they will have to wait
18 until the very end of this Inquiry for urgent
19 recommendations to be made. This Inquiry will
20 inevitably take some time, but should we come across
21 issues that require urgent and immediate rectification,
22 we won't hesitate to write a short interim report and
23 issue recommendations.

10:39

10:39

24
25 Now, I sit here with two panelists who I'm going to
26 introduce in a moment. Can I first introduce myself,
27 rather than just assume you know about me and what my
28 role is. My job is to Chair this Inquiry and to make
29 all legal and administrative decisions. The buck for

10:39

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

5
6 My background is as a barrister practicing in England
7 for about 38 years, prosecuting and defending in
8 criminal cases, but also dealing with a number of
9 complex medical regulatory cases involving the GMC, the
10 General Medical Council, as well as the regulators for 10:40
11 pharmacists, dentists, nurses and osteopaths.

12
13 I acted as counsel to the Inquiry into the Mid
14 Staffordshire Hospital under Sir Robert, the
15 Chairmanship of Sir Robert Francis, which was an 10:40
16 Inquiry examining poor care and treatment of patients
17 at a major hospital in the midlands in England. And
18 that was then the largest public Inquiry into a
19 hospital which had ever been undertaken in the UK, and
20 it resulted in a seminal report for the NHS and 10:41
21 numerous recommendations for change.

22
23 I've also undertaken an independent review for the
24 National Health Service into how the fit and proper
25 person test is applied to senior managers in a health 10:41
26 care setting, and my recommendations from that review
27 are being taken forward by the NHS leadership now.

28
29 I also sit as a part-time judge in criminal cases in

1 England.

2
3 I've had no professional connection to Northern Ireland
4 until this appointment. I am entirely independent of
5 the government, either here or in Great Britain, and I 10:41
6 give you this undertaking that I and this panel will
7 act independently, without fear or favour, throughout
8 the Inquiry.

9
10 My job is also to make determinations upon any legal 10:42
11 issues which arise during the course of this Inquiry.
12 Those decisions are for me to make, having heard or
13 read all the arguments and having taken advice from
14 Mr. Sean Doran, QC, who is our counsel to the Inquiry.
15 But legal issues are for me to determine. 10:42

16
17 By contrast, the panel collectively hears the evidence
18 and makes any factual determinations together. And we
19 can only hear evidence when we're sitting here together
20 as a panel. When it comes to writing any reports, or 10:42
21 making any recommendations, we do that collectively.
22 So, in short, legal and administrative issues are for
23 me to determine, but any factual issue is for the panel
24 collectively.

25 10:42
26 So, before I go on to deal with the hearings and how
27 they're going to work, I'm going to ask my fellow
28 panelists to introduce themselves, and can I turn
29 first, please, to Prof. Murphy.

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

6
7 All of my working life, so the last 50 odd years, I
8 have worked half-time mostly in universities, and the
9 other half of my time in the NHS, and all of my NHS
10 work has been with people with learning disabilities 10:43
11 and/or autism. So I've worked with children, with
12 adults, in community teams, in hospital settings, both
13 in secure units and in assessment and treatment
14 services, all for people with learning disabilities
15 and/or autism. 10:44

16
17 My research has been largely in abuse and in
18 challenging behaviour, and I've also helped NICE to
19 develop the guidelines that they published in 2015 for
20 people with learning disabilities and behaviour that 10:44
21 challenges. I chaired that guideline development
22 group.

23
24 One of the other things I did that is relevant to this
25 Inquiry is that, following the Panorama programme in, I 10:44
26 think, 2019, that showed abuse in a small hospital
27 service in England, Northern England, called Whorlton
28 Hall, CQC asked me to do an independent report about
29 their regulation and inspections of Whorlton Hall,

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

10:45

6
7 Again, I have no connections with Northern Ireland and
8 am completely independent of the government here and in
9 Great Britain.

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

10:45

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

10:45

18
19 More latterly I was a non executive director on the
20 board of another NHS Trust in England. So I have
21 extensive experience in nurse management and Trust
22 board management.

10:45

23
24 I've also worked as an academic, researching patient
25 safety and change management, and I was associate
26 professor of leadership and service improvement at
27 London South Bank University.

10:46

28
29 Most recently, I've been working as the clinical

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

4
5 During my career, I've had a long experience of 10:46
6 managing complaints, and I was an advisor to the
7 Parliamentary and Health Ombudsman in England. I've
8 also conducted a number of independent investigations
9 into adverse events in England and also in the Channel
10 Islands, including deaths of babies around child birth 10:46
11 and wrong site surgery. And like my colleagues, I'm
12 entirely independent and looking to hear all the
13 evidence without any prejudgment.

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

26
27 I also want to thank the solicitor to the Inquiry,
28 Lorraine Keown and her team, who have done a massive
29 amount of work behind the scenes and will continue to

1 do so.

2

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

8

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

16

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

21

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

1 building and this room.

2
3 This floor will be available from 8:30 in the morning.
4 Please don't arrive before that, because you won't be
5 able to get into the building. And in general, when 10:49
6 we're hearing evidence, we're going to start the
7 hearing each day at 10:00 o'clock. So if you're
8 attending this main hearing room, we would ask you to
9 be ready by 9:45 at the latest. If lawyers need to
10 have conferences with clients then they must arrange 10:50
11 those much earlier so that we can still get a prompt
12 start. We will start whether everyone is present or
13 not. I don't expect every core participant desk to be
14 attended whenever we're sitting, I'll leave it to your
15 discretion as to which CPs - core participants - attend 10:50
16 or do so by their lawyers.

17
18 I would say this to counsel: It is for you to organise
19 yourselves so that you're here when you're needed. I
20 will not engage with diarising the sitting of this 10:50
21 Inquiry to suit counsel's diaries, otherwise things are
22 going to become quickly impossible.

23
24 We will ring the bell, or it's a gong, whatever you
25 want to call it, about five minutes before the start of 10:50
26 the hearing and a second ring will indicate that the
27 panel are about to come in. Please do come in on the
28 first ring. Arriving late can be disruptive. And if
29 you do arrive late, especially once we start hearing

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

3
4 Hearing Room B does receive a live feed of these
5 proceedings, and that can be used as an alternative to 10:51
6 watch what's going on. But if you are in Hearing Room
7 B, please remember, it is an extension of this hearing
8 room, so please be aware not to disturb people too
9 much.

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

17
18 Exhibits will be shown on screen and you'll be able to
19 see the witnesses giving evidence, unless there is some
20 good reason for a witness' face not to be shown. And 10:51
21 there will be a member of the Inquiry team present in
22 Hearing Room B to ensure everything is working as it
23 should.

24
25 In this Hearing Room A, when the panel enters, I'm 10:52
26 grateful to you for standing when we came in. If
27 you're able to do so, not just as a sign of respect,
28 but really to mark the formality of the proceedings and
29 the beginning of each session. And as I say, we'll

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

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

10
11 while you are in this room or in Hearing Room B, please
12 have mobile telephones off or on silent, and obviously
13 don't make any calls while in either room.

14
15 For the reasons that I'll explain, in this room,
16 Hearing Room A, there is, please, to be no live use of
17 social media and no tweeting or any other form of live
18 use of the evidence being given in this room. You can,
19 of course, use messaging between the lawyers if you
20 need to, but no use of material from inside this room
21 should be used externally.

22
23 Hearing Room B has slightly more relaxed rules. If
24 you're in Hearing Room B and you need to text, as long
25 as it's not distracting to others, then you can do so.
26 There is a short delay on the feed into Hearing Room B,
27 it's about three minutes. That will allow you to live
28 tweet from that room, unless I suspend that permission
29 for any reason. The reason for the short delay is only

1 this: That at some point it may happen that someone
2 will say something, such as giving a piece of evidence
3 upon which I placed a restriction order. With the best
4 will in the world, we cannot say that mistakes like
5 that will never happen. But if that does happen, I can 10:54
6 stop the live feed and the technicians will remove the
7 offending piece of the transmission, so then we can
8 continue.

9
10 If any counsel becomes aware of a piece of evidence 10:54
11 which should not have been given orally - and I expect
12 each CP will be sensitive to their own material - can I
13 ask you please to alert Mr. Doran or one of his team
14 behind him straightaway so that I can stop the live
15 feed? I will then, if necessary, hear any argument 10:54
16 about the publication of that piece of evidence and
17 then we can continue.

18
19 When we do adjourn in this room, could you please just
20 remember that Hearing Room B will still be listening to 10:55
21 the proceedings for about three minutes, so don't rush
22 in, as it were, because it will disturb them.

23
24 And if I can just address those in Hearing Room B - and
25 I'll have to repeat this, I'm sure, in the future. 10:55
26 Please be sensitive to others and avoid distraction.
27 Be aware that some of those who are sitting next to
28 you, for some of those the evidence may be of
29 particular importance or it may be upsetting. So, in

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

4
5 There must be no recording, please, of evidence in 10:55
6 either room and no photography within the building. If
7 anyone is found to be recording or taking photographs
8 anywhere in the building, they will be asked to leave
9 and not return. And I may take other action. That is
10 simply to protect witnesses and others who may be 10:56
11 sensitive about their appearance here.

12
13 I'm afraid I've got to address the issue of food in the
14 hearing rooms. I'm afraid no food or drink other than
15 water, please, in this room. I am more relaxed about 10:56
16 people drinking coffee or tea in Hearing Room B.
17 Please don't turn it into a picnic park. And can I
18 apologise that the vending machines don't accept cards
19 today, they will tomorrow. So apologies to many of
20 you, who, like me, don't carry coins around anymore, 10:56
21 probably can't get a drink quickly.

22
23 Can I, finally, just turn to the issue of the live
24 link, which is capable of streaming these proceedings
25 live to the public in general and to those who are 10:57
26 interested? Now, some inquiries have effectively
27 broadcast the entirety of their proceedings, limited
28 only by restriction orders. And I have had to consider
29 how best to approach that issue in this Inquiry. This

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

11
12 I also have to take account of the fact that many with
13 a close interest in this Inquiry may not be able easily
14 to attend through mobility issues or because they have
15 caring responsibilities for another at home. What I've 10:58
16 decided is as follows: All those in Hearing Room B will
17 see and hear everything that goes on in this room, with
18 the time delay I've mentioned; core participants will
19 be provided with an access link and a password for live
20 link which will allow them to watch all the proceedings 10:58
21 via the website from home or elsewhere, as if they were
22 in Hearing Room B; there will still be a strict
23 prohibition on recording any part of the proceedings,
24 as there is in this room or in Hearing Room B, and if
25 we find that isn't adhered to, I will review the use of 10:59
26 that link by core participants.

27
28 The general public will be able to watch some parts of
29 our proceedings, including these opening remarks and

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

10
11 Now, I'm sorry to set out that sort of long list of 10:59
12 rules about the use of this floor, but you will
13 appreciate we're going to be working in this
14 environment for some time, and it's important that we
15 start as we mean to go on and that the hearing rooms 11:00
16 are places where people can come and listen and focus
17 without distraction, unwanted noises, smells or visual
18 distractions.

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

29

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

11:01

6
7 Now, we're lucky that on our panel we have someone who
8 can properly be regarded as a Covid expert.

9 Dr. Maxwell is, as you've heard, not only a registered
10 nurse, but she's also the author of two National
11 Institute For Health Research reviews on the evidence
12 on long Covid. So with her advice, I've deemed the
13 following steps to be a reasonable mitigation of the
14 risks of transmission for those attending these
15 proceedings. And it goes without saying that anyone
16 who does attend does so at their own risk.

11:01

11:01

17
18 First and foremost, if anyone has tested positive or
19 has developed symptoms, which include a persistent
20 cough, higher than usual temperature, loss of taste or
21 smell, unusual muscle aches, tiredness or body pain,
22 please don't attend until you've tested on day two of
23 those symptoms appearing.

11:01

24
25 I would encourage anyone who's going to attend
26 regularly to take a lateral flow test at least twice a
27 week, and we suggest on Sundays and Tuesdays.

11:02

28
29 There is in fact, or will be from tomorrow, filtered

1 air-conditioning throughout this floor. We've got some
2 machines in working today, but we are going to have
3 HEPA filters fitted to all the ventilators and
4 ventilation system on this floor, which should mitigate
5 the danger of airborne virus. And in conference rooms, 11:02
6 please keep any windows you have open.

7
8 Moving around the building, when you rise, please do
9 wear a mask. If you don't have one, we have a number
10 available at reception, and please wear it properly. 11:02
11 There is no point, as I've seen many people do, wearing
12 a mask until they're speaking to somebody and then
13 taking the mask off. So please do wear masks properly.

14
15 If you're sitting in this room and sitting at a desk, 11:03
16 you can remove the mask, provided you are sitting
17 within a profession bubble, as it were, with the person
18 you're sitting next to and you are both comfortable
19 with that. You should be sufficiently distanced from
20 those around you. But when we rise or take a break, 11:03
21 please put the masks back on.

22
23 I'm going to encourage everybody sitting in the public
24 gallery in this room and all those sitting in Hearing
25 Room B to continue wearing masks. I've noticed - I 11:03
26 don't think anyone is at the moment. But I am going to
27 encourage that for the reasons that I have stated.
28 Just bear in mind that others may be going home to look
29 after highly vulnerable people. So please do wear

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

11:04

5
6 You will note the, the lawyers will have noted the, the
7 core participants sitting at the desks will have
8 noticed that there are water jugs on every table, there
9 are glasses on every table. Those will be changed
10 every night. There will be fresh water in the jugs
11 every day. We're trying to discourage you from
12 bringing in plastic bottles. Apart from being
13 unfriendly to the environment, they tend to get left
14 around and increase the risk of touch transmission.

11:04

15
16 If everyone follows those rules, there is a good chance
17 of us keeping these hearings going. And so I do ask
18 you, please, to consider your personal responsibility.

11:04

19
20 Now, let me address some legal issues. And in reality,
21 I'm addressing the lawyers representing core
22 participants in the room.

11:04

23
24 The system for any counsel or solicitor addressing the
25 Inquiry, other than counsel to the Inquiry, will be
26 that we will ask you to come forward to the lectern,
27 which is going to appear magically, I think, tomorrow
28 morning, and speak from there. And we've had a number
29 of discussions with the technicians; it would in fact

11:05

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

11:05

10
11 Questioning of witnesses will be undertaken by counsel
12 to the Inquiry and his team of barristers, in
13 accordance with the Inquiry rules. As I'm sure you all
14 know as lawyers, under the rules, under certain
15 circumstances, I have the power to allow others to
16 question witnesses, but I will need persuading. There
17 is a good reason for that -- that there is a good
18 reason for that to happen and that the questions
19 couldn't otherwise be asked by Mr. Doran or one of his
20 team.

11:05

11:06

11:06

21
22 Part of the reason for that is that all counsel acting
23 under Sean Doran have received specialised vulnerable
24 witness training, but it's also to control the amount
25 of questioning that witnesses are subjected to and to
26 control the length of these proceedings. So I'm sure
27 that the core participants will understand this isn't
28 an environment when they will be constantly hearing
29 their lawyers speak, which I know is attractive to

11:06

1 some, but I have a duty to control that.

2
3 There will, of course, be a system for core
4 participants to submit any questions they want put to a
5 witness to Sean Doran and his team before a witness 11:07
6 gives evidence and I expect that system to be adhered
7 to. He will set out the timetable for you to request
8 him to ask questions of a witness, and I hope you'll
9 keep to that. And you're less likely, frankly, to get
10 your questions asked if they're submitted late. 11:07

11
12 I do require any legal application to be submitted 48
13 hours in advance and to be in writing. Please make
14 written arguments, should there be any, concise. A
15 skeleton argument of more than eight pages is no longer 11:07
16 a skeleton. Please use eleven point type, otherwise I
17 won't be able to read it. I won't entertain
18 off-the-cuff legal submissions made orally, unless
19 there is a genuinely urgent need for that to happen,
20 and I will need persuading of that. 11:08

21
22 On that note, can I encourage all counsel and
23 solicitors to observe my guidance for e-mails and the
24 service of documents. The guidance is this: That no
25 e-mails should be sent to the Inquiry team between 11:08
26 7:00 p.m. and 7:00 a.m. We all have lives outside of
27 this Inquiry. It's important for everyone's well-being
28 that we respect the times that people should be able to
29 switch off the technology. Obviously, if there's a

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

11:08

6
7 Evidence from witnesses will be given on oath or
8 affirmation from the witness table, which is here to my
9 left. To your right. It will be recorded by
10 stenographers and an immediate transcription is being
11 provided to core participants, and the transcripts will
12 be available on the website once corrected. I
13 understand there are glitches with that system today,
14 despite the fact that we had a full test last week,
15 that is, I'm afraid, bound to happen and I hope we get
16 that sorted out by tomorrow.

11:09

11:09

17
18 Now, some witnesses will, no doubt, want to give
19 evidence anonymously, or at least protected by screens,
20 or they may want to give evidence over a videolink.
21 There are facilities to receive evidence by way of
22 videolink from various other places, and when that's to
23 happen, the video feed will be shown in this room and
24 in Hearing Room B, or, if the witness doesn't want
25 their face shown, it will be an audio feed only. We
26 also have voice distortion available should that be
27 required for witnesses who wish to remain anonymous.

11:09

11:09

28
29 I'm open to witnesses to give evidence in any way in

1 which they are most comfortable, but because these are
2 public proceedings, there would have to be a very good
3 reason for a witness to be allowed to give anonymous
4 evidence. If anonymity has been granted, then the
5 redacted statement will still be available to all core 11:10
6 participants to know the nature of the evidence being
7 given.

8
9 Some witnesses may ask to give evidence in this room,
10 but from behind a screen and shielded from the larger 11:10
11 part of the room. If that helps to lessen the anxiety
12 of giving evidence, so that only part of the room can
13 be seen, then I will be open to that.

14
15 In short, I'll be open to any system that makes a 11:10
16 witness' life easier in any way that I can. But I do
17 have to weigh that in the balance with the importance
18 of ensuring that these proceedings are both public and
19 transparent.

20 11:11
21 Now, some of the evidence given is likely to be
22 distressing, either to the witness or to those hearing
23 the evidence. There is a trained counsellor available
24 should anyone want to speak to one. Today I think we
25 have Deborah here. She is wearing a yellow lanyard. 11:11
26 So all counsellors will be wearing yellow lanyards.
27 They will be easily identifiable. And they will speak
28 to you in private, if that would be helpful. She can
29 also explain the service that's being offered. Those

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

11:12

5
6 Now, let me say a few words about the structure of this
7 Inquiry, and I know that Mr. Doran is going to deal
8 with this in much more detail. But when we start
9 hearing evidence, we will start with the patient
10 experience and evidence from relatives who can tell us 11:12
11 about their loved ones and their experiences. Not only
12 do we want to put the patients at Muckamore front and
13 centre of this Inquiry, but we want to put their
14 experience first. And there is a good forensic reason
15 for doing so. Much later in this Inquiry we'll be 11:12
16 hearing from the big organisations which had the
17 responsibility for running Muckamore. We'll hear all
18 about the policies surrounding this hospital and how
19 policies were created to govern the patient care, the
20 staff behaviour and how patients should be looked 11:12
21 after. We'll hear from the RQIA, who have a number of
22 duties, but who also inspected Muckamore on a number of
23 occasions.

24
25 It is easy to be persuaded by written policies and 11:13
26 written inspection reports, and the written word can be
27 a powerful tool. But policies don't ensure that
28 patients receive safe and compassionate care, people
29 do. So when we come to examine the behaviour of the

1 big organisations and the policies, it's important that
2 we have the evidence in front of us of how those
3 policies and intentions in fact translated on the
4 ground into the care that patients received at
5 Muckamore. And so we can't do that without the 11:13
6 evidence of how the patients were actually treated.
7

8 In getting these proceedings underway, I've had to make
9 some hard decisions. There have been requests that we
10 don't hear from any witness until all of their 11:14
11 documents are available and have been analysed. So, by
12 way of example, some witnesses may have made complaints
13 and there'll be a record of such a complaint with the
14 Trust. And one approach would be to wait until all of
15 those documents had been collated, they'd been tracked 11:14
16 down, they'd been shown to the witness and all the core
17 participants before the witness gives evidence. But
18 the danger of that approach - and it has its
19 attractions - is that we wouldn't be starting to hear
20 evidence for many months. My view - and this has been 11:14
21 my decision - is to ensure that we do start these
22 proceedings and we receive some evidence about the
23 patient experience before we break in July. If we find
24 that documents do need to be tracked down, we will
25 undertake that exercise after hearing the first part of 11:15
26 the evidence, and if it is really necessary, we can ask
27 witnesses to return to deal with that documentation.
28

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

1 that you will all be aware of and are ongoing? And I
2 just want to speak briefly about how we will try to
3 ensure that we don't come into conflict with the police
4 operation investigating the issues at MAH or, indeed,
5 come into conflict with the outstanding criminal cases 11:15
6 which are going through the criminal justice system.

7
8 As you may be aware, the Inquiry has entered into a
9 memorandum of understanding - an MOU - with the police
10 service, the PSNI, and with the Public Prosecution 11:15
11 Service. It was necessary and important to do that so
12 that we make sure that the Inquiry, as far as possible,
13 can't interfere with the work being conducted by the
14 PSNI and the PPS to prosecute individuals accused of
15 criminal behaviour in relation to their role at 11:16
16 Muckamore. And the MOU sets out the terms of the
17 Inquiry gaining access to important material,
18 including, of course, CCTV material.

19
20 As anyone who's followed the Muckamore story will know, 11:16
21 there is a large amount of CCTV, which has provided the
22 PSNI with evidence of abuse and which will be used as
23 part of the evidence in forthcoming criminal trials.
24 The police and the Public Prosecution Service are
25 understandably sensitive about the publication of that 11:16
26 material prior to the trial starting. The PSNI have,
27 however, offered the facility to the Inquiry so that
28 panel members can view such CCTV as we wish to.
29 Although this isn't my preferred option, the panel will

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

7
8 Another topic: Some time ago, I approached the Director
9 of Public Prosecutions for Northern Ireland to ask him,
10 in a very limited way, to give an indemnity from 11:17
11 prosecution for witnesses giving evidence before this
12 Inquiry and he has agreed to do so. And I want to
13 explain why I did that, because I would understand if
14 there's some concern that people will be let off as a
15 result. They won't be. And I want to explain how it's 11:18
16 going to work.

17
18 The Inquiry has the power to require evidence and
19 documents to be provided to us by individuals and
20 organisations. A refusal to comply with such request 11:18
21 may lead to a referral to the High Court for contempt
22 proceedings, and the Inquiry has issued a number of
23 these notices, which are called section 21 notices, and
24 all of those notices have been, or are being, complied
25 with. And as the hearings continue, I expect to issue 11:18
26 further section 21 notices.

27
28 Our Terms of Reference include a requirement that we
29 examine not only the abuse which occurred, but also the

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

5
6 As you may be aware, although I have power to direct
7 witnesses to attend the Inquiry and produce evidence,
8 any witness is entitled to claim what's called the
9 privilege against self-incrimination in relation to
10 criminal offences. No Court or Inquiry has the power
11 to override that legal principle. And, so, if the
12 right is exercised, as I believe it would be by some
13 witnesses, the Inquiry could be deprived of a very
14 important and a significant area of evidence.

15
16 The indemnity or undertaking that has been granted is
17 that witnesses before this Inquiry will not be
18 prosecuted on the basis of the written or oral evidence
19 they give to this Inquiry. It relates solely to
20 evidence produced to this Inquiry. It does not prevent
21 the prosecution of any individual on the basis of any
22 independent evidence, such as direct witness testimony
23 or CCTV. So no one will be let off who would otherwise
24 have been prosecuted.

25
26 But my serious concern was that, unless such an
27 indemnity was given, it would have been likely that
28 there would be a substantial area of evidence which the
29 Inquiry would never hear. That evidence would inform

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

11
12 Let me turn to address the core participants directly,
13 and their lawyers. Could I ask counsel, as I read out
14 their names, to stand? I'm going to do that so that
15 the cameras can, apparently, swivel to the right 11:21
16 person, and if you could just remain standing for a few
17 minutes. But that will allow the public in Hearing
18 Room B, and the general public, to see who is who. And
19 if I get anybody's name wrong, my apologies in advance
20 and please do correct me. 11:22

21
22 Patients and relatives who are members of Action for
23 Muckamore are represented by Phoenix Law Solicitors and
24 they're represented by counsel Monye Anyadike-Danes QC.
25 Thank you very much. Helena Wilson and Stephen 11:22
26 McQuitty. Thank you very much indeed.

27
28 Patients and relatives who are members of the Society
29 of Parents and Friends of Muckamore are also

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

11:23

6
7 Patients and relatives of patients at Muckamore who are
8 not affiliated to those two groups, but nevertheless
9 have a close interest in the events at Muckamore and
10 are CPs in this Inquiry, I've referred to those in a
11 very loose term as "Group 3" for convenience, but they
12 are each individuals who have been granted core
13 participant status. They're represented by O'Reilly
14 Stewart Solicitors and by counsel, Mr. Connor Maguire
15 and Ms. Victoria Ross. If they're present? They're
16 not.

11:23

11:23

17
18 Belfast Health and Social Care Trust, who are
19 represented by the government directorate of legal
20 services, otherwise known as DLS, and by counsel, who
21 are Mr. Joseph Aiken QC; Anna McLarnon, Matthew Yardley
22 and Laura King. Thank you very much indeed.

11:23

23
24 The Department of Health is also represented by the
25 Directorate of Legal Services and by counsel Mr. Andrew
26 McGuinness. Welcome, Mr. McGuinness. Thank you. And
27 the RQIA, who are also represented by DLS and by
28 counsel Mr. Michael Neeson. Thank you very much,
29 Mr. Neeson.

11:24

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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 although a number of extensions have had to be granted, I have no reason to think that people have not been co-operating.

11:25

We will all have different perspectives and approaches, 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 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 least 48-hours ahead of the issue having to be addressed.

11:25

11:25

11:26

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

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

9
10 If there is some good reason for not being able to keep 11:26
11 to the usual time limits, we'll explain why and listen
12 to your views.

13
14 Now, I'm sorry that although a number of witness
15 statements have now been taken, we've only managed to 11:26
16 obtain very few from either Action for Muckamore or the
17 Patients and Friends of Muckamore, who are core
18 participant witnesses. Their evidence will be really
19 important as the Inquiry progresses, and I hope that in
20 the very near future that process will be accelerated 11:27
21 by good co-operation between Phoenix Law and Cleaver
22 Fulton Rankin, who are the Inquiry statement takers,
23 and I know have been working hard to take statements
24 since early this year.

25 11:27
26 I'd remind everybody that Cleaver Fulton Rankin are the
27 only approved and designated statement takers, and I
28 would discourage others, as it were, from making their
29 own attempts, certainly from this carta of patients and

1 their relatives.

2
3 Now, as core participants - the lawyers will know what
4 I'm about to say - but as core participants, as
5 individuals, you have the advantage of getting early 11:27
6 access to the evidence. That means to the witness
7 statements and to any documents you need in order to
8 formulate questions for your counsel or for counsel to
9 the Inquiry. But there are rules around that which I
10 expect to be observed. This Inquiry itself will be 11:28
11 making public that which should be made public and we
12 will be putting all the relevant material that we can
13 on the website. But material that you receive as core
14 participants is not to be disseminated outside of the
15 Inquiry. It's for you to use to take your particular 11:28
16 interests forward, to help you understand the evidence
17 and formulate any questions you want Inquiry counsel to
18 ask, but it's not material to be provided to a wider
19 audience or to the press. And to that end, all core
20 participants, before they get access to the Box 11:28
21 Document System, will have signed undertakings to
22 handle the material disclosed to you by the Inquiry
23 without divulging that material to a third party.

24
25 If people don't abide by those rules, despite the 11:29
26 security systems that we put in place, there are likely
27 to be serious consequences. The material that we are
28 dealing with is potentially exceptionally sensitive.
29 Such behaviour of revealing material provided to core

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

10
11 Now, I'm sorry to take such a strong line on that 11:29
12 issue, but there are many people with a close interest
13 in these proceedings and many more that we want to
14 encourage to come forward. As I've said, we are going
15 to be dealing with some exceptionally sensitive 11:30
16 material, and seeing things in the press for the first
17 time, which haven't come from the Inquiry, is unfair to
18 people and it's disruptive of the Inquiry itself. But
19 it could also discourage people from coming forward and
20 ultimately frustrate the Inquiry's purpose. I'm sure 11:30
21 that all CPS will abide by the rules, but it's
22 important that the wider public understand why these
23 rules are imposed and have to be adhered to.

24
25 On that note, we are not providing hard copy documents, 11:30
26 unless for any reason it's absolutely impossible to
27 avoid it. I understand some lawyers prefer to have
28 printed material and find it easier to navigate. In
29 general terms, I would encourage people to work

1 electronically where possible.

2
3 Quite apart from the environmental impact of printing
4 large quantities of paper, it is, of course, far less
5 secure. If you do print material, please be extremely 11:31
6 conscious of the sensitivity of the material we are
7 dealing with, most of which would be categorised as
8 special category personal data for GDPR purposes.
9 Complying with GDPR responsibilities is your own
10 personal duty. In other words, on your head be it. 11:31
11 And many of you will know the sort of fines that the
12 Information Commissioner can levy when there are
13 failures.

14
15 I know that there's a lot of press and media interest, 11:31
16 and I want to address the press and media directly, if
17 I may? First of all, I want to highlight the work of
18 the media prior to the set up of this Inquiry. They
19 have played a crucial role in bringing the issues under
20 examination to the fore and they gave a voice to the 11:32
21 families and friends of patients at Muckamore Abbey
22 Hospital, and in many ways that work in uncovering the
23 issues and amplifying their concerns have contributed
24 significantly to our presence here, and for that, many
25 are grateful. 11:32

26
27 The press play an essential role in our democracy and
28 have assisted in publicising and promoting some of the
29 Inquiry's work, and I have no doubt that they will want

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

12
13 In order to assist the press and media, we have a room
14 available to them so that they can report and discuss
15 what's going on without distraction and without 11:33
16 distracting others, but I would underline the rule,
17 please, about not taking any images within the Inquiry
18 building, not seeking to interview or photograph any
19 witnesses inside the Inquiry premises or as they try to
20 enter. Press and journalists will be wearing black 11:33
21 lanyards, clearly identifying them as members of the
22 press.

23
24 And the reason for that rule is this: The task of
25 giving evidence in public is stressful enough without 11:33
26 having the added stress of facing cameras. Many people
27 will be anxious or stressed simply by attending the
28 Inquiry premises, so, please, be sensitive to that. If
29 the rule is infringed about photography within the

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

5
6 well, that's all that I have to say at this stage.

7 We're going to break now until two o'clock and I will
8 then ask Mr. Doran to make his opening address. His
9 remarks, I know, are going to take us well into
10 tomorrow. We're not going to be sitting on Wednesday 11:34
11 morning, so any core participant who wishes to make
12 some opening remarks will have a chance to do so after
13 Mr. Doran has concluded tomorrow, but I expect they
14 won't start until Wednesday afternoon from two o'clock.
15 And then all day Thursday to hear the remainder. 11:35

16
17 Now, as the lawyers will know, I've limited opening
18 speeches by core participants to one hour each. I hope
19 you'll be able to conclude within that time, and I
20 reserve the right to use what lawyers call a guillotine 11:35
21 if you're unable to confine yourself.

22
23 I understand that all core participants may wish to
24 make an opening statement. It's a matter for you
25 whether you do. But the order I've set down is that 11:35
26 the organisational CPs should go first; the Department
27 of Health, the Belfast Trust, RQIA and then PSNI, then
28 the individuals represented by O'Reilly Stewart
29 solicitors and, depending on how long those addresses

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

5
6 I have received a written application from
7 Ms. Anyadike-Danes that she be allowed to speak on
8 Monday morning, and I have granted that request, albeit
9 reluctantly, as it will eat into the time the panel
10 have to view CCTV, but we'll make that up elsewhere. 11:36

11 But I understand that she wouldn't be ready this week
12 because of the number of individual CPs whom she
13 represents. She has slightly longer to address us to
14 reflect the fact that she represents, in effect, two
15 organisational core participants, or at least two 11:36
16 associations who have individuals affiliated to them.

17
18 we'll, therefore, break after the first series of
19 addresses until the Monday morning and then we'll hear
20 the opening address on behalf of those affiliated for 11:37
21 Action for Muckamore and the Parents and Friends of
22 Muckamore. We will then be going into closed session,
23 for reasons set out in the restriction order last week,
24 and the panel will begin reviewing some of the CCTV
25 evidence. 11:37

26
27 Can I thank everybody for their attention so far.
28 We're now going to rise and we will return to continue
29 the hearing and to hear Mr. Doran's opening address at

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two o'clock. Thank you very much.

END OF OPENING BY THE CHAIRPERSON

LUNCHEON ADJOURNMENT

1 THE HEARING RESUMED AS FOLLOWS AFTER THE LUNCHEON
2 ADJOURNMENT

3
4 CHAIRPERSON: Mr. Doran.

5 13:53

6 OPENING BY MR. DORAN

7
8 MR. DORAN: Chair, Prof. Murphy, Dr. Maxwell, I would
9 like to begin my opening by welcoming you to Belfast on
10 behalf of all of the legal representatives in the
11 Inquiry.

12 14:01

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

20 14:01

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

25 14:01

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

14:02

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

10
11 I wish to state at the outset the commitment of the 14:03
12 Inquiry legal and administrative teams to achieving a
13 thorough, fair and effective examination of the issues
14 with which this Inquiry is concerned.

15
16 The Inquiry will be receiving a large volume of 14:03
17 evidence about Muckamore Abbey Hospital itself. How
18 the hospital operates on a daily basis and how it is
19 managed. The panel will hear evidence about health
20 care structures, about legislation, policies, 14:03
21 procedures, rules, regulations, codes of practice,
22 guidelines and protocols. The Inquiry will have to
23 examine the roles and responsibilities of the different
24 authorities responsible for oversight and management of
25 the hospital. It will also have to look at the 14:04
26 authorities responsible for regulating and monitoring
27 the operation of the facility. It will need to
28 consider the various channels through which complaints
29 and concerns about the hospital can be investigated.

1 Fundamentally, however, the Inquiry will be concerned
2 with people. More specifically, the Inquiry will be
3 concerned with very vulnerable people and the care of
4 the vulnerable in a hospital setting. It will be
5 concerned also with those people who have
6 responsibility for such care, from frontline staff to
7 the upper tiers of the health service.

14:05

8
9 There will, perhaps, be days on which we become
10 immersed in the mechanics of how the health system
11 works. There may be days on which we become immersed
12 in the proper interpretations of rules and regulations
13 or in the nuances of a particular policy. But at the
14 end of such days, it is to people, and in particular to
15 the vulnerable patient, to whom we must return.

14:05

14:05

16
17 The subject of abuse is at the core of this Inquiry.
18 The Inquiry will inevitably hear some harrowing
19 evidence of abuse in the course of its work. It is
20 also important, however, to acknowledge that many
21 involved in the care of the vulnerable carry out their
22 work with diligence and compassion and in accordance
23 with the highest professional standards. There are
24 those who have devoted many years of their lives, often
25 in challenging circumstances, to care properly for the
26 patients at Muckamore. It is important that their good
27 work should not be obscured by the unacceptable conduct
28 of others.

14:06

14:06

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

10
11 As you have said, Chair, the Inquiry requires cool and
12 calm reflection upon events.

13
14 My opening will take some time. There are several
15 topics that I wish to cover. My counsel team has 14:08
16 prepared a PowerPoint outline that I hope will assist
17 the audience. This will also provide an early
18 opportunity to test screens that we will be using to
19 display documents throughout the hearings. I will, of
20 course, take breaks at suitable times. I sincerely 14:08
21 hope that no one will be put off by the lengthy list of
22 matters that I'm going to be speaking about.

23
24 You will see on the screen now a list of the topics
25 that I will be addressing. In a moment I will add to 14:08
26 the Chair's short summary of the core participants to
27 the Inquiry. I will then speak about the background to
28 the Inquiry, and I will consider briefly the legal
29 framework within which the Inquiry will be operating.

1 I then propose to provide a broad historical overview
2 of the hospital, followed by a contemporary snapshot of
3 the hospital as it stands today. I will go on to
4 provide an outline of where the hospital currently sits
5 within the health and social care structures in 14:09
6 Northern Ireland. I will also introduce, very briefly,
7 the legal provisions governing admission to the
8 hospital.

9
10 I will then turn to look in some detail at the Terms of 14:09
11 Reference. This is a significant document, for obvious
12 reasons. We will be returning to this document
13 frequently in the course of the hearings. Having
14 introduced the Terms of Reference, it will then be
15 necessary to consider the sources of material that the 14:09
16 Inquiry can call upon to conduct its work. I will
17 provide an update on the work that has been conducted
18 to date on taking witness statements and obtaining
19 documents for Inquiry purposes.

20 14:10
21 At that point in my opening, I am going to go back in
22 time again to consider some earlier investigations,
23 reviews and reports that relate to Muckamore. I expect
24 that the Inquiry will hear frequent references to those
25 earlier processes in the hearings. The Inquiry will 14:10
26 not, of course, be constrained by those earlier
27 processes. The Inquiry has a much wider remit than any
28 previous examination of the hospital. The Inquiry will
29 take its own course. It is, however, important for the

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

3
4 Having looked at those earlier processes, I will then
5 say something about the current and ongoing criminal 14:10
6 investigation and prosecutions in respect of alleged
7 abuse at the hospital. This Inquiry is running in
8 parallel to those criminal proceedings and I want to
9 explain, briefly, how that is going to work in
10 practice. 14:11

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

23
24 As Inquiry counsel, I now wish to extend a specific
25 welcome to the core participants and their 14:12
26 representatives. Their representatives will be
27 addressing you, but I'm going to say a few words about
28 the core participants' background and their role.
29

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

19
20 You have also granted core participant status to a 14:13
21 number of individuals affiliated to the group Action
22 for Muckamore. Action for Muckamore is a group of
23 relatives whose family members have been affected by
24 the abuse at Muckamore. They campaigned actively for
25 this Inquiry. Glynn Brown, whose son Aaron was a 14:13
26 patient at Muckamore when the allegations of abuse at
27 the hospital surfaced, was instrumental in raising the
28 concerns that have ultimately resulted in this Inquiry.
29 He has made regular, passionate and articulate

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

3
4 Looking back at some of the media reporting prior to
5 the announcement of the Inquiry, I was particularly 14:14
6 struck by an interview that the group gave to BBC
7 Newsline in January 2019. In that interview Anne
8 Blake, whose son Jonathon was a resident of Muckamore,
9 stated the group's position very succinctly. She said
10 that what was required is: 14:14

11
12 "A proper public Inquiry and a root and branch change
13 in Muckamore, not a cosmetic change, a root and branch
14 change."

15 14:15
16 I am confident that those words encapsulate the
17 thoughts of many persons who have been affected by the
18 events that will be examined by this Inquiry.

19
20 As counsel to the Inquiry, I was also struck by the 14:15
21 words of Dawn Jones, whose son Timothy is a patient of
22 Muckamore. In an interview with the BBC in December of
23 last year, she very positively encouraged participation
24 in this Inquiry. She said:

25 14:15
26 "I would just plead to people, if they could, former
27 staff members, present staff members, anybody at all
28 connected to Muckamore, families, ex patients or
29 current patients, if they could just contact the public

1 Inquiry."

2
3 I hope Brigene, Billy, Glynn, Anne and Dawn, will not
4 mind me mentioning them by name in my opening. They
5 will be the first people to say that there are many
6 others who have worked tirelessly to protect patients'
7 interests at the hospital over the years. The Inquiry
8 will, of course, be hearing from many of those
9 individuals during the oral hearings.

14:16

10
11 It is very fitting that these two groups will have the
12 opportunity to contribute fully to the work of the
13 Inquiry through their core participant status. As
14 you've said, Chair, the two groups are represented by
15 Phoenix Law Solicitors, who instruct Monye
16 Anyadike-Danes QC and Helena Wilson and Stephen
17 McQuitty of the Northern Ireland Bar.

14:16

14:16

18
19 In preparing for the Inquiry, Chair, you also wished to
20 ensure that other individuals who have been affected by
21 events at Muckamore would have an opportunity to be
22 designated as core participants in appropriate
23 circumstances. You recognised that there are persons
24 who are not affiliated to any particular grouping, but
25 who have a sufficient interest in the work of the
26 Inquiry to justify the grant of core participant
27 status. You explained your approach to this matter in
28 a Chair's statement on 10th November 2021. Core
29 participants who fall within this category are

14:17

14:17

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

3
4 The core participants and their representatives will
5 play an active part in the Inquiry. So too will many 14:17
6 others who come before the Inquiry to give evidence as
7 witnesses.

8
9 I may just pause for a moment, Chair, to acknowledge
10 that there are others, no longer with us, who would 14:18
11 have had a great interest in the Inquiry's work. In
12 the months prior to the Inquiry you, Chair, reached out
13 to as many people as possible who might be in a
14 position to assist the Inquiry, whether from the
15 perspective of patient, or staff, or otherwise. 14:18

16
17 At one of the early engagement sessions held by the
18 Inquiry, Mrs. Margaret Lyons was a member of the
19 audience. Mrs. Lyons' son Richard had been admitted to
20 Muckamore when he was 17 years old in 1992 and he 14:18
21 remained there until 2018. Richard, sadly, died on his
22 46th birthday on 19th February 2021.

23
24 Having met the Inquiry team in October 2021, Mrs. Lyons
25 decided to put her memories of her son and his time in 14:19
26 the hospital in writing. She did this not only to
27 assist the Inquiry, but also, as she said, to leave a
28 lasting record for her son. The Inquiry has that
29 record and it will be shared with core participants in

1 due course. Mrs. Lyons intended to go on and make a
2 statement to the Inquiry's statement team. Before that
3 happened, however, Mrs. Lyons herself passed away on
4 10th February of this year. Fortunately, Chair, you
5 attended Mrs. Lyons' home and spoke to her before her 14:20
6 death. I know that you were touched by her
7 determination to assist the Inquiry, even at a time
8 when she herself was very ill. Mrs. Lyons and her son
9 are among many whose lives were affected by the matters
10 that the Inquiry will examine, but who, sadly, will not 14:20
11 be with us as the Inquiry proceeds. I think it is
12 important that we remember them as we embark on the
13 hearings.

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

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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.

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.

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

1 instructed by PSNI legal services branch.

2
3 So, to summarise, the core participants are individuals
4 affiliated to Action for Muckamore, individuals
5 affiliated to The Society of Parents and Friends of 14:24
6 Muckamore Abbey, other patients and their families who
7 are separately represented from those two groups, the
8 Department of Health, the Belfast Health and Social
9 Care Trust, the Regulation and Quality Improvement
10 Authority, and the Police Service of Northern Ireland. 14:24
11

12 The legal representatives of core participants will be
13 making opening statements to the panel on Wednesday
14 afternoon, Thursday, and Monday morning. My counsel
15 team and I look forward to engaging with them 14:24
16 throughout the Inquiry, with the overriding objective
17 of assisting the panel in its examination of the
18 issues.
19

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

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

10
11 In closing the announcement, he said:

12
13 "This is a sad chapter in the history of health and
14 social care services in Northern Ireland, in particular
15 for the Belfast Trust and Muckamore Abbey Hospital. 14:28
16 They have failed in their duty to protect these
17 patients. They have failed in their duty to the family
18 members. This abuse should never have happened, and as
19 the Minister, I will do all that I can to make sure it
20 never happens again. That is why I am announcing a 14:28
21 statutory Public Inquiry into the events at Muckamore
22 Abbey Hospital."

23
24 That announcement was followed by a period of
25 engagement with patients and former patients, their 14:28
26 families and carers on the Terms of Reference of the
27 Inquiry. This engagement was facilitated by the
28 patient and client council. A report summarising the
29 key themes from that process was published in March

1 2021. Following on from that process and the
2 appointment of the Chair in June 2021, the Minister
3 consulted with the Chair with a view to finalising the
4 Terms of Reference. Then, on 29th September 2021, the
5 Minister made a written statement to the assembly 14:29
6 publishing those Terms of Reference. The Minister also
7 confirmed that the setting up date of the Inquiry would
8 be 11th October 2021.

9
10 In the course of my opening, I will be saying more 14:30
11 about the work in which the Inquiry's legal and
12 administrative teams have engaged since October to
13 enable the oral hearings to commence this week.

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

21
22 "Respondents remarked that they do not believe that
23 abuse and neglect of the kind that was uncovered in
24 Muckamore Abbey Hospital will be prevented from
25 happening again until its underlying causes are 14:30
26 addressed. They hope that this Inquiry will function
27 as a paradigm shift for adult social care in Northern
28 Ireland. They view the Inquiry as an opportunity to
29 call attention to the need for increased investment in

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

6
7 This passage resonated for two reasons. First, it
8 expressed the need for the Inquiry to look beneath
9 individual narratives recounting abuse in order to
10 uncover the underlying causes of the events at 14:32
11 Muckamore. Secondly, it made the very important point
12 that the Inquiry should have a forward looking aspect.
13 I will be returning to these two themes in the course
14 of the opening, and indeed later as the evidence
15 progresses. 14:32

16
17 I move on now to look at the legal framework. The
18 Inquiry has been established under the Inquiries Act
19 2005. Separate rules have not been made to govern
20 inquiries established by a Northern Ireland Minister. 14:32
21 However, you, Chair, have indicated that you intend to
22 follow the Inquiry Rules 2006. That was explained in a
23 Chair's statement of 10th November 2021.

24
25 Throughout the Inquiry, we may have to look in detail 14:33
26 at aspects of the legislation and the rules. There's
27 no need for me to sketch out the entire legal framework
28 in my opening. I do, however, think there are some
29 sections of the legislation that ought to be signposted

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

16
17 Having said that, as section 2 itself makes clear, the
18 Inquiry should not be hampered in its investigations by
19 any fear that legal responsibility might be inferred
20 from a determination of fact. For the avoidance of 14:35
21 doubt, it remains open to the Inquiry to make robust
22 findings and recommendations.

23
24 Secondly, section 5(5) of the Act provides that
25 functions conferred by the Act on an Inquiry Panel or a 14:35
26 member of an Inquiry Panel are exercisable only within
27 the Terms of Reference. Terms of Reference are then
28 defined in section 5(6) as:
29

1 "(a) the matters to which the Inquiry relates;
2 (b) any particular matters on which the Inquiry is to
3 determine the facts;
4 (c) whether the Inquiry panel is to make
5 recommendations; and 14:36
6 (d) any other matters relating to the scope of the
7 Inquiry that the Minister may specify."

8
9 I'm going to consider the Terms of Reference in some
10 detail later. I am flagging up this provision now 14:36
11 simply to emphasise the centrality of the Terms of
12 Reference to the Inquiry's work.

13
14 The panel's statutory functions are exercisable only
15 within the parameters of the Terms of Reference. Those 14:36
16 terms are fundamental to all decisions about material
17 to be sought, witnesses to be called, and lines of
18 Inquiry to be pursued.

19
20 Thirdly, section 17(1) provides that: 14:37

21
22 "Subject to any provision of the act or rules, the
23 procedure and conduct of an Inquiry are such as the
24 chair may direct."

25 14:37
26 Critically, in making any such decision, the Chair must
27 act with fairness. The Chair must also act with regard
28 to the need to avoid any unnecessary cost, whether to
29 public funds or to witnesses or to others. All of

1 those with an interest in the Inquiry will have seen on
2 the Inquiry website several statements by the Chair as
3 to the approach to be adopted to various matters.

4 Those matters include the taking of witness statements,
5 the designation of core participants and the grant of 14:38
6 funding. There are also several protocols dealing
7 with: 1. The production of documents to the Inquiry;
8 2. Core participants; 3. The funding of legal
9 representation; and 4. Redaction, anonymity and
10 restriction. 14:38

11
12 Another document on the website that I will look at in
13 greater detail in due course is the memorandum of
14 understanding between the Inquiry, the PSNI and the
15 PPS. Importantly, all of those documents are 14:38
16 underpinned by the wide statutory discretion vested in
17 the Chair as to the conduct and procedure of the
18 Inquiry. Moreover, those documents are not finite; it
19 may be that in the course of the Inquiry it will be
20 necessary to add to them as appropriate to cater for 14:39
21 particular eventualities.

22
23 Section 17 affords the Chair considerable flexibility
24 in that regard, but with those two important
25 qualifications; relating to fairness and the avoidance 14:39
26 of unnecessary cost.

27
28 Chair, there are two other matters that I want to deal
29 with under the heading "legal framework", but it may

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

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

5 MR. DORAN: Yes, Chair. 14:39

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

9

10 SHORT ADJOURNMENT 14:40

11

12 CHAIRPERSON: Mr. Doran, just before you continue, can
13 I just say it's very warm in here. The reason is we're
14 having HEPA filters put into the ventilation, which
15 means that it's not working at the moment. So 14:51

16 apologies to everybody. If anyone wants to take off a
17 jacket, they're very welcome to do so. But we are
18 going to try to struggle on, unless it really becomes
19 too difficult. And, Mr. Doran, you can sort of tell us
20 if you need to stop early. 14:52

21 MR. DORAN: Thank you, Chair.

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

24 MR. DORAN: The fourth aspect of the legislation to
25 which I want to draw attention is covered by sections 14:52
26 18 and 19. These provisions address the public aspect
27 of inquiry proceedings, and you have touched upon them
28 in your opening, Chair.

29

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

10
11 Section 19 does, however, allow the Chair to impose 14:53
12 restrictions on attendance at the Inquiry or part of
13 the Inquiry, or restrictions on the disclosure or
14 publication of material. Such restrictions can be
15 imposed where certain conditions are met. The 14:53
16 restrictions must be required by a statutory provision
17 or rule of law. Alternatively, the Chair must consider
18 the restrictions conducive to the Inquiry fulfilling
19 its functions or to be necessary in the public
20 interest. There are certain matters to which the Chair 14:54
21 must have regard in making that decision.

22
23 There are examples of such restriction orders on the
24 website. First, Chair, you have directed that personal
25 information, such as private addresses, private e-mail 14:54
26 addresses, telephone numbers and other personal
27 identifying numbers should be redacted in any disclosed
28 papers. And that's the subject of restriction order
29 number 1. Secondly, you have granted anonymity to

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

14:55

6
7 Thirdly, there is a restriction order dealing with the
8 Inquiry's viewing of CCTV footage next week, and I
9 shall say something more about that viewing in due
10 course.

14:55

11
12 It is likely that other restriction orders will have to
13 be made as appropriate as the Inquiry moves forward.
14 As you have said, Chair, the Inquiry will often be
15 dealing with highly sensitive and highly personal
16 matters. It will sometimes be necessary for the
17 Inquiry to depart from the default position of
18 openness. But, of course, such departure must always
19 be justified by reference to the legislation.

14:55

20
21 Section 19 is important, Chair, as it allows you some
22 flexibility to adopt measures that you consider to be
23 conducive to the Inquiry fulfilling its Terms of
24 Reference or to be necessary in the public interest.
25 If, for example, there are people who think they can
26 assist the Inquiry but are fearful of doing so in a
27 public manner, they should, of course, contact the
28 Inquiry to explain their position and explain their
29 concerns. If necessary, they may ask you to take

14:56

14:56

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

14:56

8
9 Fifthly, and finally, I want to mention the Inquiry's
10 powers of compulsion. By and large, the Inquiry hopes
11 that those who are asked to assist the Inquiry, whether
12 by providing documents or coming to give evidence, will
13 do so on a voluntary basis. In the absence of
14 co-operation, however, the Chair does have important
15 powers of compulsion in section 21. Using those
16 powers, the Chair can require persons to provide a
17 statement, to attend to give evidence, or to produce
18 documents or other materials to the Inquiry.

14:57

14:57

19
20 Section 35 of the Act provides that:

14:58

21
22 "A person who fails, without reasonable excuse, to
23 comply with a notice issued by the Chair under section
24 21 is guilty of a criminal offence."

14:58

25
26 Importantly, it is also an offence to distort or alter
27 documents that are given to the Inquiry, or to prevent
28 relevant material being given to the Inquiry.

29

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

4
5 These are significant provisions, as they underline the 14:58
6 public importance of the task in which the Inquiry is
7 engaged. Any attempt to impede or to interfere with
8 that task is properly regarded as a serious matter. In
9 highlighting these provisions, it should not be assumed
10 that other aspects of the legislation are any less 14:59
11 important. It occurs to me, however, that these
12 provisions provide particular reference points that
13 need to be kept in mind as we make our way through the
14 hearings.

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

26
27 I must acknowledge that the counsel team's review of
28 the history has been assisted by the Ulster Historical
29 Foundation publication titled: "From special care to

1 specialist treatment. A history of Muckamore Abbey
2 Hospital." That publication was authored by Ian
3 Montgomery with Joe Armstrong and was published in
4 2009. There is also a helpful brief historical
5 overview in the July 2020 report by the Muckamore Abbey 15:00
6 Hospital review team. That report is titled: "A review
7 of leadership and governance at Muckamore Abbey
8 Hospital", and I shall be returning to that report
9 tomorrow at a later stage of my opening.

10
11 I'm not going to clutter my review of the history with
12 references, but obviously those can be provided at a
13 later stage.

14
15 I'm also very conscious that some members of the 15:01
16 audience will have a far more intimate knowledge of the
17 history of the hospital than I will ever have. And if
18 I do make any errors, I apologise to them, and I hope
19 that others will put me right after my opening remarks.

20
21 The history of the hospital can probably best be traced 15:01
22 by dividing it into a number of phases. This is by no
23 means an exact division, but I hope it will assist in
24 understanding the various cycles in the hospital's life
25 over the past seven decades. The phases are listed on 15:02
26 the slide. Phase 1: 1949 to 1958. Muckamore Abbey
27 house opening and expansion; Phase 2: The new hospital
28 opening and expansion; Phase 3: 1978 to 1987. A change
29 of in philosophy; Phase 4: 1987 to 2007. Resettlement

1 of long-stay patients and the move to a core hospital;
2 Phase 5: 2007 to 2021. Implementation of the Bamford
3 recommendations.
4

5 So Phase 1: 1949 to 1958. Muckamore Abbey house 15:03
6 opening and expansion. The hospital opened in 1949.

7 The opening of the hospital marked a new era in the
8 treatment of persons with learning disabilities in
9 Northern Ireland. The year before, the Mental Health
10 Act (Northern Ireland) 1948 was passed. For the first 15:03

11 time, people with learning disabilities received
12 specific legal recognition in Northern Ireland. The
13 Act made provision for persons requiring special care.
14 A government agency, the Northern Ireland Hospitals
15 Authority, was made responsible for providing that 15:03

16 care. The Hospitals Authority was legally obliged to
17 identify persons requiring special care and to provide
18 that care either in the community or in residential
19 accomodation. A special care service was established.
20 Medical practitioners, school and welfare authorities 15:04

21 were obliged to inform the special care service about
22 anyone who they thought might be suffering from a
23 learning disability. The person was then examined by a
24 Medical Officer. If the Medical Officer declared that
25 a person required special care, the new special care 15:04
26 service would admit the patient into residential care
27 or arrange training and supervision at home.

28
29 The Muckamore Abbey Estate had been identified by the

1 special care service as the site for a major new
2 hospital. whilst waiting for the new hospital to be
3 built, the existing Muckamore Abbey House, a large
4 dwelling house on the estate, was converted into a
5 17-bed residential unit. Muckamore Abbey House first 15:05
6 opened to patients in November 1949, and four teenage
7 girls with learning disabilities went to live there.
8 Muckamore Abbey House was subsequently extended in
9 March 1952, increasing accomodation capacity to 68
10 beds. 15:05

11
12 The first unit of the newly built premises to open was
13 the hospital block, which admitted its first patients
14 in October 1958.

15
16 Phase 2: 1958 to 1978. The new hospital opening and 15:05
17 expansion.

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

22 MR. DORAN: Yes. Absolutely.

23 CHAIRPERSON: Thank you very much.

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

1 stage of the hospital block.

2
3 As the infrastructure of the hospital grew, so too did
4 the number of patients accommodated there. By 1966,
5 patient numbers at Muckamore Abbey Hospital had reached 15:06
6 880. And, so, Muckamore Abbey Hospital was developed
7 as the centre of a single multi disciplinary service
8 for the care of people with learning disabilities in
9 Northern Ireland.

10
11 At its inception and during its early years, the
12 hospital was operated by the same personnel - doctors,
13 nurses, social workers - who were responsible for
14 providing community care. However, the reorganisation
15 of the health service in 1973 marked a change in the 15:07
16 care of people with learning disabilities. Muckamore
17 would now be a residential facility with responsibility
18 for community care transferred to district social
19 services teams.

20
21 In September 1973, the Eastern Health and Social
22 Services Board became responsible for the hospital.
23 The ensuing period saw continued growth of the
24 hospital. At the peak of that growth, in and around
25 1974, the hospital provided accomodation for 15:08
26 approximately 900 patients from across Northern
27 Ireland. At that time overcrowding was a recognised
28 problem and the hospital continued to expand in a bid
29 to accommodate increasing numbers. The period between

1 1980 and 1989 saw the opening of two more units and a
2 community centre in the hospital complex.

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

14
15 Some years later, in 1986, a rehabilitation unit, as it 15:09
16 was called at the time, was established at the
17 hospital. Its purpose was to promote a return of
18 patients to community settings. From that time
19 onwards, hospital numbers continually declined.

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

1 of people with learning disabilities in hospitals. The
2 early years of this resettlement programme saw patient
3 numbers at Muckamore Abbey Hospital fall to 558 by
4 1993.

5
6 The North and West Belfast Community Unit, later to
7 become the North and West Belfast Health and Social
8 Services Trust, assumed responsibility for the hospital
9 in April 1990. The policy change away from long-term
10 hospital care, together with serious concerns about the 15:11
11 physical condition of the hospital buildings placed
12 Muckamore in danger of closure.

13
14 In 1995 the Eastern Health and Social Services Board,
15 which at that time was the body responsible for the 15:12
16 commissioning of services at Muckamore, formally
17 proposed closure of the hospital.

18
19 The Society of Parents and Friends of Muckamore Abbey,
20 together with the hospital trade unions and various 15:12
21 other interested groups, launched a campaign to save
22 the hospital. The campaign was widely supported and
23 ultimately the hospital was saved from closure. The
24 hospital went on to receive the prestigious charter
25 mark for excellence in the provision of public services 15:12
26 in 1997, and this accolade was repeated in 2001, 2005
27 and 2007.

28
29 Despite the hospital's reprieve from closure, health

1 care policy continued to move away from long-term
2 hospital care towards specialised short stay assessment
3 and treatment services.
4

5 In 1996, the Department For Health and Social Services 15:13
6 published a strategy entitled "Health and well-being
7 into the next millennium - regional strategy for health
8 and social well-being 1997 to 2002". Its objective was
9 to re-settle all long-stay patients from learning
10 disability hospitals in Northern Ireland to the 15:13
11 community. It set a target that by 2002, long-term
12 institutional care should no longer be provided in
13 traditional hospital environments.
14

15 In 1999, which, as we shall see, coincides with the 15:14
16 commencement of the timeframe of the Inquiry's Terms of
17 Reference, the Department established a regional
18 project steering group to oversee the resettlement
19 process.
20

21 By June 2000, the hospital had an approved capacity of 15:14
22 416 and accomodation was spread across seventeen wards
23 and units. Of those, seven wards catered for patients
24 who were deemed suitable for resettlement, nine wards
25 provided ongoing treatment, and the hospital, at that 15:14
26 time, also continued to contain a sixteen bed
27 children's ward. This was used for specialist
28 assessment and treatment of those still awaiting
29 confirmation of transfer to a community setting.

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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.

15:15

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.

15:15

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:

15:16

15:16

"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."

15:16

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

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

3
4 In June 2005, the Department of Health and Social
5 Services revealed a new target for inpatient numbers. 15:17
6 It proposed that Muckamore Abbey Hospital would
7 accommodate a total of 87 patients by 2011. At the
8 time that reduced target was announced, there were 318
9 patients at the hospital. The mission of the hospital
10 at that time was confirmed to be treatment and 15:18
11 assessment. The objective was that no patients would
12 live there in the long term. This was in line with the
13 Bamford review of mental health and disability in
14 Northern Ireland, which I will come back to shortly.

15 15:18
16 In 2005 the hospital continued to provide a regional
17 treatment centre for children with moderate to severe
18 learning disabilities and complex needs. That was
19 despite policy announcements in and around 1992
20 declaring that no child should receive care in a 15:18
21 hospital for people with learning disabilities by the
22 end of 1997.

23
24 Ultimately, in March 2010, the assessment and treatment
25 of children with a learning disability moved from 15:18
26 Muckamore Abbey Hospital to a new facility, the Ivy
27 Centre in Belfast.

28
29 By 2006, there were three patient populations at the

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

7
8 October 2006 saw the opening of two new buildings on
9 the hospital site: Cranfield, a 35 bed assessment unit;
10 and Six Mile, a 23 bed forensic unit. And this leads 15:19
11 me on to the final matter that I'm going to address
12 this afternoon, Chair, and that's Phase 5 of the
13 history, which brings us up to the present, 2007 to
14 2021, implementation of the Bamford recommendations.

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

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

15:21

5
6 In October 2009, the Northern Ireland Executive
7 published the first Bamford action plan intended to
8 operate in the period from 2009 to 2011. It set out
9 agreed actions and time scales for delivery of the
10 Bamford vision. A further action plan was published in 15:22
11 November 2012 to operate in the period from 2012 to
12 2015. One of the agreed actions in that plan was to
13 re-settle all long-stay patients from learning
14 disability and mental health hospitals by March 2015.
15 That target was not achieved. By September 2018, there 15:22
16 were still 76 patients at the hospital. By February
17 2020, that number had reduced to 53. By August 2021,
18 the number of patients at the hospital had fallen to
19 41.

15:22

20
21 Now, Panel, that concludes my brief overview of the
22 history of Muckamore Abbey Hospital. The next topic
23 that I am going to deal with, and I think I will deal
24 with it tomorrow, is a snapshot of the hospital and its
25 patients today. So I'll be looking at the hospital as 15:23
26 it stands today and the current patient profile and
27 I'll then be going on to look at where the hospital
28 sits within the health and social care structures in
29 Northern Ireland. And I will, of course, address all

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

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

7 MR. DORAN: I am indeed, yes.

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

19 MR. DORAN: I certainly will.

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

25
26 THE INQUIRY WAS THEN ADJOURNED UNTIL TUESDAY, 7TH JUNE
27 2022 AT 10:30 A.M. 15:24
28
29

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