

MUCKAMORE ABBEY HOSPITAL INQUIRY
SITTING AT CORN EXCHANGE, CATHEDRAL QUARTER, BELFAST

HEARD BEFORE THE INQUIRY PANEL
ON WEDNESDAY, 23RD NOVEMBER 2022 - DAY 25

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I N D E X

	PAGE
ANNOUNCEMENT MADE BY THE CHAIRPERSON	5
 <u>THOMAS - P64' S FATHER</u>	
EXAMINED BY MS. KILEY	22
QUESTIONED BY THE INQUIRY PANEL	55
 <u>MARIE - P64' S MOTHER</u>	
EXAMINED BY MS. KILEY	60
QUESTIONED BY THE INQUIRY PANEL	74
 SUBMISSIONS RE READING IN OF STATEMENT OF A WITNESS IN REFERENCE TO P71	
BY MR. AIKEN.....	78
BY MR. DORAN.....	91
DETERMINATION BY THE CHAIRPERSON	94
 STATEMENT OF A WITNESS IN REFERENCE TO P71 READ INTO THE RECORD.....	
	100
 STATEMENT OF THOMAS, P69' S FATHER, READ INTO THE RECORD	
	116

1 THE INQUIRY RESUMED AS FOLLOWS ON WEDNESDAY, 23RD
2 NOVEMBER 2022

3
4 CHAIRPERSON: Thank you very much. Well, good morning
5 and welcome to this session of the Muckamore Abbey
6 Hospital Public Inquiry.

10:01

7
8 Before we start to hear some evidence today, I want to
9 make a public announcement. It's going to take me
10 about 20 minutes to read this through, and it is quite
11 detailed, so I apologise for that. Then I think we'll
12 take a short break so that people have an opportunity
13 of thinking about what's been said before we start the
14 witnesses, who have been warned.

10:01

15
16 Before we begin this session of evidence, I'd like to
17 clarify to all parties and to the public why we've had
18 to change the schedule and the order in which we hear
19 evidence. This is a public inquiry and there are a
20 number of interested parties, including all of the core
21 participants, both as individuals and organisations
22 and, of course, the wider public and the press. It is
23 only right that all should be kept up to date with the
24 Inquiry's progress.

10:02

10:02

25
26 Now, prior to the last hearing session, I stated
27 publicly on a number of occasions that I hoped to
28 finish the evidence about the patient experience by
29 December of this year. During the last session, I made

10:02

1 it clear that this wasn't now going to happen because
2 we didn't have all of the statements from witnesses
3 from whom we hoped to hear. I also made it clear that
4 the great majority of those statements not yet made
5 related to witnesses who were members of Action for 10:03
6 Muckamore - or AFM as I'm going to call them, if I may
7 - and the Society of Parents & Friends of Muckamore -
8 or SPFM - who are all represented by the law firm
9 Phoenix Law Solicitors.

10
11 Briefly, I want to remind everyone of my previous 10:03
12 announcements so that the chronology of how we've got
13 to where we are can be understood. On 14th December
14 2021, I published a written statement declaring that
15 the first phase of the Inquiry would focus upon 10:04
16 evidence from those with experience relating to the
17 care of patients within the Muckamore Abbey Hospital,
18 and I said that those potential witnesses would be
19 approached by our statement-takers as part of what I
20 called Phase 1. 10:04

21
22 On 6th June this year, I said that we were starting
23 with the patient experience, not only because we wanted
24 to put the patient experience front and centre of this
25 Inquiry, but because there was a good forensic reason 10:04
26 for doing so; that was to build up a solid foundation
27 of evidence before we heard from the big organisations
28 responsible for running the hospital. I also made
29 clear at that stage that we'd only managed to obtain

1 very few statements from AFM or from SPFM, but I was
2 hoping for good co-operation between Phoenix Law and
3 Cleaver Fulton Rankin - or CFR, as I'll call them - who
4 are the solicitors appointed as the independent
5 statement-takers at this stage of the Inquiry to
6 accelerate that process.

10:05

7
8 Then, on 11th August this year, I published another
9 written update on progress, and again I restated the
10 aspiration to complete the patient experience by the
11 end of 2022. I want to explain why that was my hope.
12 First, any significant delay is a danger to any
13 investigation or inquiry, and it doesn't assist those
14 witnesses who want to give evidence to this Inquiry
15 from those groups. Giving evidence can be a stressful
16 process and is not made easier by waiting.
17 Furthermore, of course, as time moves on, memories
18 fade.

10:05

10:05

19
20 Secondly, it's difficult to progress to hearing
21 evidence from members of staff until we have a solid
22 foundation of evidence from the patient experience.
23 That is because some elements of the patient experience
24 evidence will need to be put to members of staff and to
25 others. I'm sure that members of AFM and SPFM would
26 want their experiences put to members of staff. Unless
27 we receive that evidence, of course that can't be done.

10:05

10:06

28
29 Also, many people want things to change. There are

1 still people living as patients in MAH and in other
2 similar facilities in Northern Ireland. Furthermore,
3 there appear to be a number of issues around
4 resettlement, which is of particular importance given
5 that a consultation has recently been announced into
6 the possible closure of Muckamore Abbey Hospital. So,
7 the sooner we complete the necessary part of the
8 evidence, the sooner the Panel can consider whether
9 it's possible to make any early recommendations to the
10 Department of Health and to others. Delay in the
11 receipt of statements about the patient experience
12 doesn't help that process.

10:06

10:07

13
14 On 20th September 2022, I made another public
15 announcement. Again I asked for co-operation from
16 everyone involved to move the Inquiry forward and,
17 specifically, I addressed the issue of who was to take
18 the witness statements. I made it clear that although
19 I understood the inclination of solicitors wanting to
20 take full instructions from clients, these are not
21 adversarial proceedings, this is an inquiry, and so the
22 normal rules of litigation don't apply, and the Inquiry
23 shouldn't be treated as litigation. I reiterated once
24 again that we were asking for immediate engagement with
25 CFR. I made it clear that apart from witnesses from
26 whom we were to hear in this current November session,
27 none of whom are represented by Phoenix Law, we
28 wouldn't be able to hear any further evidence in
29 relation to the patient experience. I said that the

10:07

10:07

10:08

1 remainder of that phase of the evidence was going to
2 have to be heard at a separate and later stage. I also
3 stated that it would now have to come after we'd heard
4 from some of the large organisations about the
5 regulatory framework, structures of organisations,
6 policies, and methods and governance.

10:08

7
8 well, what's been the issue? The individuals associated
9 with AFM and SPFM, who are represented by Phoenix Law,
10 have refused to give statements to Cleaver Fulton
11 Rankin. The stated reasons are twofold. The first is
12 that they've said, albeit only recently, that they will
13 only give their statements to Phoenix Law, who
14 represent them. The second is that there is a
15 suggested conflict of interest within CFR. I have
16 considered this, and neither I nor counsel to the
17 Inquiry, who advises me, accepts that there is any
18 conflict of interest.

10:08

10:09

19
20 On 30th September this year, I conducted an engagement
21 session with Phoenix Law and some of their clients from
22 AFM and SPFM, of whom seven individuals attended along
23 with five lawyers. The purpose was to try to explain
24 the Inquiry's position and seek a way forward.
25 Following that session, there's been correspondence
26 with Phoenix Law and also with the CPs represented by
27 them. It became clear that, despite the Inquiry's
28 views about there being no conflict within CFR, a
29 number of Phoenix Law clients were still unwilling to

10:09

10:09

1 give statements to CFR, and Phoenix Law themselves
2 claimed that all of their clients wanted to give
3 statements to them and to them only, although this had
4 not been made clear at an earlier stage.

5
6 I have refused that request and it's important that I
7 explain some of the reasons. I understand that a
8 number of their clients feel aggrieved and upset by
9 that decision, and I'm sorry for that.

10
11 This public inquiry is running at the same time as the
12 largest police investigation into vulnerable person's
13 abuse that has ever taken place in Northern Ireland.
14 Further, a number of individuals have already been
15 charged with offences, and criminal proceedings are
16 ongoing.

17
18 Now, one possibility would have been for the Minister
19 to delay this Inquiry until after the criminal trials
20 were completed so as to avoid any suggestion that the
21 Inquiry's processes might interfere with those trials
22 or make them less fair than they ought to be. Had this
23 Inquiry been delayed until criminal investigations and
24 trials were completed, this Inquiry is unlikely to have
25 started for many years.

26
27 Similarly, should it now be suspended, it might not
28 restart for a very long time, if at all.

1 In order to ensure the Inquiry doesn't interfere with
2 the criminal investigation or criminal trials, a
3 memorandum of understanding was entered into with the
4 PSNI and the Public Prosecution Service, the PPS. It's
5 worth reminding everyone of just some of the terms of 10:11
6 that document, which is an agreement between the PSNI,
7 the PPS and the Inquiry, signed by me. The terms of
8 that MOU include the following stipulations:

9
10 Paragraph 16: 10:11

11
12 "The Chair of the Inquiry acknowledges the need to make
13 every effort to ensure that the work of the Inquiry
14 does not impede, impact adversely on, or jeopardise in
15 any way the PSNI investigation into abuse at the 10:12
16 Hospital and the prosecutions that result from that
17 investigation."

18
19 Paragraph 18: 10:12

20
21 "The Chair, in accordance with Section 17(1) of the
22 Act, shall make every effort to ensure" - that is the
23 Inquiries Act - "shall make every effort to ensure that
24 the procedure and conduct of the Inquiry respects the
25 integrity of the investigation and prosecutions while 10:12
26 continuing to address its terms of reference."

27
28 Paragraph 19:
29

1 "In particular, the Inquiry will be conducted with due
2 regard to the live nature of the investigation and any
3 ongoing or prospective prosecutions and the
4 investigative and disclosure duties that arise in that
5 context under the provisions specified in accordance
6 with the arrangements prescribed by this MOU."

10:12

7
8 Finally, 20:

9
10 "The Chair shall, where necessary, adopt specific
11 measures as the Inquiry proceeds to ensure protection
12 of the integrity of the investigation and the
13 prosecutions."

10:13

14
15 Now, as I have mentioned before, I've required that all
16 lawyers who are designated to take statements on behalf
17 of the Inquiry are trained to do so. I've required all
18 solicitors taking statements to be provided with
19 specific vulnerable witness training. They've also
20 received training to ensure that they understand both
21 the memorandum of understanding and the disclosure
22 duties applicable to the prosecuting authority, who are
23 also signatories.

10:13

10:13

24
25 The importance of using independent witness
26 statement-takers is that they act independently of the
27 interests of any specific party, which a privately
28 instructed firm cannot.

10:13

1 In my view, handing over the role of taking witness
2 statements to a private firm representing those same
3 witnesses could risk compromising my duties under the
4 MOU, and a further significant legal challenge to the
5 continuation of this Inquiry. Using an independent 10:14
6 firm such as CFR, employed by the Inquiry, or using the
7 Inquiry's own solicitors, the Inquiry is able to manage
8 the process and ensure that statement-takers are
9 properly trained and are compliant with the Inquiry's
10 duties under the MOU. There is an element of 10:14
11 independence in such a process, which would be lost if
12 the statement taking is relinquished to the firm
13 representing the witnesses.

14
15 Now, at the engagement sessions which took place prior 10:14
16 to the Inquiry commencing to hear evidence, I assured
17 the attendees that the Inquiry would be careful not to
18 interfere with the police investigation or the criminal
19 process, because it's important that our procedures are
20 consistent with that assurance given by me personally. 10:15
21 We have to bear in mind that the police investigations
22 are not yet completed, and some of the witnesses who
23 give evidence to the Inquiry could also be relevant to
24 the criminal proceedings. Indeed, some of the 36 or so
25 witnesses from whom we've already heard have also made 10:15
26 statements to the PSNI. Evidence may be revealed
27 during the course of our process which could be of use
28 to the police investigation, and we are duty bound to
29 bring such evidence to the PSNI's attention. Further,

1 such evidence could trigger the disclosure requirements
2 which govern the police and the Public Prosecution
3 Service.

4
5 As everybody in this room knows, there's already been 10:15
6 one challenge to the continuation of this Inquiry,
7 which has been heard both in the High Court and in the
8 Court of Appeal. The procedures adopted by the Inquiry
9 came under scrutiny as part of the court's
10 consideration. The steps taken by the Inquiry were 10:16
11 regarded as sufficient at that stage to preserve the
12 integrity of the criminal trials.

13
14 My duties are far wider than those of an individual
15 firm of solicitors tasked with representing a group of 10:16
16 CPs and potential witnesses. I have to protect the
17 integrity of the Inquiry. I have a duty to act fairly
18 to all and to ensure the progress of the Inquiry.

19
20 Later in the Inquiry, there may well be other 10:16
21 individuals who also want to make statements solely to
22 their own solicitors. Allowing that to happen now
23 would set a precedent. I've been asked in
24 correspondence whether I will be allowing individual
25 members of staff, and others, to make their statements 10:16
26 to their own solicitors. Will they be treated
27 differently to those represented by Phoenix Law? The
28 answer is that my intention in relation to all
29 individual members of staff accused of wrongdoing is

1 that they will also be required to complete their
2 statements either with CFR or with the Inquiry's own
3 legal team.
4

5 Organisational statements of a formal nature fall into 10:17
6 a different category and I want to retain some
7 flexibility as to how those are taken, but for
8 individuals accused of bad behaviour, the same rules
9 will apply as I am applying to Phoenix Law clients.
10 But it would be very difficult to keep to that process 10:17
11 for others if it has not been followed for this group
12 and Phoenix Law. In my view, it is important that the
13 Inquiry, whilst being flexible, has some degree of
14 control over the process of statement-taking from
15 individuals and a degree of oversight throughout this 10:18
16 Inquiry. I will treat everyone, if I can, fairly.
17

18 In short, if I allow at this stage statements to be
19 made by these witnesses to their own solicitors, then
20 it will make it very difficult indeed to prevent others 10:18
21 insisting on the same process. So, in short, there are
22 two central reasons for my decision. First, in my view
23 it would be wrong to concede to the wishes of those who
24 want me to adopt a procedure which would mean that the
25 Inquiry could risk not being compliant with its duties 10:18
26 under the MOU by handing sole control of the witness
27 statement-taking process to a private firm representing
28 those witnesses. In my view, that could open the way
29 for a further legal challenge to this Inquiry

1 proceeding. Second, if I allow this now, it could be
2 regarded as unfair to others if I don't allow them the
3 same facility later in the Inquiry.

4
5 I have therefore - and I know this has caused much 10:19
6 consternation - refused the request for Phoenix Law to
7 take their own statements. However, it is important
8 for other parties, as well as Phoenix Law's clients, to
9 know the accommodations that I have made to try to meet
10 AFM and SPFM's wishes. It's very important, in my 10:19
11 view, to receive the evidence from as many potential
12 witnesses in these groups as possible. They are
13 important witnesses from whom we want to hear, and they
14 have every reason to want to give their accounts.

15 10:19
16 The Inquiry has written to Phoenix Law who are, for
17 these purposes, funded by the Inquiry, and they have
18 been told that I am willing to allow a different
19 procedure to be adopted in respect of their clients
20 than has been adopted to date. Instead of giving 10:20
21 statements to Cleaver Fulton Rankin, the witnesses can
22 give their statements to the Inquiry solicitor team
23 itself. Prior to that, the witnesses can give
24 instructions and take advice from Phoenix Law. They
25 can, if they wish, provide those instructions to the 10:20
26 Inquiry team, who will draft a statement based upon
27 those instructions. The witnesses can then attend the
28 Inquiry to complete the drafting of the statement with
29 a member of the Inquiry team, and with a representative

1 of Phoenix Law to assist them if they wish. The draft
2 statements can then be considered by the witness and
3 amended with the assistance of Phoenix Law. Once that
4 process is complete, the final statement is to be
5 signed, and arrangements will be made for the witness
6 to give evidence.

10:20

7
8 If it transpires during this process that documents
9 would be required by the Inquiry in order for the
10 statement to be completed, those documents can be
11 requested.

10:21

12
13 I have thus allowed for Phoenix Law to be involved at
14 every stage of the statement-taking process.

10:21

15
16 Now, on the question of documents, I've repeatedly said
17 that if we wait for every document or note relating to
18 every patient involved in this Inquiry, not only would
19 the Inquiry be very significantly delayed but the
20 Inquiry would be swamped with material, only a fraction
21 of which may, in fact, be required by the Inquiry, and
22 there is a danger of losing sight of the wood for the
23 trees. Some patients will have thousands of pages of
24 notes, and it would be easy to become overwhelmed with
25 paperwork. My preferred course is to make targeted
26 requests to the Trust and to other organisations once
27 we've analysed the evidence received by the Inquiry.

10:21

10:21

28
29 It should also be remembered that the Inquiry can only

1 invoke the Inquiry rules to ask for documentation when
2 that documentation is necessary for the Inquiry's
3 purpose. The Inquiry can't use its powers to obtain
4 documents for other purposes. However, I have also
5 made this clear: That if, during the course of taking 10:22
6 a statement from a witness, it does become clear that
7 access to such documents is necessary for the Inquiry's
8 purpose, then a request will be made for those
9 documents by the Inquiry.

10
11 By making those alterations to the process which I've
12 just described, which gives clients of Phoenix Law the
13 full assistance of their lawyers throughout the
14 statement-making process while retaining an element of
15 oversight by the Inquiry, I have tried to encourage all 10:23
16 those affiliated with AFM and SPFM to come forward to
17 give their important accounts and to make that process
18 as easy as possible for them to do. I can do no more.

19
20 I hope that the Inquiry can now move forward with full 10:23
21 engagement and co-operation from the witnesses who wish
22 to give evidence and who are affiliated to AFM or SPFM
23 and represented by Phoenix Law so that we can hear
24 their evidence, which we very much want to receive and
25 I'm sure they want to give. 10:23

26
27 On a separate point, can I just address very briefly
28 some comments that were made to the press on Monday,
29 which were, in fact, inaccurate? They concerned an

1 application which is taking place, I think, on Thursday
2 relating to the status of five core participants all
3 affiliated to Action for Muckamore. Now, it was said
4 that I'd removed five individual core participants'
5 status, and I have not. On 27th December, the 10:24
6 Solicitor to the Inquiry wrote to Phoenix Law to
7 indicate to them that I was considering removing the
8 core participant status of five individuals, and the
9 grounds would be that the brief summary of what they
10 could tell the Inquiry indicated that their experience 10:24
11 relating to MAH ended at least nine years before the
12 terms of reference for this Inquiry started, which, as
13 you all know, is December 1999. It is appropriate that
14 the core participant status of any individual or
15 organisation is kept under review. The Inquiry is 10:24
16 funding the legal representation of each of those
17 individuals.

18
19 By e-mail dated 28th September, the Solicitor to the
20 Inquiry indicated that I was willing to hear 10:24
21 representations from counsel instructed by Phoenix Law
22 as to why those five individuals should remain core
23 participants. I set a time limit of 14 days for
24 Phoenix Law to respond. In fact, the response came
25 some days outside the time limit but I've agreed 10:25
26 nevertheless to hear counsels' arguments, and that
27 hearing will take place on Thursday at the end of the
28 evidence. I have not yet made a decision to remove
29 anyone's core participant status. I will consider each

1 of those core participants individually, having heard
2 from Ms. Anyadike-Danes KC, or whoever is making those
3 representations. I'm waiting to hear argument on that
4 issue as to how they meet the criteria to remain as
5 core participants. After I've heard the submissions of 10:25
6 counsel for Phoenix Law, and after I've received, in
7 open hearing, the advice of Sean Doran KC as counsel to
8 the Inquiry as to the powers that I have, I will then
9 make a determination.

10
11 All right. That completes that rather long statement.
12 I'm going to take a break now for, I think, 15 minutes
13 so that those who are interested can consider what I've
14 said and then, of course, we'll move on with the
15 witnesses. 10:26

16 MR. DORAN: Yes, Chair. There are two witnesses giving
17 oral evidence this morning. The father and mother of a
18 former patient, P64. Ms. Kiley will be taking their
19 evidence for the Inquiry.

20 CHAIRPERSON: Thank you very much indeed. All right. 10:26
21 I'll rise. Thank you very much indeed.

22
23 SHORT ADJOURNMENT

24
25 CHAIRPERSON: Thank you very much. Right, I think 10:45
26 we're now ready to proceed with a witness. Can I just
27 remind everyone that we are not now in public session,
28 as it were, in the sense that anyone in this room
29 should not be using a live mobile phone, it should be

1 please on airplane mode or, better still, off. There
2 is to be no live tweeting from this room, but if you do
3 want to engage in that, please do go to Hearing Room B.
4 Okay. Thank you.

5 MS. KILEY: Good morning, Chair, panel. The first 10:54
6 witness this morning is the father of a former patient,
7 former patient P64. The witness has confirmed that he
8 is content to be known by his first name, Thomas.

9 CHAIRPERSON: Yes.

10 MS. KILEY: And that the patient can be known by her 10:54
11 first name, Maria.

12 CHAIRPERSON: Maria. Lovely. Thank you.

13 MS. KILEY: I should also say that this witness may
14 also mention his wife in evidence, who you will see on
15 the schedule is the next person to give evidence. 10:54

16 CHAIRPERSON: Yes.

17 MS. KILEY: She has confirmed that she also wishes to
18 be known by her first name, Marie. This witness would
19 like to be accompanied by Marie whenever he gives
20 evidence, so he has asked that Marie sit at the table 10:54
21 with the secretary to provide a bit of support for him.

22 CHAIRPERSON: All right. I mean, obviously you have
23 explained that they shouldn't communicate during the
24 proceedings?

25 MS. KILEY: Yes. 10:54

26 CHAIRPERSON: Or I can if you haven't.

27 MS. KILEY: No, I have, and they have both said that
28 they understand that.

29 CHAIRPERSON: Thank you very much indeed. Okay.

1 P64' S FATHER, HAVING BEEN SWORN, GAVE EVIDENCE TO THE
2 INQUIRY AS FOLLOWS:

3
4 CHAIRPERSON: Thomas, can I just welcome you, and
5 indeed your wife, to the Inquiry. I've met you both 10:56
6 just very recently and very briefly. You're going to
7 be asked questions by Ms. Kiley. The nerves, I promise
8 you, will disappear pretty quickly. As I think has
9 been explained to you, there shouldn't be a
10 conversation between you two unless you ask for my 10:56
11 permission, but if there is something necessary, then
12 just let me know. All right?

13 THE WITNESS: Okay, yes.

14 CHAIRPERSON: Okay. Lovely. Yes, Ms. Kiley.

15 MS. KILEY: Good morning, Thomas. 10:56

16 A. Good morning.

17 1 Q. And Marie. We met briefly earlier. Thomas, it's you
18 who is going to give evidence in the first instance.

19 A. Yes.

20 2 Q. And as the Chair has explained, it's you who we want to 10:56
21 hear from first. So, Marie, you're here to support
22 Thomas this morning and then you'll give your evidence
23 later this morning.

24
25 Thomas, I think you have in front of you a copy of your 10:57
26 statement of evidence that you have given to the
27 Inquiry; is that right?

28 A. I have, yes.

29 3 Q. I explained briefly, whenever we met this morning, the

1 first thing I am going to do is read that statement
2 aloud into the Inquiry record.

3 A. Yeah.

4 4 Q. Then I will ask you some questions arising from it.
5 okay? 10:57

6 A. Okay, yes.

7 5 Q. And I should say that where you have mentioned some
8 staff names in the statement, you will hear that I
9 won't read their names out but I'll refer to them by
10 their cipher. 10:57

11 A. Yes.

12 6 Q. I've explained that to you and I've asked you to try
13 and do the same if you are referring to them. You have
14 a copy of the cipher list in front of you, don't you?

15 A. Yes. 10:57

16 7 Q. Okay. Are you ready then for me to commence reading
17 the statement?

18 A. Yes.

19 8 Q. Okay. Your statement is dated 31st October 2022, and
20 you say this: 10:57

21

22 "I, Thomas, make the following statement for the
23 purpose of the Muckamore Abbey Hospital (MAH) Inquiry.
24 In exhibiting any documents, I will number the
25 documents, so my first document will be Exhibit 1. 10:58

26

27 My connection with MAH is that my daughter, Maria, was
28 a patient at MAH. The relevant time period that I can
29 speak about is between approximately 2012 and 2014. My

1 daughter Maria was born in 1995 in the Mater Hospital,
2 Belfast. My wife's name is Marie, and we have three
3 daughters, with Maria being the youngest. My daughter
4 Nicola is 39 years old and my daughter Thomasina is 30
5 years old. There are only three years between
6 Thomasina and Maria.

10:58

7
8 Maria was a patient at MAH for approximately 16 months.
9 I cannot recall the exact dates. However, I believe it
10 was when Maria was around 17 or 18 years old, so
11 sometime between 2012 and 2014.

10:58

12
13 Shortly after Maria was born, my wife suspected there
14 was something wrong with her. She could tell by
15 looking at Maria's eyes and she believed that it looked
16 as though she had Down's syndrome. Dr White was
17 Maria's consultant in the Mater Hospital when she was
18 born. From having two children before, my wife could
19 just tell there was something wrong. My wife was
20 communicating to our general practitioner at the time
21 that she felt something was wrong with Maria; I believe
22 this was Dr Cruikshanks at the Whitehouse Medical Group
23 Practice. My wife noticed that Maria did not look into
24 her eyes like our other daughters had when she was
25 feeding. Maria did not walk until she was about three
26 years old, and everyone thought she was a very good
27 child as she did not cry and she always slept well.
28 However, she was very lethargic and she did not really
29 do anything. My wife and I kept comparing her progress

10:59

10:59

10:59

1 to the progress of her older sisters.

2
3 when Maria was around three or four years old, she
4 attended a consultant called Dr Mulholland in Antrim.
5 I believe that she was referred to Dr Mulholland by our 10:59
6 general practitioner but I cannot be certain. I cannot
7 recall the name of the place in Antrim, but it was not
8 Antrim Area Hospital. Dr Mulholland dealt specifically
9 with people with learning difficulties. Dr Mulholland
10 explained to me, "You have Einstein's, with very high 11:00
11 intelligence, then you have average people of average
12 intelligence, and then you have people like Maria,
13 whose intelligence is much lower."

14
15 Another male consultant also came to visit Maria at the 11:00
16 house around the same time as this. I cannot recall
17 the consultant's name or the exact date. We did not
18 have a diagnosis for Maria at this stage.

19
20 when Maria got a bit bigger and started to walk, she 11:00
21 walked with a wide gait and on her toes. She still had
22 no speech and she could not tell us what was wrong.
23 She was doubly incontinent. I cannot recall Maria's
24 exact age at this stage. It was not until Maria was
25 admitted to MAH that she was actually diagnosed with a 11:00
26 deletion in her fourth chromosome, and autism. I do
27 not recall exactly how she was diagnosed but I believe
28 that she was sent by MAH to Antrim Area Hospital for
29 tests, and I think it was Antrim Area Hospital who gave

1 my wife and me the diagnosis. I do not recall which
2 doctor she attended or the exact date, but it was in or
3 around 2012 when Maria was around 17 years old.

4
5 Maria lived at home with myself and my wife until her 11:01
6 admission to MAH in or around 2012. When Maria was
7 nearly five years old, she went to Hill Croft School, a
8 special educational needs school based in Abbot's
9 Cross, Newtownabbey. Hill Croft School has now moved
10 to New Mossley, Newtownabbey. 11:01

11
12 For Maria's first years at Hill Croft School,
13 everything was okay. However, as Maria got older, her
14 behaviour became more difficult and the staff at the
15 school could not handle her. For example, she would 11:01
16 throw herself onto the floor, strip off her clothes,
17 rip off her incontinence pad and put it up her nose.
18 The behavioural team became involved and they made a
19 suit, which was like a onesie but it would zip up the
20 back to stop her stripping off her clothes. 11:02

21
22 Maria's behaviour became gradually more difficult to
23 manage. Her behaviour was always very difficult to
24 manage. However, the older she became, the bigger and
25 stronger she became. I remember when the school bus 11:02
26 came to collect her from the house, she would throw
27 herself in front of the wheels of the bus and refuse to
28 get on. I also remember on one occasion when she
29 actually got on the bus, she took off her shoe and

1 threw it at the bus driver. It came to a point where
2 she was putting other people at risk.

3
4 I would leave the house to go to work before Maria got
5 the bus to school. I worked as a heating engineer, and 11:02
6 Marie, my wife, would have to phone me to come back
7 home to help with Maria. When Maria was around 16 or
8 17 years old, she started hitting out at other people.
9 At Hill Croft School, it would have taken two people to
10 take her to the bathroom and two people to manage her. 11:02
11 The school day finished at 3.00 p.m. Two of the staff
12 from Hill Croft School, Tina and June, would take Maria
13 for a few hours after school a couple of days a week to
14 give us respite. I can't remember their surnames.
15 Tina and June would keep Maria to about 5.00 p.m. and 11:03
16 then bring Maria to our house.

17
18 Maria became so difficult and violent when she was
19 around 17 or 18 years old. She attacked my wife
20 regularly in the house. I remember on one occasion 11:03
21 Maria pulled her mother out of bed by the hair. She
22 would also throw TVs and smash pictures. There was one
23 incident when she threw a mirror and it hit me in the
24 chest.

25
26 As Maria would refuse to get on the school bus to go to
27 school, I began taking her in the car to school. That
28 only worked for a while, as, when I was driving, Maria
29 would pull on my seatbelt and nearly strangle me. I

1 took early retirement in or around 2013 to help look
2 after Maria when she was around 18 years old. Before
3 my retirement, I was regularly having to come home from
4 work if Maria would not leave to go to school or if
5 there was an incident. My wife did voluntary part-time 11:04
6 work in Greencastle Women's Group.

7
8 Maria's social worker, Kelly Owens, and the behavioural
9 team from Ellis Court in Carrickfergus were of the
10 opinion that we could not manage Maria. H317 was the 11:04
11 member of staff in the behavioural team who mostly
12 dealt with Maria. There was another lady called
13 Imelda. However, I think she is now deceased and I do
14 not know her surname. Kelly Owens was Maria's social
15 worker until she was 18 years old. Maria's social 11:04
16 worker is now H316.

17
18 I cannot recall the exact date but it was in or around
19 2012, when Maria was around 17 or 18 years old, that
20 she was admitted to MAH. Maria's consultant, Dr Carey 11:04
21 from Whiteabbey Hospital, said that Maria's medication
22 was not working and that it needed tweaked, and that
23 she should go to MAH for a couple of months to allow
24 her medication to be changed and for Maria to be
25 assessed. I believe the medication Maria was on at 11:05
26 this time was melatonin, and Risperidone, which is an
27 antipsychotic drug. She was also prescribed Abilify,
28 another antipsychotic drug, when she was younger.
29

1 Before Maria was admitted to MAH, I recall an incident
2 with Dr Carey. Maria went to see Dr Carey one day, and
3 we had her in her wheelchair. Despite being in the
4 wheelchair, she attacked Dr Carey. Dr Carey was able
5 to move away as he was in a desk chair with wheels. 11:05

6 Maria could walk herself. However, we used a
7 wheelchair for her when we took her out places such as
8 appointments and to the Abbeycentre in Newtownabbey as
9 it was easier and safer for Maria. We were told by Dr
10 Carey that Maria was only going to MAH to get her 11:05
11 medication tweaked for a couple of months. We were
12 supportive of this at the time, as Maria was so
13 difficult to manage. We thought it would be a good
14 idea to get her medication adjusted and to get her back
15 to herself again to be more manageable. 11:06

16
17 Maria was admitted to the Cranfield ward at MAH, but I
18 can't recall the exact date. The name of Maria's
19 consultant at MAH was Dr H40. Every month or so, her
20 consultant would hold a meeting with us, her social 11:06
21 worker H316, some of the behaviour team, including
22 H317, and the nurses from MAH would be in attendance.
23 I cannot recall the name of the nurse in charge of the
24 ward or any other nursing staff.

25 11:06
26 My wife and I went to visit Maria at MAH twice a week.
27 When we went to visit Maria, the staff at MAH brought
28 Maria down to a visiting room. I cannot recall their
29 names. They always brought her in her wheelchair

1 despite the fact that she can walk. We would only have
2 had Maria in her wheelchair when we brought her out,
3 when she had to walk longer distances, and where it was
4 easier to keep her under control. Every time we went
5 to visit Maria at MAH, she looked zoned out, like she 11:07
6 was doped up on medication. She looked like a zombie.
7 Most of the time, she was in her wheelchair. Maria
8 only walked to the visiting room with the staff on a
9 couple of occasions when we visited. I cannot recall
10 exactly how many times. 11:07

11
12 My wife and I knew by looking at Maria that she was
13 overmedicated. We reported this to the nurse in charge
14 on numerous occasions. I cannot recall the names of
15 the nurses on the ward or the nurse in charge who we 11:07
16 reported this to. I recall being told on one occasion
17 that she was "Just after taking a wee tablet so she was
18 a bit drowsy". I cannot recall who told me this.

19
20 There were always different nurses on the ward and they 11:07
21 always seemed to be very young. I recall on another
22 occasion saying to one of the nurses that Maria could
23 barely open her eyes. I cannot recall the name of this
24 nurse.

25 11:07
26 When we reported that we believed Maria was
27 overmedicated, nothing was ever done about it. My wife
28 and I mentioned this at monthly meetings on several
29 occasions. We were just told that they were still

1 tweaking her medication. We thought at the time that
2 the doctors knew what they were doing. We regret that
3 now. We were never told what medication they had tried
4 with Maria. At the meetings, her consultant always
5 just made a general statement that they were working on 11:08
6 her medication. On numerous occasions, we asked when
7 Maria would get out of MAH. Again, we were just told
8 that they were working on her medication. I cannot
9 recall who told us this information. We were never
10 given any minutes of these meetings and we never 11:08
11 requested them.

12
13 Maria put on a lot of weight after she was admitted to
14 MAH. This has impacted on her health. She now has
15 sleep apnea as there is a lot of weight around her neck 11:08
16 and she sleeps on her back. I believe that her weight
17 gain was the result of overmedication, as well as
18 overuse of her wheelchair and being left to sit without
19 any physical activity.

20
21 On one occasion when we visited Maria, she had a black
22 eye. I do not recall the exact date. However, I
23 believe it was when Maria was around 19 or 20 years
24 old, in and around 2013 or 2014. We had not been told
25 that there had been an incident which would have 11:09
26 resulted in Maria having a black eye. We had to ask
27 one of the nurses on the ward what had happened. I do
28 not recall the name of the nurse that I asked. The
29 nurse told us that another patient had hit Maria. The

1 nurse did not tell us the name of the other patient who
2 hit Maria. We did not report this black eye at the
3 time to anyone else.

4
5 My wife recalls another occasion when Maria had a black 11:09
6 eye when we visited. My wife has provided a statement
7 to the Inquiry dated 31st October 2022 providing
8 further details of this incident. I do not remember
9 making a complaint about this incident to the staff at
10 MAH. 11:09

11
12 Sometimes we would get a call from a member of staff at
13 MAH saying that Maria had hit another patient. I do
14 not recall any of the staff members' names we spoke
15 with. During the 16 months that Maria was a patient at 11:10
16 MAH, I would estimate that we had a phone call around
17 three or four times to say that Maria had hit or pulled
18 the hair of another patient. The staff at MAH did not
19 ever tell us how any particular incident was dealt
20 with, nor did they give any detail of what had 11:10
21 happened. We did not get a phone call to say that
22 someone had hit Maria prior to discovering she had
23 sustained black eyes on the two occasions referred to
24 above.

25 11:10
26 On these two occasions, we had to ask staff members on
27 the ward what happened. We were just told another
28 patient had hit Maria. I cannot recall the names of
29 the staff we spoke to or the specific dates of the

1 incidents.

2
3 we bought Maria new trainers on one occasion, a pair of
4 Nike Airs. I cannot recall exactly how much they cost
5 but the cost was significant to us. I do not recall 11:10
6 when this was. When we went to visit Maria after
7 buying the new trainers for her, she came to the
8 visiting room in her old trainers. We asked a member
9 of the nursing staff where her new trainers were. I do
10 not recall the name of the member of staff. The member 11:11
11 of staff told us that they would search Maria's room.
12 The trainers were never found and were never seen
13 again. When we complained to the nursing staff, they
14 just searched her room and that seemed to be the end of
15 it. 11:11

16
17 When we went to visit Maria, she would often come to
18 the visiting room in other peoples' clothes. When this
19 happened, we asked a member of nursing staff why she
20 was in someone else's clothes. I cannot recall the 11:11
21 staff members' names that we asked about these
22 incidents, and I do not recall if we reported this to
23 anyone else at the time. I recall being told that
24 there were clothes in her wardrobe, and us telling the
25 member of nursing staff that the clothes she was 11:11
26 wearing were not hers. We never got her own clothes
27 back. We were just told by the nursing staff that
28 Maria had ripped them and they had to be thrown out.

1 We were not allowed to visit Maria in her room at MAH.
2 My wife walked up to the reception area on the ward on
3 one occasion to ask the staff if she could go to
4 Maria's room. My wife does not recall the name of the
5 member of staff she spoke to. My wife was told that 11:12
6 the staff would bring Maria down to us. The staff on
7 the ward always said that they would bring Maria to us.

8
9 Maria had been sectioned and she stayed at MAH for 16
10 months. During this time, we were not allowed to take 11:12
11 her out or bring her home for a visit. I believe at
12 the time she was admitted, we were told by her general
13 practitioner that she was required to stay until she
14 was released by MAH because she was sectioned. We
15 received letters from time to time to say that she 11:12
16 remained sectioned and we understood this to mean that
17 she could not leave MAH. We were not advised otherwise
18 by MAH or anyone else.

19
20 After 16 months in MAH, Maria was prescribed new 11:12
21 medication named Chlorpromazine. The new medication
22 helped to settle her behaviours and she is a lot calmer
23 now. Since being released from MAH, I have noticed
24 that Maria is more alert than she had been in MAH. I
25 would say that she is more alert but still a bit 11:13
26 lethargic because of the medication.

27
28 When Maria came home from MAH, she was absolutely
29 petrified of water. Prior to going into MAH, Maria

1 absolutely loved the swimming pool. When we went on
2 holiday, we had to bribe Maria out of the swimming pool
3 because she always wanted to stay in for longer. Her
4 skin would be wrinkled because she had been in the pool
5 so long. When Maria went anywhere near water after she 11:13
6 came home from MAH, you could see the absolute fear and
7 terror in her face. She even refused to go to the
8 swimming pool when we took her on holiday to Turkey in
9 the summer after she was discharged.

10
11 Maria is now absolutely petrified when she is taken to
12 the shower. We put a wet room in our house. This was
13 partly funded by the Belfast Health and Social Care
14 Trust just before Maria went to MAH. Maria had no
15 issue in using the wet room before she went to MAH. 11:14
16 However, when she returned from MAH, she refused to use
17 the shower in the wet room and you could see the fear
18 in her face when she went near water. We believe that
19 something must have happened to Maria when she was in
20 MAH to cause this terrible fear of water. My wife and 11:14
21 I assume that there has been an incident, either in the
22 swimming pool or the shower, which has led to her fear
23 of water, although we have no way of knowing for
24 certain as Maria is non verbal.

25
26 There was another patient at MAH named P65. I don't
27 know his surname. P65's mum told my wife and me that
28 there was a swimming pool at MAH but I do not know if
29 Maria used the swimming pool. We did not raise the

1 issue of Maria's fear of water with anyone at the time
2 as we did not know until she left MAH.

3
4 Prior to Maria's discharge, we had two or three
5 meetings to discuss resettlement options. I believe 11:15
6 that this was with the social worker, but cannot recall
7 their name. My wife and I were very concerned about
8 where Maria would go for day care after MAH, and what
9 help we would get. There were discussions about
10 Drumross Adult Centre on the O'Neill Road in 11:15
11 Glengormley, and she secured a place there. I cannot
12 recall what other options were presented to us but
13 Drumross Adult Centre was closest to our home. We were
14 happy that we were consulted, and we were in agreement
15 with her going to Drumross Adult Centre. 11:15

16
17 I recall that a place was available but they had to
18 wait for a room to come free. I did not understand
19 this as Maria came home every evening, but they said
20 they liked to have a room for new clients to have quiet 11:15
21 space.

22
23 Maria was around 19 or 20 years old when she was
24 discharged from MAH. A member of staff named Gerry
25 from Drumross Adult Centre went to visit Maria 11:15
26 regularly for a couple of months while she was still in
27 MAH to allow Maria to familiarise herself with her and
28 to see if they could cope with Maria's behaviour. I do
29 not recall if any of the staff from MAH helped with

1 Maria's transition out of MAH.

2
3 Maria had a dedicated room in Drumross Adult Centre.
4 while she only went to Drumross Adult Centre from 9:30
5 a.m. to 3.00 p.m. five days a week, she had her own 11:16
6 room to have her quiet time. Maria thrived at Drumross
7 Adult Centre and she had a brilliant time there. In
8 the first year she was there, she won an award for the
9 biggest achievement. She also won the biggest
10 achievement in her second year at Drumross Adult 11:16
11 Centre. Maria was very happy there. When she smiles,
12 her whole face lights up. I have attached at Exhibit 1
13 photographs of Maria in Drumross Adult Centre showing
14 her smiling.

15
16 There were three in a room in Drumross, and Maria had
17 friends there. The others in her room were called",
18 and you give the Panel the names of those but I'm not
19 going to read them aloud.

20
21 "Drumross Adult Centre was closed because of Covid in
22 2019/2020 and Maria was at home during this time. She
23 became very violent at home and would head butt walls
24 and bite her hands. She became very aggressive towards
25 my wife, Marie. Although Maria is quite small in 11:17
26 height, she is very strong, and she would also smash
27 things around the house. Due to this behaviour towards
28 her mother, Maria was transferred to a nursing home and
29 she lives there now. Recently, we received a phone

1 call from the nursing home. I cannot recall who I
2 spoke with. We were told that Maria had broken the
3 shower, and we believe this is due to her fear of water
4 following her 16 months in MAH. The staff at the
5 nursing home were very good with Maria and they try to 11:17
6 pamper her when she is getting a shower. They coax her
7 to get a shower on a Wednesday and Saturday as those
8 are the days we go to visit Maria. The staff at the
9 nursing home have built up such a good relationship
10 with Maria. Maria is happy, and she loves the staff at 11:17
11 the nursing home. We are trying to build up taking
12 Maria out for drives in the car, as well as visits to
13 our home and her sisters' homes. We hope to eventually
14 build up to overnight stays.

15
16 We are concerned about Maria coming home full-time as
17 we need to think about what happens to Maria if
18 something happens to us.

19
20 As her parents, we feel like we have let Maria down. 11:18
21 We let her go into MAH and now we wish that we had not.
22 Maria is non verbal and, therefore, we want to be her
23 voice at the Inquiry. We want to seek answers on her
24 behalf and on behalf of all the other patients as to
25 why these events happened. We want to know why Maria 11:18
26 had black eyes during her time in MAH, and why she now
27 has a fear of water. We want to know what happened to
28 Maria. It is awful to see the fear in Maria's face
29 around water. Maria did not ever have any issues with

1 water before her time at MAH."
2
3 Then, Thomas, there are some sections on giving
4 evidence. Then if you turn over the page, at Section 5
5 you see the declaration of truth, where you declare 11:19
6 that the contents of the witness statement are true to
7 the best of your knowledge and belief, and you sign
8 that.
9
10 Now, Thomas, having heard me read the statement aloud 11:19
11 this morning, are you happy with its contents?
12 A. Yes, I am.
13 9 Q. And do you wish to adopt it as the basis of your
14 evidence before the Inquiry?
15 A. I do, yes. 11:19
16 10 Q. Okay. One of the things that you have attached to your
17 statement are some photographs of Maria, so I think we
18 can look at those now and they will come up on the
19 screen in front of you. You do have some hard copies
20 in front of you -- 11:19
21 A. Yes, I do.
22 11 Q. -- but I think the copies on the screen will be in
23 colour.
24 A. Yeah.
25 12 Q. I think in your statement you said that these were 11:19
26 taken whenever Maria was at Drumross Adult Centre?
27 A. Yes, that's right.
28 13 Q. So, that's after she came out of Muckamore; is that
29 right?

1 A. Yes, uh-huh.

2 14 Q. What age would she have been in these photos?

3 A. She would have been about 18 or 19 or 20.

4 15 Q. And what do you want to tell the Inquiry about how
5 Maria is in these photos? 11:20

6 A. She's a lot happier. When she was in Muckamore, we
7 never seen her smile and she was always drowsy. And
8 when she got into Drumross, she had the achievements
9 award for coming on so well.

10 16 Q. And we can see this one was a birthday; a birthday cake 11:20
11 in front of her.

12 A. Yeah.

13 17 Q. So it was a special day?

14 A. Yes, mm-hmm. She was so happy there.

15 18 Q. I think the last photo is a photo of Maria whenever she 11:20
16 was a younger girl. If we could turn that up, that
17 one. With an age was Maria then?

18 A. She was about seven there, when she was at Hill Croft
19 Special Needs School.

20 19 Q. Right. So that's when she was at school. Okay. 11:20

21 A. Yeah.

22 20 Q. And what age is Maria now?

23 A. She's 27.

24 21 Q. 27?

25 A. Yeah. 11:20

26 22 Q. And you've described in your statement how she was
27 diagnosed with a deletion in her fourth chromosome, and
28 autism?

29 A. Yes.

1 23 Q. Can you tell the Panel a bit more about how those
2 conditions affect Maria?

3 A. As I say, she's doubly incontinent, and she is non
4 verbal, and she's just very difficult to manage. For
5 no reason, she just will become very violent and attack 11:21
6 her mummy or attack me, and just knock big heavy
7 pictures off the wall, and throw mirrors. She would
8 have -- or start pulling her hair off and biting her
9 hand until it bled. It's just... just horrible to see
10 when she gets like that. And head butt walls and all 11:21
11 in frustration. I think it's because she can't
12 communicate that she gets frustrated, and she can't let
13 us know what what's wrong with her. God love her, even
14 if she has an itchy back, she can't say "Can you
15 scratch my back for me" or "I've a sore head, give me a 11:21
16 tablet".

17 CHAIRPERSON: Thomas, just take a second. If you want
18 to stop, we can, but sometimes it's better just to have
19 a glass of water and just try and keep going.
20 11:22

21 Can I just ask, you say she's non verbal, can she let
22 you know in some ways what she wants or would like?

23 A. Yes. She'd make wee gestures like (indicating), you
24 know, she wants to go to bed, or (indicating) "Feed me,
25 I'm hungry". 11:22

26 CHAIRPERSON: or if she's unhappy, can she let you
27 know?

28 A. Well, if you were wanting to bring her something over
29 to eat she didn't like, or give her something she

1 doesn't want, she'll just go (indicating), "Take it
2 away".

3 CHAIRPERSON: Okay. So she's developed her own
4 systems, as it were?

5 A. Yes, yes. Like the likes of if she wanted to watch the 11:22
6 Simpsons or something on TV, she'll go (indicating
7 sucking noise).

8 CHAIRPERSON: And that means the Simpsons, does it?

9 A. Yes, because Maggie sucked the dummy.

10 CHAIRPERSON: Ah. I can hear people in the room know 11:22
11 what you're talking about.

12 A. And if she wanted to watch Hocus Pocus, she would go
13 like that (indicating), because the witches go...

14 CHAIRPERSON: Yes, okay. I've got that.

15 A. All these wee things she made up herself. 11:23

16 CHAIRPERSON: All right. Thank you. Sorry to
17 interrupt.

18 MS. KILEY: The formal diagnosis that you described,
19 Thomas, I think you said that didn't happen until she
20 was actually admitted to Muckamore; is that right? 11:23

21 A. Yes.

22 24 Q. And she was admitted to Muckamore in around 2012; isn't
23 that right?

24 A. Yes, around then.

25 25 Q. And she was about 17 then; is that right? 11:23

26 A. 17, 18. Around about that age.

27 26 Q. I think you say in your statement that you were told
28 that the purpose of the admission was to try and sort
29 out her medication; is that right?

1 A. To try and tweak it, the medication.

2 27 Q. You describe the medications she had been on before she
3 went to Muckamore in your statement, but just in the
4 period prior to admission, they weren't working too
5 well; is that right? 11:23

6 A. No. They weren't, no.

7 28 Q. What were you told about how long Maria would have to
8 be in Muckamore?

9 A. We were told initially she would need to go in for
10 maybe two or three months to get her medications 11:24
11 adjusted and then she'd be back home again. But then
12 it just seemed to get longer and longer and longer. And
13 we were always told "We're still working on her
14 medication".

15 29 Q. But just thinking back to that time just whenever she 11:24
16 was admitted, were you told anything more about the
17 type of assessments that she would have at Muckamore or
18 what would happen when she went in there?

19 A. No, we weren't told -- we were just told they were
20 going to bring her in and get her medication adjusted 11:24
21 and hopefully she'll get back in a couple of months,
22 two or three months.

23 30 Q. In your statement, you refer to Maria being sectioned?

24 A. Yes.

25 31 Q. By that, do you mean she was detained at Muckamore; is 11:24
26 that right?

27 A. Yes, that's it.

28 32 Q. Was she detained the whole time that she was at
29 Muckamore, the 16 months?

1 A. Yes, mm-hmm, she was.

2 33 Q. But earlier on in your statement at paragraph 20, you
3 had said that at the time of admission, you and your
4 wife were supportive of Maria going into Muckamore. Is
5 that right? 11:25

6 A. Yeah, because she got so violent and so difficult to
7 manage, we thought we had to do -- we needed to do
8 something. We thought the doctors knows what they're
9 talking about, she needs to get her medication adjusted
10 and she'll be back in a couple of months. But... 11:25

11 34 Q. And was a voluntary admission ever discussed with you?

12 A. No.

13 35 Q. No?

14 A. No, we didn't know you could do that.

15 36 Q. Okay. She was admitted then to Cranfield; isn't that 11:25
16 right?

17 A. Yes.

18 37 Q. And did she stay on Cranfield ward the whole time that
19 she was at Muckamore?

20 A. Yes, yeah. 11:25

21 38 Q. And you have already said that was 16 months in total?

22 A. Yes.

23 39 Q. And you visited Maria, I think you said, twice a week;
24 is that right?

25 A. Yeah, about twice a week. Yeah. 11:25

26 40 Q. And one of the things you say is that you were never
27 allowed to visit Maria in her room.

28 A. No.

29 41 Q. So where did the visits happen?

1 A. Like a wee visiting room in the reception area of the
2 Cranfield ward.

3 42 Q. what did you think about that arrangement at the time?
4 A. we thought it was a standard practice that you weren't
5 allowed up in case you disturbed other patients or 11:26
6 something that were up in the ward. So they brought
7 Maria down, down to visit in the wee visiting room.

8 43 Q. Did you ever see Maria's room at any other time when
9 she was in Muckamore?

10 A. No. 11:26

11 44 Q. During the visits, one of the things you said is that
12 Maria appeared over -- zoned out, I think you said?
13 A. Yeah.

14 45 Q. Can you tell the Panel a bit more about what you
15 observed and how Maria was presenting during those 11:26
16 visits?

17 A. well, she would have been brought down to the visiting
18 room and she was just -- her eyes were nearly rolling
19 in her head and she was drooling sometimes. And we
20 tried to speak to her and she didn't make any gestures 11:26
21 as normally she would. She was just very lethargic and
22 seemed to be not in the room with us, and just spaced
23 out. I don't know. It was just... just wasn't our
24 Maria when we went to visit her.

25 46 Q. And did you raise that with any of the staff at 11:27
26 Muckamore?

27 A. well, we would have said Maria's very, you know, she's
28 very lethargic and all, and they'd have said well,
29 she's not long after her medication, or got a wee

1 tablet or Diazepam to calm her down. But when we
2 raised it at the monthly meetings, every other month or
3 so, they just says "We're still working on her
4 medication".

5 47 Q. At the monthly meetings you were told that? 11:27

6 A. Yeah. Every two or -- one or two, maybe twice, couple
7 of months or something, there was a meeting.

8 48 Q. And at those monthly meetings or at any other time, was
9 it ever explained to you what medication they were
10 trying and what dosages Maria was getting? 11:27

11 A. They were never telling us we're going to try this one
12 and might increase the dose or try this different
13 medication. All of a sudden when it came when Maria
14 did get out, we found this new -- well, it's an old
15 medication but it seems to work for Maria, not long 11:28
16 before she got out.

17 49 Q. But during the time she was at Muckamore, you knew that
18 they were trying different kinds of medication but you
19 didn't know what those were; is that right?

20 A. Well, I was just told we're still trying to tweak her 11:28
21 medication and get it adjusted, but they didn't give us
22 any specifics of were they changing the medication or
23 were they upping the doses or lowering the doses. Just
24 before she got out, we were just told we've got this
25 Chlorpromazine, it seems to be starting to work. 11:28

26 50 Q. It seems to work, okay. You referred to the monthly
27 meetings but I wondered also did you have an allocated
28 point of contact in Muckamore that kept you informed
29 about how Maria was doing?

1 A. Not that I can remember or recall.

2 51 Q. One of the things that you describe in your statement
3 is observing Maria having black eyes on your visits.
4 In your statement you refer to two occasions that Maria
5 had a black eye. You say one of them, the first, was 11:28
6 in and around 2019 -- sorry, was in and around
7 2013/2014, but you also refer to a second occasion that
8 your wife recalls. I just want to be clear, do you
9 recall that second occasion also?

10 A. No, I cannot recall it. 11:29

11 52 Q. So you only recall that first occasion?

12 A. Yes.

13 53 Q. So I'll just ask you about that one then. I think you
14 said that Maria was around 19 or 20 at the time?

15 A. Yes. 11:29

16 54 Q. And you have this at paragraph 27 of your statement.
17 Can you tell the Panel what you observed and how
18 Maria's eye appeared?

19 A. It just we went in, we noticed that Maria had a mark
20 under her eye (indicating). 11:29

21 55 Q. Which eye was it? You are pointing to your right.

22 A. I think it was her right eye, I think, if I can recall.
23 We asked one of the wee nurses that brought her down
24 what happened to Maria's eye, and she just said oh
25 another patient hit her, and that was it. 11:30

26 56 Q. What type of mark was it?

27 A. It was black under her eye (indicating). It was a
28 black eye.

29 57 Q. The staff member that you spoke to, was that during the

1 visit?

2 A. Yes, mm-hmm, yeah.

3 58 Q. And tell us what they told you.

4 A. They just said it was another patient hit her. But we
5 would have received calls saying Maria had hit somebody 11:30
6 but we never got a call to tell us that Maria was given
7 a black eye.

8 59 Q. So what did you think? Were you satisfied with that
9 explanation at the time?

10 A. Well, I know the patients in there can be aggressive. 11:30
11 That's why they're in Muckamore, to get help. I
12 thought it could have happened. Because Maria hits out
13 and so it's possible that some other patient hit Maria.

14 60 Q. But whenever the nurse -- was it a nurse, sorry?

15 A. Yes. 11:30

16 61 Q. It was a nurse that you spoke to?

17 A. Yes.

18 62 Q. So whenever the nurse told you that, was that the first
19 time that you had heard that a patient had hit Maria?

20 A. Yes. 11:31

21 63 Q. So you had not received a phone call beforehand or any
22 notification?

23 A. No.

24 64 Q. You did refer there to having received phone calls, I
25 think, that Maria - and you refer to it in your 11:31
26 statement - when Maria had hit a patient?

27 A. Yeah, had hit somebody or pulled somebody's hair or
28 done something.

29 65 Q. How often did that occur?

1 A. I think about -- the length of time she was in there,
2 maybe three or four times we got a phone call.

3 66 Q. And were you told that there would be any investigation
4 into Maria hitting another patient?

5 A. It just said that they had to let us know because there 11:31
6 has to be a recorded incident or something, and they
7 just had to make us aware that Maria had hit somebody.

8 67 Q. The time that you observed Maria with a black eye and
9 you were told that another patient had hit her, were
10 you told about any investigation that was going on into 11:31
11 that incident?

12 A. No.

13 68 Q. Were you shown any sort of incident report or anything
14 like that?

15 A. No, nothing. 11:32

16 69 Q. Was it something that was discussed at the monthly
17 meeting?

18 A. No, I don't think we did discuss the black eye at the
19 monthly meeting. They just -- I'd sort of accepted,
20 well, it probably was another patient that done it. 11:32

21 70 Q. Okay. Whenever Maria was at Muckamore, did she receive
22 - you referred to the behavioural issues that she had,
23 particularly in childhood, and you've described them
24 again this morning - did she receive any behavioural
25 therapy whenever she was in Muckamore? 11:32

26 A. Not that I am aware of, no.

27 71 Q. Do you recall her ever having a positive behavioural
28 support plan or anything of that kind?

29 A. She only got a positive behavioural support plan when

1 she left Muckamore and started in Drumross. There was
2 a positive behavioural team got involved.

3 72 Q. Who was that positive behavioural team connected with;
4 was that Drumross or Muckamore?

5 A. Drumross. 11:33

6 73 Q. Drumross, okay.

7 A. Drumross.

8 74 Q. At Muckamore, did anyone ever ask you about whether
9 there were any triggers for Maria's behaviour or
10 strategies that you used at home to help her? 11:33

11 A. No. No, we weren't.

12 75 Q. One of the other things that you say in your statement
13 is that Maria put on weight at Muckamore.

14 A. Yes.

15 76 Q. Can you tell the Panel, can you estimate how much 11:33
16 weight she put on?

17 A. I would estimate she put on almost two, two and a half,
18 three stone maybe. It was an exceeding amount of
19 weight she put on, which impacted on her health. Now
20 she has sleep apnea because she can't lose the weight 11:33
21 now, and she lies on her back and that affects her
22 breathing at night-time.

23 77 Q. In your statement you say you put that down to the
24 overmedication and lack of physical activity?

25 A. Exercise, yeah. 11:34

26 78 Q. You've already described issues with medication, but
27 what opportunities did Maria have for physical activity
28 in Muckamore?

29 A. There's no activities we were told, like, take her out

1 for a walk or anything. It just seemed to be
2 constantly in the ward and never got out to do any
3 physical activity.

4 79 Q. The weight gain, did you raise that with anyone at
5 Muckamore? Did you raise a concern about that? 11:34

6 A. No, I don't think -- I don't believe I did.

7 80 Q. Okay.

8 A. I should have.

9 81 Q. You refer to her continuing to having problems now
10 because of the weight gain, but she has now been 11:34
11 discharged from Muckamore. She was there for 16
12 months; is that right?

13 A. Yes.

14 82 Q. You'd told us earlier on that you had thought she would
15 only -- you were told initially she would only go in 11:35
16 for two or three months, I think you said?

17 A. Yes.

18 83 Q. why, then, was she there for the 16 months?

19 A. This is what I don't understand. why did it take so
20 long to find medication, for her medication to be 11:35
21 resolved, but in the end it was an old medication they
22 already knew about. why didn't they try that a lot
23 sooner? I don't know.

24 84 Q. Did anyone ever explain to you why she was in longer
25 than you had expected? 11:35

26 A. No. We were just kept getting told they're still
27 working on her medication, still being tweaked.

28 85 Q. One of the other things that you described is noticing
29 after Maria left Muckamore what you've described as a

1 fear of water.

2 A. Yes.

3 86 Q. So I want to ask you about that. When did you first
4 notice that?

5 A. when we got Maria home, trying to get her into the
6 shower initially, she just --

7 87 Q. She came home to your house, is that right, from
8 Muckamore when she was first discharged?

9 A. Yes, she came home to our house and she had -- well,
10 day care in the adult centre but she was living at
11 home. When we tried to get her into the shower, she
12 just wasn't having it.

13 88 Q. When you mean she wasn't having it, what way would she
14 react?

15 A. She would have threw herself down on the ground, and I
16 couldn't lift her because she is very heavy. And she
17 just refused to get up and get into the shower. And
18 then when we took her away on holiday, she loved
19 getting in the water and we couldn't get her out once
20 she was in. And the wee fear on her face, she went
21 over... (indicating). The absolute terror and fear on
22 her face when we brought her anywhere near a swimming
23 pool. We went to Turkey, and her sister Thomasina came
24 with us. Because Thomasina and Maria always went in
25 the pool together so Thomasina says "well, I'm here
26 with you this time and she'll probably come in with
27 me", and Thomasina bought her a big like, one of them
28 big doughnut rings like in the Simpsons - she loved the
29 Simpsons - to try and entice her in, and she went

1 (indicating) when Thomasina tried to get her in; she
2 just wasn't having it. She was just so fearful.

3 89 Q. You say in your statement that you think that something
4 might have happened to Maria in Muckamore?

5 A. It was something involving water. I don't know what 11:37
6 happened but she's an absolute fear of water now. And
7 we got a --

8 90 Q. And did she ever display any fear of water before she
9 went into Muckamore?

10 A. Never, no. 11:37

11 91 Q. And were you ever informed of any incidents whilst
12 Maria was at Muckamore in respect of water?

13 A. No, we weren't, no.

14 92 Q. Okay. Have you raised that with Maria's social worker
15 or with Muckamore since you've discovered that she has 11:37
16 this fear?

17 A. We've said, mentioned to her social worker and all she
18 has a fear of water now. But once she got out of
19 Muckamore, we never had any communication after she
20 left Muckamore with the Muckamore team. 11:38

21 93 Q. The final thing that I just wanted to ask you about is
22 about staffing at Muckamore. One of the things you
23 said is, at paragraph 24, there were always different
24 nurses on the wards. What was your impression of
25 staff? Could you build up relationships with them? 11:38

26 A. Just every time you seemed to go up, there was a
27 different nurse on so you couldn't build up a rapport,
28 or... It's just every time you seen them, it was like
29 a different nurse coming to bring Maria down.

1 94 Q. Was that something that you observed for the whole time
2 that Maria was in Muckamore, or were there periods
3 where that was more prominent?
4 A. No, I'd say it was just something I observed from the
5 whole length of time Maria was in Muckamore. 11:38
6 95 Q. Okay. Thomas, those are all the questions that I have
7 for you, and thank you for answering them. Is there
8 anything else that you would like to tell the Panel
9 about Maria's experience with Muckamore?
10 A. Just that I don't think Maria's been the same wee girl 11:39
11 that she was before she went into Muckamore. That's
12 just... just with the fear of water and with the being
13 a bit overweight, it's just impacted on her. It's just
14 horrible to see. But she's thrived once she went into
15 Drumross special needs -- or Adult Centre, she was 11:39
16 thriving. As I say, she was getting awards. She was
17 such a happy child when she came out. Always smiling.
18 Her wee face lights up when she smiles. And
19 unfortunately, with Covid and her adult centre closing
20 down, she didn't understand why she couldn't go to the 11:40
21 adult centre and she got very violent and aggressive.
22 And her consultant, the consultant says we're going to
23 have to think about Maria's future because we're
24 getting older and weaker, she's getting stronger, and
25 we'll not be able to manage her, we need to think about 11:40
26 getting her a dedicated care package in a care home,
27 which she's in that care home now. She seems to have a
28 good rapport with the nurses up there, because she
29 would -- with the visits, she would push us and say

1 "Bye-Bye" to us, you know, you've been here and seen
2 me, you've give me my goodies, it's time to go, and
3 then she'd go over and hug the nurses. It hurts to see
4 that but, then again, it's nice because then we know
5 she has a good relationship with the nurses when she's 11:40
6 telling us to go, and hugging the nurses.

7 96 Q. And she's settled where she is now?
8 A. Yeah, she's settled but we're not.

9 97 Q. It's not easy.
10 A. Hmm. 11:41

11 MS. KILEY: Thank you, I'm going to hand over the
12 Panel. The Panel might have some questions for you.
13

14 THE WITNESS WAS QUESTIONED BY THE INQUIRY PANEL AS
15 FOLLOWS: 11:41
16

17 CHAIRPERSON: Dr. Maxwell, first of all.

18 98 Q. DR. MAXWELL: Thank you for sharing the story. You
19 told us that she lived at home with you until she was
20 17 or 18 but she got progressively more distressed in 11:41
21 her behaviours?

22 A. Yes.

23 99 Q. Can you tell me what support you had before people
24 suggested she go into Muckamore?

25 A. We had her social worker, who was great, and she got 11:41
26 positive behavioural -- and obviously a positive
27 behaviour team were involved too. They were always
28 coming up with suggestions about, you know, try and do
29 this when Maria kicks off, or try and do -- try

1 different strategies, try to find out what triggers it
2 and how to distract her and settle her mood down. They
3 were good. Also the staff at Drumross, they were
4 brilliant with her, and they were very patient with her
5 and you could see they cared for her. 11:42

6 100 Q. So before she went into Muckamore, did anybody ever
7 come into the home to help you manage her at home? Did
8 you have care workers coming in at any point?

9 A. No, we took -- all her needs, me and her mummy looked
10 after her. 11:42

11 101 Q. And nobody offered to send somebody in to help; give
12 you a bit of respite when she was particularly
13 distressed?

14 A. Respite. Sometimes, once every three months, she got a
15 couple of nights in a wee respite centre in 11:42
16 Magherafelt.

17 102 Q. But nobody ever came to help you in the home?

18 A. Only just before she went -- left us to go to this new
19 care home, there was a member of the behavioural team,
20 she gave us her number and we could have phoned and she 11:43
21 would have come up to the house. Just before I brought
22 Maria to Drumross, before it closed down for Covid, she
23 would have come out and helped us get her into the car
24 and stuff like that there, because it was difficult to
25 get her into the car even. 11:43

26 103 Q. You obviously find it very difficult that she had this
27 experience in Muckamore, and I can see you both find
28 that very difficult. Do you think if you'd been
29 offered more help, you might have been able to manage

1 her at home and for her not to go into Muckamore at
2 all?

3 A. Possibly if we had got more help, it could have been
4 the case that we didn't -- wouldn't have to send Maria
5 into Muckamore. 11:43

6 104 Q. But you were never offered any more help at home?

7 A. No. No.

8 DR. MAXWELL: Okay, thank you.

9 CHAIRPERSON: Yes, Prof. Murphy.

10 105 Q. PROF. MURPHY: Yes, I just wanted to ask you a bit 11:44
11 about Maria's communication skills because from what
12 you say, she's got some gestures.

13 A. Yeah, yes.

14 106 Q. When she was in Muckamore Abbey, did she ever have a 11:44
15 speech therapist contact, or did anybody suggest to you
16 that she might be able to learn makaton, for example,
17 which is a sign language?

18 A. Yeah, but it was never -- makaton was never mentioned
19 in Muckamore. But they tried -- when she was at Hill
20 Croft School, they tried to introduce makaton into her 11:44
21 life. She does some signs but we got, you know him,
22 Mr. Tumble, he does the makaton. We would have got his
23 video when she came home and put it on for her to try
24 and learn some makaton, and she would have just went
25 over to the TV and pushing the TV as if to say "I do 11:44
26 that at school, I don't do that here". So what she
27 would do in school, she doesn't do in the house. So we
28 tried to do some signs with her. She would say
29 "please" and "thank you" (indicating), that way, and

1 "sorry" (indicating). If we want -- sometimes we go to
2 visit her now up in the wee care home she's in now, she
3 would go like that (indicating), "take me" -- and then
4 do like a wee car sign (indicating), "Take me home"
5 sort of thing, "to my own bed".

11:45

6 107 Q. Hmm.

7 A. But we can't do that just yet until we find she's
8 settled because we don't want to upset her. We don't
9 know what to do to try and get her home, and if she
10 doesn't go back to her wee care home. We don't know
11 what to do for the best at the minute. We're trying to
12 build that up. So she's in this place at the minute
13 for a good enough time to see she's well established
14 and that we can think about getting her home. Because
15 if she doesn't go back, we don't know what to do;
16 should we keep her at home if we see she's not happy to
17 go back in? It's just we don't know what to do for the
18 best. We want her home but then we have to think of
19 Maria's needs at the minute, because God forbid
20 something did happen to me and Marie, where would she
21 end up? It was hard enough to find this place she is in
22 at the minute. We don't want her to lose that spot
23 because they seem very kind to her and they look after
24 her well.

11:45

11:45

11:46

25 PROF. MURPHY: Yes. Thank you.

11:46

26 108 Q. CHAIRPERSON: Can I just ask a bit about sedation?
27 Since she's left Muckamore and she went first of all to
28 Drumross and then she went to Daisy Hill, do you know
29 if she needs sedation when she's there in either of

1 those two places?

2 A. Yes. She's still on the same medication, the same

3 tablets.

4 109 Q. But you mentioned that when you saw her at Muckamore,

5 sometimes she seemed very drowsy? 11:46

6 A. Yes.

7 110 Q. Have you noticed that when you've been to visit her in

8 either Drumross or since she's moved to Daisy Hill?

9 A. No, we have not noticed that at all.

10 111 Q. And when you visited her in Muckamore, was that a sort 11:47

11 of one-off that you noticed that she was drowsy, or was

12 it more?

13 A. No, it was quite a few occasions we noticed that she

14 was very drowsy. Even we brought Marie's mummy up to

15 visit her one time, and she said "what's wrong with 11:47

16 Maria; that's not the Maria I know".

17 112 Q. And you have not seen that since she left?

18 A. No, I have not, no.

19 CHAIRPERSON: All right. well, thank you very much.

20 11:47

21 Thomas, can I thank you very much. This is obviously

22 extremely difficult for you to give evidence and to

23 tell us about Maria, but we're really grateful and it

24 is really important. We're going to be hearing from

25 Marie, I think, after a break. Shall we just take a 11:47

26 quarter of an hour? If we just give you 15 minutes, is

27 that all right? I think your evidence will be a bit

28 shorter, and we'll probably get you finished by lunch,

29 but there's no rush. Okay, thank you very much.

1 THE WITNESS: I'd just like to thank the Panel for
2 looking into this on behalf of our Maria and the other
3 patients that were in Muckamore at the time.

4 CHAIRPERSON: well, it's our privilege. Thank you.

5 THE WITNESS: Thank you.

11:48

6
7 SHORT ADJOURNMENT

8
9 CHAIRPERSON: Thank you.

12:18

10
11 P64'S MOTHER, HAVING BEEN SWORN, GAVE EVIDENCE TO THE
12 INQUIRY AS FOLLOWS:

13
14 CHAIRPERSON: Yes.

15 MS. KILEY: Hi, Marie. You have observed what the
16 procedure is for giving evidence today. The secretary
17 to the Inquiry is just going to give you a copy of your
18 statement. (Same Handed). As you know, I'm going to
19 read that aloud and into the record, first of all, and
20 then I will have some questions for you. Okay?

12:18

12:19

21 A. Okay.

22 113 Q. Are you ready for me to start reading that?

23 A. Yeah.

24 114 Q. Okay. Your statement is dated 31st October 2022. You
25 say.

12:19

26
27 "I, Marie, make the following statement for the purpose
28 of the Muckamore Abbey Hospital (MAH) Inquiry. There
29 are no documents produced with my statement.

1
2 My connection with MAH is that my daughter, Maria, was
3 a patient at MAH. The relevant time period that I can
4 speak about is approximately 2012 and 2014.

5
6 My husband, Thomas, has provided a comprehensive
7 statement to the Inquiry dated 31st October 2022. I
8 have read his statement and I wish to add the following
9 information.

10
11 My daughter Maria was born in 1995 in the Mater
12 Hospital, Belfast. My husband's name is Thomas and we
13 have three daughters, with Maria being the youngest.
14 My daughter Nicola is 39 years old and my daughter
15 Thomasina is 30 years old. There are only three years
16 between Thomasina and Maria.

17
18 Shortly after Maria was born, I knew there was
19 something wrong with her. I could tell by looking at
20 her eyes as it looked as if she had Down's syndrome.
21 Dr White was Maria's consultant in the Mater Hospital
22 when she was born. I told our general practitioner at
23 the time that something was wrong with Maria. I
24 believe this was Dr Cruikshanks at the Whitehouse
25 Medical Practice, Newtownabbey. I noticed that Maria
26 did not look in my eyes when she was feeding like our
27 other daughters had done; she kept looking down. Maria
28 did not walk until she was about three years old.
29 Everyone thought she was a very good child as she did

1 not cry and she always slept. However, she was very
2 lethargic and she did not really do anything. My
3 husband and I kept comparing her progress to the
4 progress of her older sisters.

5
6 In his statement to the Inquiry at paragraph 27, my
7 husband refers to an occasion when we visited MAH and
8 Maria had a black eye. I recall that incident, and I
9 recall a second incident when Maria had another black
10 eye. I do not recall the exact date or what age Maria
11 was at the time. I recall that I asked a member of
12 staff during our visit what had happened. I do not
13 recall the name of the member of staff I spoke to.
14 However, I recall that I was told that Maria had
15 fallen. I said to the member of staff that it did not
16 look as though Maria had fallen as the bruising was
17 more towards the bottom of her eye than the top. This
18 was never followed up by the staff at MAH and we were
19 left wondering how it happened. We did not make any
20 further complaint regarding this incident.

21
22 We were not allowed to visit Maria in her room at MAH.
23 On one occasion I walked up to the reception area on
24 the ward during our visit to ask the staff if I could
25 go to see Maria's room. I do not recall the name of
26 the member of staff I spoke to. I was told that they
27 would bring Maria down to us. The staff on the ward
28 always said that they would bring Maria down to us.
29

1 As her parents, we feel like we have let Maria down.
2 we let her go into MAH and now we wish that we had not.
3 Maria is non verbal and therefore we want to be her
4 voice at the Inquiry. We want to seek answers on her
5 behalf and on behalf of all the patients as to why 12:22
6 these events happened. We want to know why Maria had
7 black eyes during her time in Muckamore Abbey, and why
8 she now has a fear of water. We want to know what
9 happened to Maria. It is awful to see the fear in
10 Maria's face around water. Maria did not ever have any 12:22
11 issues with water before her time at MAH."
12
13 I'm not going to read the next section entitled "Giving
14 Evidence" aloud, but if you flick over to Section 5,
15 the declaration of truth, you say that the contents of 12:22
16 the witness statement are true to the best of your
17 knowledge and belief, and that you've produced all the
18 documents which you have access to and which you
19 believe are relevant to the Inquiry's terms of
20 reference. You've signed that and you have dated it 12:22
21 31st October 2022.
22 A. (Witness Nods).
23 115 Q. So, Marie, having heard me now read it aloud, are you
24 happy with the contents of the statement?
25 A. (Witness Nods). 12:23
26 116 Q. And do you wish to adopt it as the basis of your
27 evidence to the Inquiry?
28 A. Yeah.
29 117 Q. You have heard, Marie, Thomas giving his evidence. I'm

1 not going to ask you to repeat what he has said but can
2 I ask you this: Having heard Thomas give his evidence,
3 do you agree with what he has said about your
4 experience of MAH, your family's experience?

5 A. Yeah. 12:23

6 118 Q. And there's nothing that he's said that you disagree
7 with?

8 A. No.

9 119 Q. Okay. There's one particular thing I want to ask you a
10 bit more about and that's what you refer to at 12:23
11 paragraph 7 of your statement, which is the time, in
12 Thomas's statement, when he refers to Maria having
13 black eyes. As you know, Thomas referred in his
14 statement to two occasions.

15 A. Yeah. 12:23

16 120 Q. And you heard me ask Thomas about the first occasion
17 that Maria had a black eye.

18 A. Yeah.

19 121 Q. But it's right that you recall two occasions, in fact;
20 is that right? 12:23

21 A. Yeah.

22 122 Q. Okay. Can I ask you -- I'll break them down. First of
23 all, to the first occasion. Thomas referred to an
24 incident taking place in 2013, in around 2013 or 2014
25 when Maria had a black eye, and you've heard what he 12:24
26 said about that?

27 A. Yeah.

28 123 Q. Do you have anything that you wish to tell the Panel
29 about your own recollections of that incident?

1 A. Yeah.

2 124 Q. Can you tell them what you recall?

3 A. When I asked, for the second time that she had a black

4 eye, they told me that she fell.

5 125 Q. That was on the second occasion, that one that just you 12:24

6 recall?

7 A. Yeah.

8 126 Q. So what did you ask on that occasion? What did you

9 notice about Maria's eye?

10 A. Her black eye, this one (indicating). 12:24

11 127 Q. Her left eye, you think?

12 A. Her left eye.

13 128 Q. And you are pointing to underneath your eye.

14 A. It was -- to me, I said to myself that's not how she

15 fell. If she had a fall, she would have been here 12:25

16 (indicating), not a black eye the way she had it.

17 129 Q. And can you tell the Panel anything more about the way

18 it looked?

19 A. It was black. Black and blue.

20 130 Q. And who did you speak to about that incident? I don't 12:25

21 want you to tell me their names but do you know their

22 role in Muckamore?

23 A. I asked a nurse what happened to Maria's eye, and they

24 told me that she fell.

25 131 Q. Did they tell you anything else? Did they give any 12:25

26 other explanation?

27 A. No. They never, ever told us anything.

28 132 Q. So when they told you that she fell, did they tell you

29 when she fell?

1 A. No.

2 133 Q. Or where she fell?

3 A. Or how she fell, no.

4 134 Q. Okay. What was your reaction to that at the time? What
5 did you think about that explanation? 12:26

6 A. That somebody hit her.

7 135 Q. And did you raise that with a member of staff?

8 A. No. I didn't want to make it a big -- when they turned
9 around and told me that she fell, I listened til them.
10 I did not think that somebody would do that on her. 12:26

11 That was my daughter, my wee woman. And to think that
12 I let her go into Muckamore, I did let her go, and I
13 let her down. And I think the other residents, yes,
14 it's not the answer but Maria was hitting out. They
15 let us know by phone call "Maria hit a client", because 12:27
16 that's what they were called, clients.

17 136 Q. Are you talking about the times that you got phone
18 calls; that Thomas described that Muckamore phoned you
19 to say that Maria hit another person?

20 A. Yeah, something like -- yeah. 12:27

21 137 Q. And what are you saying, that the member of Muckamore
22 staff referred to the other patients as clients?

23 A. Sorry?

24 138 Q. You referred to them being referred to as clients. Who
25 referred to -- 12:27

26 A. The nurse would have phoned me to tell me that Maria
27 hit somebody, a client.

28 139 Q. Okay.

29 A. She was a person, she wasn't a client. And I didn't

1 like the way they used to say that.

2 140 Q. Going back to the incident that you were just telling
3 the Panel about, the second occasion where you observed
4 Maria with a black eye and the staff member told you
5 that Maria had fallen. 12:28

6 A. Yeah.

7 141 Q. Can I ask you, Maria lived at home for a long time, she
8 lived right up until she went into Muckamore; isn't
9 that right?

10 A. Oh, God, she never... 12:28

11 142 Q. And did she ever fall at home?

12 A. Never. The only time Maria was on the floor is when
13 she threw herself down to it. She never fell off her
14 bed or her chair. Never.

15 143 Q. When she threw herself to the floor, was that something 12:28
16 she did often?

17 A. That's when she was getting difficulty.

18 144 Q. When she would have done that, had you known her to
19 hurt herself previously?

20 A. Before that, no. But she was -- the older she got, she 12:28
21 was biting herself (indicating) til she bled. And
22 Thomas and myself tried to... but she beat me when I
23 tried to intervene, "Don't be doing that on yourself".
24

25 So, there was occasions where I would have been in bed 12:29
26 and she would have come out through her room and pulled
27 me out by the hair. But that was why she went to
28 Muckamore --

29 145 Q. Mm-hmm.

1 A. -- to get her behaviour on medication.

2 146 Q. Mm-hmm. And you describe there you knowing in the past
3 of times where she threw herself to the floor and when
4 she bit.

5 A. Right. 12:29

6 147 Q. But on those occasions in the past, did you ever
7 observe Maria to have given herself a black eye of the
8 kind --

9 A. Never.

10 148 Q. -- that you saw? 12:30

11 A. Never.

12 THOMAS: Can I say something? when Marie says she threw
13 herself to the floor, she didn't throw herself down to
14 bang her head. She would have just more or less got,
15 sat down (indicating). She didn't throw herself 12:30
16 forward or anything like that. She would have thrown
17 herself down and then lay on the floor.

18 CHAIRPERSON: All right.

19 THOMAS: But she wouldn't have hurt herself in that
20 way. 12:30

21 149 Q. MS. KILEY: And you agree with that, Marie?

22 A. Yeah.

23 150 Q. So whenever she threw herself to the floor, she wasn't
24 throwing herself forward?

25 A. No. 12:30

26 151 Q. She was throwing herself on to what, her back or her
27 side?

28 A. Always on her back.

29 152 Q. On her back, okay.

1 CHAIRPERSON: Just pause for a second. The transcript
2 needs to reflect at some point that that was Thomas
3 speaking as opposed to the current witness. Thank you.
4 MS. KILEY: Okay.

5 153 Q. We can see that in talking about those incidents, it's 12:30
6 very difficult, and talking about the occasions that
7 you observed Maria with a black eye. Did you ever
8 raise a formal complaint about it with Muckamore staff?
9 A. I used to ask them, and they just said she fell.

10 154 Q. But were you aware of any investigation that took place 12:31
11 into what happened to tell you a bit more about it?
12 A. No.

13 155 Q. And were you ever shown any incident report or anything
14 like that to show you what had happened?
15 A. No. But in myself, that's not what happened. Maria 12:31
16 was neglected. That's my opinion.

17 156 Q. Why do you think that?
18 A. Because when I went to go up to reception to ask can I
19 go up and see Maria in her room, they wouldn't let me.
20 And I asked why, and they says "We'll bring Maria down 12:31
21 to you". So, what was the big deal of me not going up
22 and seeing her room? She's in the Daisy Hill
23 residential now and I've been up in her room, and I can
24 see what way she sleeps. They sent us videos of Maria
25 in her bed. 12:32

26 157 Q. Whenever you talk about the time at Muckamore, are you
27 saying that you asked to go and see Maria's room?
28 A. Oh yeah, I did.

29 158 Q. Was that on one occasion or more than one occasion?

1 A. Well, once they said they turned around and said no,
2 we'll bring Maria down to you.

3 159 Q. And were you ever given an explanation --

4 A. No.

5 160 Q. -- as to why you weren't allowed to go to Maria's room? 12:32

6 A. Never.

7 161 Q. You've also heard Thomas, in his evidence and in his
8 statement, refer to how Maria appeared at some of the
9 visits?

10 A. Yeah. 12:32

11 162 Q. And he described her as appearing zoned out. Does that
12 accord with your recollection of how Maria was at
13 visits?

14 A. Yeah. She was always out of it.

15 163 Q. Have you anything else that you wish to tell the Panel 12:33
16 about that?

17 A. Just we used to go over and see Maria, and they brought
18 her down in her wheelchair where there was occasions --
19 okay, Maria walked on her toes for years. But then
20 when I seen her in the wheelchair, I knew; when they 12:33
21 brought her in to me, I knew that she was going to be
22 stoned. And she used to...(indicating). That's the
23 way she was. And I asked why is she like that? "we had
24 to give her a wee tablet". It must have been a horse
25 tablet because no way did a Diazepam do that on her. 12:33
26 She couldn't even lift her wee head to us.

27 164 Q. And, Marie, you went to visit twice a week at
28 Muckamore; isn't that right?

29 A. Yeah.

1 165 Q. How often would you have observed her in that sort of
2 state?

3 A. More, more stoned than she was when she'd walk and come
4 down on her toes.

5 166 Q. Right, okay. So there were some occasions that you 12:34
6 visited that she would come and walk to you?

7 A. Yeah.

8 167 Q. On those occasions, would you say then that she wasn't
9 in that state that you have described?

10 A. Yeah. There was, yeah. 12:34

11 168 Q. There were, okay.

12 A. And I brought my mummy down one time, after I lost my
13 daddy... and my mummy said to the nurse "why is she in
14 that wheelchair? why is she the way she is now? That's
15 not our Maria". That was my mummy's... 12:35

16 169 Q. Yeah. And what did the nurse say to that?

17 A. "We had to give her a wee tablet". I was fed up
18 listening to that. They were just giving excuses.
19 That's the way I feel.

20 170 Q. When you say that phrase, "had to give her a wee 12:35
21 tablet", was it explained to you what the tablet was
22 for or why they had to give her it?

23 A. They never told me.

24 171 Q. Okay.

25 A. So I thought that was because of Maria's behaviour. 12:35
26 But not that, no. Not the -- yeah, like, where she is
27 now, they give her a wee Diazepam to settle her down.
28 She's never stoned. Never.

29 172 Q. She was under the care of a consultant psychiatrist in

1 Muckamore --

2 A. Mm-hmm.

3 173 Q. -- who we have ciphered at H40. I think you have the
4 cipher list in front of you if you want to just check.
5 I think you know who I am talking about? 12:36

6 A. I know who it is, yeah.

7 174 Q. But you referred there to her not being in that state
8 in her new place. I just wondered, is she still under
9 psychiatric care? Does she still have a consultant
10 psychiatrist? 12:36

11 A. No.

12 175 Q. Okay. So, whenever she left Muckamore then --

13 A. She went to Drumross.

14 176 Q. Yeah. Did she get any psychiatric consultant care
15 after she left Muckamore? 12:36

16 A. She always had a consultant.

17 177 Q. And does she now still have one?

18 A. No, not that I know of.

19 178 Q. Okay. The consultant who looked after her in Muckamore
20 anyway, H40, does H40 have any continued involvement in 12:36
21 Maria's care?

22 A. No. Once Maria moved, that was it.

23 179 Q. Okay.

24 A. He didn't...

25 180 Q. Okay. The last thing I think I want to ask you about 12:36
26 is Maria's fear of water, which you've again heard
27 Thomas describe. I wanted to ask you, did you ever
28 personally notice Maria having a fear of water after
29 she left Muckamore and, if so, can you tell the Panel

1 what your experience of it was?

2 A. Yeah. When Maria came home from Muckamore, Thomas and
3 myself would have brought Maria up the stairs to get a
4 shower. And she sat down, she protested. So I used to
5 say to Thomas "We'll give her a good wash; don't put 12:37
6 her through that". So, we gave her a good wash and
7 clean clothes.

8

9 Then, when we went on holiday, she loved the pool. As
10 soon as she knew when we coming out of the apartment, 12:38
11 she was going like this (indicating). She knew she was
12 going down to the pool. We used to bribe her to come
13 out. She was wrinkled. She loved the pool. Then
14 after that, when she came out of Muckamore, it was her
15 expression. And she hasn't been in a pool from it. 12:38

16 181 Q. Marie, are you aware of any specific incident that has
17 caused that?

18 A. My own opinion? It's something to do with water, in the
19 pool or on a shower. She was neglected some way.
20 That's me. 12:39

21 182 Q. But did Muckamore ever inform you about any particular
22 incident in a pool or shower?

23 A. No, never.

24 183 Q. Okay. In fact, did Muckamore ever tell you that they
25 had noticed that Maria had a fear of water? 12:39

26 A. No.

27 184 Q. So it was only something that you observed whenever she
28 left; is that right?

29 A. (Witness Nods).

1 185 Q. Okay. Marie, I think those are all the questions that
2 I want to ask you. But before I hand over to the
3 Panel, I just want to give you an opportunity, is there
4 anything else that you want to say about your and your
5 family's experience with Muckamore? 12:39

6 A. I want to know what happened to her. Maria can't
7 speak. I'm her voice, and Thomas. She can't speak.
8 And that killed me, that somebody done that on her.

9 MS. KILEY: Okay. Thank you for answering my
10 questions, Marie. I'm going to ask the Panel if they 12:40
11 have any others.

12 A. Thank you.

13

14 THE WITNESS WAS QUESTIONED BY THE INQUIRY PANEL AS
15 FOLLOWS: 12:40

16

17 CHAIRPERSON: I've just one thing I want to ask you
18 about. You couldn't go and see Maria's room when she
19 was at Muckamore?

20 A. Yeah. 12:40

21 186 Q. Do you know was she on a secure ward?

22 A. I think it was all secure, yeah.

23 187 Q. Was it ever explained to you that it would be difficult
24 to see her room because of the other patients around?
25 Was anything said to you about why you might not be 12:40
26 able to see her room?

27 A. They never, ever asked. They just says "we'll take
28 Maria down to you". And I don't know what the big
29 deal...

1 188 Q. No, okay.
2 A. I wanted to see what her wee room was like.
3 189 Q. Of course, I understand. Yeah, you wanted to know how
4 she was living?
5 A. Because they turned around and they said that I can put 12:41
6 things from her room in to her.
7 190 Q. To make it more home-like and comfy?
8 A. (Witness Nods). They never, ever done that.
9 CHAIRPERSON: No, I understand. All right.
10 12:41
11 Marie, can I thank you very much, and indeed to Thomas
12 again --
13 THE WITNESS: Thank you.
14 CHAIRPERSON: -- for coming along and telling us about
15 Maria. It's nice to hear that she is in a much better 12:41
16 state now.
17 THE WITNESS: Yes.
18 CHAIRPERSON: And thank you both for giving evidence to
19 the Inquiry. We've listened to you and it's important
20 evidence. So, thank you. Would you like to go with 12:41
21 Jaclyn?
22 THE WITNESS: Thank you. Thank you, everybody. Thank
23 you.
24
25 (The witness withdrew) 12:41
26
27 CHAIRPERSON: I think that's it until the afternoon.
28 MS. KILEY: Yes.
29 CHAIRPERSON: In relation to the first witness who is

1 to be read this afternoon, which relates to P71, an
2 issue has been raised by the Trust as to whether it's
3 appropriate to read that statement. We're seeing if
4 the Trust counsel are available whether we can hear
5 submissions at two o'clock. If not, that might have to 12:42
6 be put back to another time. We're trying to see if
7 there's a way through.

8
9 I think the other witness relates to P69 and can be
10 read. 12:42

11 MS. KILEY: Yes, that's right.

12 CHAIRPERSON: All right. Well, we'll see where we go.
13 All right, everybody, thank you very much indeed. Two
14 o'clock.

15 12:43
16 (LUNCHEON ADJOURNMENT)
17
18
19
20
21
22
23
24
25
26
27
28
29

1 THE INQUIRY RESUMED AS FOLLOWS AFTER THE LUNCHEON
2 ADJOURNMENT:

3
4 CHAIRPERSON: Thank you. Yes, Mr. Doran.

5 MR. DORAN: Chair, this afternoon the schedule refers 14:00
6 to the reading in of two statements. First of all, a
7 witness in relation to patient P71.

8 CHAIRPERSON: How do we refer to that witness? Just "A
9 witness in reference to P71"?

10 MR. DORAN: That's the best description that we could 14:00
11 find in the circumstances.

12 CHAIRPERSON: okay.

13 MR. DORAN: Actually, the circumstances are that
14 witness's late sister fostered a child who was a
15 patient at Muckamore. As is indicated in the opening 14:01
16 paragraph of the statement, the witness does not wish
17 to provide the name of the child as she is not her next
18 of kin, and she indicates that she does not have the
19 express consent from the next of kin to provide the
20 name of the patient to the Inquiry. So, she refers to 14:01
21 the child as "foster child" throughout the statement.

22 DR. MAXWELL: I think the witness is the brother. So
23 it's he, isn't it?

24 MR. DORAN: It's actually a she.

25 CHAIRPERSON: I know it's a name that... It may be a 14:01
26 jurisdictional thing.

27 MR. DORAN: Yes. So in relation to this witness, the
28 Trust have given an indication that they would wish
29 oral submissions to be made prior to the statement

1 being read.
2 CHAIRPERSON: Yes, okay.
3 MR. DORAN: In summary, they wish to raise an issue
4 about the statement being read, at least at this
5 juncture. 14:02
6 CHAIRPERSON: No. Understood. All right. Is it
7 Mr. Aiken? Mr. Aiken, if you wouldn't mind coming
8 forward?
9 MR. AIKEN: Not at all, sir.
10 CHAIRPERSON: Good afternoon. 14:02
11 MR. AIKEN: Good afternoon.
12 CHAIRPERSON: So, I can assist you that I've read some
13 correspondence obviously in relation to this issue so I
14 think I understand the core, but you let me know what
15 your fundamental objection is. 14:02
16
17 SUBMISSION BY MR. AIKEN RE STATEMENT TO BE READ
18 MR. AIKEN: It's not an objection to the admission of
19 the evidence, sir, at this point. What we had sought -
20 and it's important that we do look at this 14:02
21 correspondence because it bears on the approach of the
22 Inquiry - was to understand the Inquiry's approach
23 about this evidence. I'll explain a little bit more
24 about that shortly.
25 14:03
26 Can I say, first of all, that I regret having to make
27 any submission about this and would prefer I wasn't
28 doing so.
29

1 You will have a letter of 18th November, and I trust
2 all of the core participants have copies of the
3 communications as well.

4 CHAIRPERSON: I don't know if that's right. Has that
5 been circulated by you team? 14:03

6 MS. ANYADI KE-DANES: Yes.

7 MR. AIKEN: I hope it has.

8 CHAIRPERSON: Good.

9 MR. AIKEN: we'd indicated, Chair, on 18th November
10 that we had had the opportunity to consider the witness 14:03
11 statement of 3rd November from a witness. It had been
12 uploaded to Box on 15th November. We noted from the
13 statement --

14 MR. DORAN: Chair, "a witness", sorry. An issue arises
15 over the name -- 14:04

16 CHAIRPERSON: Oh the naming of the witness.

17 MR. DORAN: -- of the witness. So, I think we're going
18 to have to stall the live feed at this point.

19 CHAIRPERSON: Yes.

20 MR. AIKEN: I wasn't aware of that. I'm sorry, 14:04
21 therefore, for using the name.

22 CHAIRPERSON: Don't worry. Just pause for a second.
23 Everybody's done it and this is the first time that you
24 have.

25 MR. AIKEN: well, I wouldn't do it if I'd been told 14:04
26 there was an issue. We have the statement with the
27 name on it.

28 CHAIRPERSON: well, there is with all witnesses at the
29 moment. Okay, we're okay to go. Yes, Mr. Aiken, sorry

1 to interrupt.

2 MR. AIKEN: I'm grateful. We noted from the statement,
3 Chair, that it was to be read out on 23rd November;
4 today's date. That decision about reading out, as to
5 why the Inquiry was taking that approach, we were not 14:04
6 aware of the reason for. We noted that the statement
7 maker didn't give the name of the individual who was
8 resident in Muckamore Abbey Hospital, though we could
9 see from the material -- and you'll see at the very
10 last document, they are exhibits of correspondence from 14:05
11 sometime ago, but written in the bottom right corner is
12 the forename of the patient that was being referred to
13 in the correspondence. We asked, because we wanted to
14 understand did the Inquiry already know the full name
15 of the individual, so we asked that question in our 14:05
16 letter of 18th November. Then we indicated, if not, if
17 the Inquiry didn't know the patient being referred to,
18 did the Inquiry want the Belfast Trust to take some
19 steps to identify the individual, because we anticipate
20 from our experience it will be possible to identify who 14:06
21 the individual is.

22
23 We went on in the letter to say that it goes without
24 saying that unless the Belfast Trust knows the identity
25 of the individual, then it wouldn't be possible for the 14:06
26 Belfast Trust to respond to the allegations made.

27
28 I'll come to this point here. It's being said, well,
29 there's no specific allegations. But if you look at

1 paragraphs 25 and 26 of the statement, you'll see that
2 serious allegations are made against consulting
3 psychiatrists. If you work out who the patient is,
4 you'll be able to work out who the consulting
5 psychiatrists are likely to be who face the allegations 14:06
6 that are set out in paragraphs 25 and 26.

7
8 Our letter of 18th November went on to say the Belfast
9 Trust does not wish - and I want to make this crystal
10 clear on behalf of the Belfast Trust - does not wish 14:07
11 anyone who wants to give an account to be precluded
12 from doing so before this Inquiry, but there is an
13 obvious fairness issue about evidence being considered
14 if there's no effective opportunity to respond to it by
15 those criticised by the maker of the statement. 14:07

16
17 So, the initial letter was looking for information
18 about the course being adopted because it wasn't clear
19 from the material we had as to whether there was some
20 more information that the Inquiry had which was just 14:07
21 not in the material provided to date.

22
23 On 22nd November, so that's yesterday, at 17:48 we
24 received a response from the Inquiry referring back to
25 the letter that I've just been reading through. That 14:08
26 response indicated:

27
28 "In response to the queries, the Inquiry is unaware of
29 the patient's name and does not require any work to be

1 undertaken to discover same."

2
3 Now, the letter does not contain any explanation for
4 why that approach was being taken. The letter goes on
5 to say on behalf of the Inquiry that:

14:08

6
7 "The Inquiry notes your observation concerning the
8 ability of the Trust to respond to any specific
9 allegations made in the statement."

14:08

10
11 The letter doesn't say how that would be addressed by
12 the Inquiry, although it appears the Inquiry was
13 recognising the difficulty that evidence about an
14 anonymous patient would present.

14:08

15
16 As a result, Chair, we sent a further letter this
17 morning. The Inquiry received it at 11:38.

18
19 "We thank you for the letter of" - the day before,
20 referring back to our original letter. And we noted
21 that the Inquiry doesn't know the name of P71, the
22 patient about whom the individual was speaking in their
23 witness statement. "And as per the letter received
24 yesterday, the Inquiry did not wish any steps to be
25 taken to ascertain the identity of the anonymous
26 individual who'd been given the cipher P71 and about
27 whom the allegations in the statement were said to
28 relate".

14:09

14:09

1 we went on to say - and we do this respectfully, sir,
2 because we appreciate these are difficult issues. The
3 Inquiry has lots of complicated, difficult issues to
4 manage, at very fast speed - but we respectfully raised
5 the issue that it's noted that the Inquiry hasn't
6 explained the basis for admitting a statement into
7 evidence before the Inquiry in respect of an anonymous
8 patient. I'm not aware and my team are not aware of
9 this having happened up to now. If it has and we've
10 overlooked it, then I apologise, but my understanding
11 is it has not happened before.

14:09

14:10

12
13 Further, it's noted that the Inquiry does not address,
14 in the correspondence I've been looking at:

14:10

15
16 "... the fairness issue raised by the Belfast Trust in
17 respect of the admission of evidence relating to an
18 anonymous patient where there's no effective
19 opportunity for the Belfast Trust, a core participant
20 before the Inquiry, to respond to the allegations made,
21 as the identity of the person to whom the allegations
22 relate is presently unknown."

14:10

23
24 We note then in paragraph 32 of the witness statement
25 that the individual indicated they wished to give oral
26 evidence to the Inquiry, which would then potentially
27 involve questioning, although our course, for reasons
28 that you may be aware of from correspondence, has not
29 been to ask questions at this stage, but it would beg

14:10

1 of a question as to whether the means might be found to
2 share the identity of the individual. It's noted that
3 the Inquiry, instead, intends to read the statement of
4 the individual into the record and, consequently and
5 importantly, we respectfully say, into the public
6 domain on Wednesday, 23rd November; today.

14:11

7
8 The basis of the decision to read the statement rather
9 than hear from the individual is also unknown.

14:11

10
11 In view of the circumstances set out above and the
12 light of the contents of the Inquiry letter that we've
13 looked at of 22nd November, it is with regret that the
14 MAH Inquiry is asked not to read the statement into the
15 record until such times as submissions can be heard by
16 you, Chair, on the appropriateness of the proposed
17 course.

14:11

18
19 we had hoped, having ventilated the issues in
20 correspondence, that simply those issues would be
21 addressed and then you wouldn't have me standing on my
22 feet, which is what --

14:12

23 CHAIRPERSON: It's a pleasure anyway, Mr. Aiken.

24 MR. AIKEN: well, very few people say that, sir, so
25 I'll take that for what it is. If I may say, sir, we
26 received then at 12:20 today an indication that you
27 were keen, if submissions were to be made, that a
28 representative would attend at 2:00, and I've made
29 arrangements to do that, and I'm happy to do that.

14:12

1 CHAIRPERSON: well, thank you.

2 MR. AIKEN: And I will acknowledge, sir, in a letter
3 that we received at 13:03, we indicated that if you
4 wished to hear from me, then I'd arrange to do that,
5 which I've done, "but can we, however, suggest that a
6 mechanism be adopted to avoid the need for submissions
7 entirely". The letter asked:

14:12

8
9 "Could the Chair of the Inquiry instead be asked to
10 authorise answers to be provided to the questions asked
11 about this evidence on behalf of Belfast Trust".

14:13

12
13 Now, the answer to that correspondence came at 13:30.
14 It was indicated that I was welcome to make
15 submissions; however, your view was, subject to any
16 submissions, the evidence is sufficiently relevant to
17 be read. It was then said:

14:13

18
19 "The witness resides outside the jurisdiction. Having
20 regard to the fact that there are no specific
21 allegations against any individual" - and I've touched
22 on that already, sir - "the Panel will be cognisant of
23 the fact such evidence is anonymous and therefore
24 difficult to challenge. They will, therefore, give
25 appropriate weight to same".

14:13

14:13

26
27 Now, can I pause there, sir, to observe you clearly
28 regard it as relevant, otherwise you wouldn't be
29 admitting it at all. I acknowledge any decision-making

1 body will, in whatever form, always assess the weight
2 of the evidence that they're dealing with. The issue
3 that has caused me to stand on my feet before you,
4 which, in inquiries, and this one, is an unusual thing,
5 which I don't do lightly, is more about the approach of 14:14
6 the Inquiry, so that we can understand the approach to
7 matters like anonymous evidence, and particularly in
8 circumstances where, without a huge amount of effort,
9 it would be possible for - in this case the Belfast
10 Trust who looked after this individual - to identify 14:14
11 who that individual is and provide the Inquiry with any
12 relevant information that the Belfast Trust holds in
13 respect of them. The reason for our correspondence was
14 we considered the Inquiry would regard that as a
15 preferable course to simply admitting anonymous 14:14
16 evidence without knowing who that individual is, and
17 without receiving documentation that may bear on the
18 evidence that you are receiving.

19
20 I appreciate this has come about quickly because of the 14:15
21 circumstances, and I repeat I regret having to raise
22 the issue at all, but I respectfully say it is
23 important, particularly where you can see allegations
24 of a serious nature being made against treating doctors
25 and, without much effort, it will be possible to work 14:15
26 out who those individuals must be so that they have an
27 opportunity to say whatever they want to say to the
28 Inquiry about that.

29 CHAIRPERSON: Mr. Aiken, can I just ask you this:

1 You're not actually objecting to the evidence; what
2 you're asking for is what is the approach of the
3 Inquiry to such evidence?

4 MR. AIKEN: Yes.

5 CHAIRPERSON: The reason that you've been called at 14:15
6 late notice, as it were, to argue this is because the
7 witness who is concerned is, or will be, listening or
8 watching the proceedings. You'll understand that
9 witnesses do get to a sensitive point, and so that is
10 why this was, in a way, time sensitive. That is why 14:16
11 you've been asked to argue this, or at least raise this
12 issue at short notice.

13
14 But it seems to me that, first of all, really you're
15 not objecting to the evidence being heard but you are 14:16
16 raising an issue, first of all, as to what weight will
17 be attributed to it, and, secondly, whether it's
18 possible to glean further information from the witness
19 which would allow you, in due course potentially, to
20 provide rebuttal evidence? 14:16

21 MR. AIKEN: There are two more things, if I may, Chair?

22 CHAIRPERSON: Yes, go on.

23 MR. AIKEN: what we'd written to you about was to
24 acknowledge that without returning to the individual,
25 the Belfast Trust would be able to take steps itself, 14:17
26 which we assume the Inquiry would want taken, to
27 identify who the individual is. The response to that,
28 at least to date, from the Inquiry is that it didn't
29 want those steps to be taken, which left us with the

1 working assumption, which I respectfully say is a
2 reasonable one, that this evidence was simply going to
3 be admitted in respect of an anonymous patient. The
4 weight you would give to it would be based on the fact
5 it's an anonymous patient, and you recognise that that 14:17
6 would be very difficult for any person charged, as it
7 were, by whatever allegations are made, to respond to
8 them. The question we were struggling with, sir, was
9 why that approach would be taken rather than working
10 out who the individual is and trying as best we can to 14:17
11 address the allegations to whom the individual relates.
12 CHAIRPERSON: Yes. I do understand that, Mr. Aiken.
13 But it seems to me there's nothing - and I have not
14 heard from Mr. Doran and I'll invite him, if he wants
15 to make any submissions - but it seems to me that it's 14:18
16 a matter for the Trust if they do wish to make inquiry.
17

18 Obviously, evidence of this nature has limited weight.
19 I won't say it has no weight because otherwise I ought
20 not to be admitting it. But it does have limited 14:18
21 weight, (A) because the allegations made are very
22 nonspecific, even including the two paragraphs that
23 you've mentioned, but also because the witness is
24 anonymous.

25
26 Even in other proceedings, even in criminal proceedings
27 nowadays, it is possible to receive anonymous
28 testimony; it's very rare. But, of course, these
29 aren't criminal proceedings and these aren't civil

1 proceedings, this is an inquiry. It seems to me that
2 if the Trust ask the Inquiry to make further -
3 interrogation of the witness is the wrong way of
4 putting it - but asking the witness if they are able to
5 assist at all to assist the Trust to identify, for 14:19
6 instance, the relevant doctor named, then we can do
7 that. But it doesn't seem to me to make any difference
8 to the timing of the reading of this statement because
9 you're not actually objecting to the reading of the
10 statement. The question is, (A) how do we, the Panel, 14:19
11 treat it and, (B) what you can do to respond to it, if
12 you feel you need to.

13
14 So, what is the objection to reading the statement now
15 and dealing with those issues subsequently? 14:19

16 MR. AIKEN: Because we wanted to deal with those issues
17 in advance of the reading of the statement.

18 CHAIRPERSON: Sure.

19 MR. AIKEN: which is why we wrote, raising the issues.
20 I, respectfully, ought not to be needing to stand here 14:20
21 to seek answers to them, sir. I'm trying very
22 respectfully to say that there were obvious issues
23 arising in respect of this evidence, including simple
24 matters of communication, about why this is being read,
25 why is it being adopted where it's anonymous, if the 14:20
26 Trust could take steps.

27 CHAIRPERSON: well, I can indicate it's being read
28 because my understanding is that the witness has been
29 asked if they wish to add anything further to the

1 statement; they do not; and they are out of the
2 jurisdiction. So, frankly, it would seem pointless to
3 bring the witness before the Inquiry, particularly
4 bearing in mind that the Trust - and this is no
5 criticism whatever - has chosen not to put questions 14:20
6 through counsel to the Inquiry to any single witness so
7 far. It's extremely unlikely you'd want to do it with
8 this witness, other than those which could be filtered
9 through by the Inquiry in correspondence.

10 MR. AIKEN: Chair, with respect, I'm not going to get 14:21
11 into a debate about your decision-making, I'm simply
12 observing the witness wanted to give evidence by
13 videolink. The statement is being read. Telling the
14 core participants why that was happening wouldn't have
15 been a difficult thing to do so that we could 14:21
16 understand.

17 CHAIRPERSON: No. Well, do you now understand why
18 the...

19 MR. AIKEN: Well, whether I do or not, you've explained
20 that that's what's happening; he's outside the 14:21
21 jurisdiction. The issues that we are addressing are as
22 to how this evidence then can be subsequently
23 addressed.

24 CHAIRPERSON: Yes.

25 MR. AIKEN: We wanted to understand that before you 14:21
26 admit it because after you have admitted it, it's in
27 the public domain, we can do nothing about it.

28 CHAIRPERSON: Yes. I'll hear from Mr. Doran but my
29 reaction to that is if the Trust choose to do so, they

1 can make such inquiry and they can ask the Inquiry to
2 make further inquiry of the witness, if that's
3 possible. If the Trust wishes to produce evidence to
4 deal specifically with the complaints, then of course
5 it's absolutely entitled to do so. The weight that can 14:22
6 be ascribed, as I said, to such evidence is, in any
7 event, very limited, and that may give you some
8 assurance. But I don't want to say to you it is given
9 no weight, because that would be misleading.

10
11 Mr. Doran, do you want to say anything about this
12 application?

13
14 SUBMISSION BY MR. DORAN

15 MR. DORAN: Chair, yes, just very briefly. One 14:22
16 important point to make at the outset is that this is
17 not anonymous testimony in the strict sense, so to
18 speak. The identity of the location isn't known --

19 CHAIRPERSON: The witness's name. Absolutely.

20 MR. DORAN: -- but the witness is known and is known to 14:22
21 the Inquiry.

22
23 My learned friend has been through the course of
24 correspondence between the Inquiry and the Trust, and I
25 don't need to turn to that. 14:23

26
27 In very broad terms, the Inquiry enjoys a discretion
28 over persons from whom a statement ought to be taken,
29 which witnesses should be called to give oral evidence,

1 which statements ought to be read, and indeed which
2 statements ought not to be read but which ought simply
3 to form part of the Inquiry record. The Inquiry has,
4 to date, heard from a large number of witnesses, and
5 many statements have been read.

14:23

6
7 significantly, this is not an adversarial process, so
8 no question arises over the admissibility of the
9 evidence per se. The Inquiry has power to receive the
10 evidence and it enjoys a discretion as to how it will
11 hear the evidence.

14:23

12
13 Having said that, as you have pointed out, Chair, the
14 assessment of the weight to be attached to all of the
15 evidence is a matter for the Panel. All core
16 participants will have the opportunity in due course to
17 make submissions about that. If a core participant has
18 an issue about the content of a statement, or if they
19 wish to highlight any matters that they say undermine
20 the weight to be attached to evidence, they are
21 entirely at liberty to bring those matters to the
22 attention of the Panel, and the Trust have already
23 brought such matters to your attention in respect of
24 this particular witness.

14:24

14:24

25
26 Regarding this particular statement, notwithstanding
27 the observations that my learned friend has made on its
28 contents, it is of note that the maker of the statement
29 does not make any allegation against a named member of

14:24

1 staff. In fact, the statement does include reference
2 to some staff with whom she says there were positive
3 interactions.

4 CHAIRPERSON: Yes.

5 MR. DORAN: with all of the above considerations in 14:25
6 mind, it would be my submission that the Inquiry ought
7 to proceed to have the statement read at this stage.
8 As has already been indicated, the witness lives
9 outside the jurisdiction. Specific arrangements have
10 been made for her to view the reading of the statement 14:25
11 by live link.

12
13 Chair, can I just make one further point? There was an
14 exchange about researches that might be conducted by
15 the Trust, and you gave an indication that they were at 14:25
16 liberty to undertake such researches at this point in
17 time, albeit that that course was not being
18 specifically directed by the Inquiry. It does, of
19 course, remain open to the Panel, or to the Inquiry, at
20 any future point in time to direct that specific 14:26
21 inquiries be made, or to direct that specific documents
22 be sought in relation to any witness, including --

23 CHAIRPERSON: Yes.

24 MR. DORAN: -- this witness.

25 CHAIRPERSON: A targeted request. 14:26

26 MR. DORAN: Yes. Obviously the Inquiry is taking stock
27 on an ongoing basis of the evidence that is being heard
28 and considering what further inquiries might need to be
29 made. So, even in the event that a statement is read

1 in, that does not necessarily mean that the matter is
2 entirely closed.

3 CHAIRPERSON: No.

4 MR. DORAN: It may be that some evidence in the future
5 or some other course of events may cause the Inquiry to 14:26
6 seek further information with respect to this
7 particular patient.

8 CHAIRPERSON: Thank you.

9 MR. DORAN: Those are my submissions, Chair.

10 CHAIRPERSON: Mr. Aiken, do you want to respond to any 14:27
11 of that?

12 MR. AIKEN: Other than to say, sir, the correspondence
13 speaks for itself. I repeat my regret at standing
14 here. I've said to you what it was necessary for me to
15 say. 14:27

16 CHAIRPERSON: I understand.

17 MR. AIKEN: And I leave the matter at that.

18 CHAIRPERSON: Thank you very much indeed, Mr. Aiken.

19
20 I'm going to make a very short determination without 14:27
21 reference to the correspondence.

22
23 The next witness, who is a named witness but refers to
24 Patient 71, who she does not wish to name, lives out of
25 the jurisdiction. She gives very limited evidence 14:27
26 relating to the foster daughter of her deceased sister,
27 who was a patient for a number of years in Muckamore.

28
29 Mr. Aiken, King's Counsel, has made submissions in

1 relation to how the statement is to be received in
2 evidence, and has very properly raised the Trust's
3 concerns about how it will be treated. The statement
4 doesn't name the patient, and so the Belfast Health
5 Trust, in effect representing MAH, is unable, they 14:28
6 submit, to challenge the evidence. In certain
7 circumstances, that could render evidence unfair to
8 admit.

9
10 But having read the statement in my role as Chair, 14:28
11 having responsibility for the procedure of this
12 Inquiry, I can say that the allegations made in it are,
13 in general terms, of a very nonspecific nature.

14
15 Mr. Aiken is right to point to paragraphs 25 and 26, 14:28
16 which refer to a particular doctor, and there are
17 allegations in relation to his or her prescribing. The
18 evidence, it seems to me, is relevant in that it might
19 be considered to add to a general picture in relation
20 to workings within the hospital, although the reality 14:29
21 is that evidentially such evidence can only have a very
22 limited amount of weight.

23
24 The Panel, when considering this evidence, has to bear
25 in mind that the complaints made are relatively vague, 14:29
26 that the patient isn't identified, and so that it is
27 difficult for the Trust to challenge it. The weight,
28 as I say, is therefore limited.

1 should the Trust wish to follow this up and to attempt
2 to rebut the evidence, they are, of course, as
3 Mr. Doran has pointed out, at liberty to do so, and we,
4 the Inquiry, will assist them in the sense that if they
5 ask us to make further inquiries of a witness to
6 further identify the patient, then we will do so.

14:29

7
8 Nevertheless, I will allow the statement to be read,
9 with all the caveats that I've mentioned as to the
10 weight to be given to. I bear in mind that the witness
11 is expecting her evidence to be read and it will no
12 doubt bring some comfort to her to have her account
13 heard, which is an important role for any public
14 inquiry where the evidence has some degree of
15 relevance, albeit in this case limited.

14:29

16 MR. DORAN: Thank you, Chair.

17 CHAIRPERSON: who is going to read it?

18 MR. DORAN: Ms. Tang.

19 CHAIRPERSON: I think we need five minutes to warn the
20 witness that it will, in fact, be read.

14:30

21 MR. DORAN: Yes, we need a short break. There is
22 another statement to be read this afternoon. It's a
23 statement by the father of a former patient, P69, and
24 Ms. Briggs will deal with that evidence. So Ms. Tang
25 will be reading the next statement and then Ms.

14:30

26 Brings.

27 CHAIRPERSON: Ms. Anyadike-Danes is on her feet. Could
28 you possibly go to the microphone because otherwise it
29 won't be picked up by other CPs who are listening?

1 MS. ANYADI KE-DANES: Yes. Sorry, as I recall that
2 happened the last time. Thank you very much indeed,
3 Chair.

4 CHAIRPERSON: Is it in relation to this issue?

5 MS. ANYADI KE-DANES: No, it isn't. I would have
6 immediately said that the only reason that I am doing
7 it now, Chair, is because I notice that you said there
8 might be a short break while the witness is being
9 contacted. This is a matter that relates to tomorrow
10 and just one of timing, nothing of substance.

14:30

14:31

11
12 We are keen to know precisely when it is that I'm to be
13 able to make my submissions, the reason for that being
14 because, as you might apprehend, my clients wish to
15 attend and some of them have a journey to make. There
16 is a certain amount of uncertainty about it because the
17 timetable says two o'clock, then we got an e-mail from
18 the Inquiry that says noon, or indicates noon, and
19 then, Chair, when you were giving your address this
20 morning, you said it would take place at the end of the
21 evidence. That evidence seems to involve simply
22 reading a statement, so it may even be earlier than
23 noon. So, if we could be given any indication of a
24 time so that my clients can arrive promptly and not
25 disrupt matters, I'd be grateful.

14:31

14:31

14:31

26 CHAIRPERSON: I think one of the reasons for changing
27 from 2:00 was, I think, to assist you because I think
28 you have --

29 MS. ANYADI KE-DANES: Yes, I'm very grateful for it but,

1 on the other hand, they do nonetheless wish to be able
2 to attend.

3 CHAIRPERSON: Of course. Can you help me, what time
4 are we likely to finish reading? Is it just reading
5 tomorrow? 14:32

6 MR. DORAN: I can assist, Chair. No, it's not just
7 reading because the evidence of P72's sister will be
8 heard in the morning.

9 CHAIRPERSON: Right.

10 MR. DORAN: She is attending to give oral evidence. 14:32

11 CHAIRPERSON: It's quite short?

12 MR. DORAN: It is indeed.

13 CHAIRPERSON: Quite short.

14 MR. DORAN: I mean, I think it is likely that we will
15 be in a position to deal with the submissions at around 14:32
16 11:30, possibly earlier. I would envisage starting the
17 submissions in or around 11:30.

18 CHAIRPERSON: It would be safe probably to say 12:00,
19 wouldn't it?

20 MR. DORAN: It would be very safe to say 12:00. 14:32

21 MS. ANYADI KE-DANES: That's very clear.

22 CHAIRPERSON: Just as no lawyer's estimate is ever
23 correct.

24 MR. DORAN: Yes.

25 CHAIRPERSON: So, I think if we were to say twelve 14:32
26 o'clock, and we will not start your submissions before
27 then.

28 MS. ANYADI KE-DANES: I'm very grateful.

29 CHAIRPERSON: I've sought to limit you to an hour.

1 That isn't a strict guillotine but do you know how long
2 you will be?

3 MS. ANYADI KE-DANES: It may be a little longer than
4 that because there are five of them and they are all
5 wanting their matters to be dealt with individually.
6 So, it might be a little bit longer than that. But I
7 recognise --

14:33

8 CHAIRPERSON: Well, remember that Mr. Doran has to
9 respond to you.

10 MS. ANYADI KE-DANES: I do.

14:33

11 CHAIRPERSON: And it all has to be done in time for
12 your conference.

13 MS. ANYADI KE-DANES: It does indeed.

14 CHAIRPERSON: Okay. We will say twelve o'clock.

15 MR. DORAN: Thank you, Chair.

14:33

16 CHAIRPERSON: Thank you. If we just have five minutes
17 now, is that all right? Thank you.

18
19 SHORT ADJOURNMENT

20
21 CHAIRPERSON: Thank you. Ms. Tang.

14:45

22 MS. TANG: Good afternoon, Chair. Afternoon, Panel.
23 I'll be reading the statement that refers to patient
24 P71, and it's made by witness who's content to be known
25 by her first name of Gabriel. Gabriel is the sister of
26 the foster mother of patient P71. The statement can be
27 found at 073, page 1.

14:46

28 CHAIRPERSON: Yes.

29 MS. TANG: There are two exhibits, I should say. I

1 wasn't proposing to read them but they are referred to
2 in the course of the statement.

3 The statement begins:
4

5 "I, Gabriel, make the following statement for the 14:46
6 purpose of the Muckamore Abbey Inquiry. In exhibiting
7 any documents, I will number the documents, so my first
8 document will be Exhibit 1.
9

10 My interview for production of this statement was 14:46
11 conducted virtually by Microsoft Teams, as I reside in
12 London.
13

14 My connection with MAH is that my late sister, Joan,
15 fostered a child, who was a patient at MAH. My sister 14:46
16 and I were both born in England and, as explained
17 further in my statement below, my sister moved to
18 Northern Ireland to live and work in and around the
19 late 1960s/early 1970s. I do not want to provide the
20 name of the foster child as I am not her next of kin, 14:47
21 nor do I have the express consent from her next of kin
22 to provide her name to the Inquiry. I will refer to
23 the foster child as "foster child" in this statement.
24

25 The relevant time period that I can speak about is 14:47
26 between 1976 and 2017.
27

28 From in and around 2015 until approximately one year
29 ago, I was self-employed, working as an advocate for

1 people with learnings disabilities who were deprived of
2 liberties which someone without a learning disability
3 would not have been deprived of. I was working with
4 people who were being supervised under the Court of
5 Protection in England, and I advocated to either 14:47
6 support or challenge the deprivation of liberties
7 imposed on people with learning disabilities. In the
8 past year I have significantly reduced my workload by
9 around 90% and I am almost now completely retired.

10
11 Most of the people I worked with were on the autistic
12 spectrum, requiring one-to-one or two-to-one care in
13 their placements. My main client was advocate for
14 Ealing Mencap. This is a charity based in Perivale,
15 England, which helps people with learning and other 14:48
16 disabilities to enjoy their rights, and to provide
17 opportunities to live as independently as possible. I
18 was mainly engaged to look at the assessment process
19 applied by the local authority when assessing a person
20 with a disability, and advocate for that person to 14:48
21 ensure that their needs were met, with particular focus
22 on adequate care packages.

23
24 Prior to 2015, I was employed by Ealing Mencap from
25 2007 as a manager in the transition team to help 14:48
26 children with learning disabilities to transition to
27 further education or paid jobs.

28
29 My sister Joan was born in 1947". The precise date of

1 birth is redacted. "She trained and qualified as a
2 social worker in England. She was keen to improve and
3 diversify her skills and, to enable this, she went to
4 work in a residential community in Ringwood, Dorset. I
5 do not recall the name of the residential community. 14:49
6 However, she was working with children with very high
7 specialist needs, using methods inspired by Rudolf
8 Steiner. The Steiner perspective encourages children
9 to share, to work together, to care for each other, and
10 to respect the needs of others. Kindness is adopted by 14:49
11 practitioners and encouraged in the children to enable
12 them to learn to trust the adults around them.

13
14 Having lived in England all of her life, when my sister
15 was in her 20s in and around the late 1960s/early 14:49
16 1970s, she relocated to a therapeutic community call
17 Glencraig Camphill Community", Glencraig for short, "in
18 Holywood, Northern Ireland. She was a dormitory
19 mother within this community. Glencraig had eight
20 houses, with each house having a person in charge of 14:50
21 around eight children who lived in the house. The
22 dormitory mother was like a substitute parent who
23 looked after the children. Smaller groups of children
24 were allocated to a dormitory mother, the children
25 would live on-site and be educated in this community. 14:50
26 Some of the children went home on school holidays and
27 some stayed on-site.

28
29 It was during my sister's time as a dormitory mother in

1 Glencraig that she met her foster child. The foster
2 child was around six years old at the time. My sister
3 developed a real rapport and good relationship with the
4 foster child. The foster child does have a family of
5 her own, and she has siblings but I do not recall how 14:50
6 many. The foster child has severe learning
7 disabilities, sever attachment disorder, and displays
8 self-harming behaviours.

9
10 I recall meeting the foster child for the first time 14:50
11 when she was around eight years old, at Glencraig.
12 This was in and around 1976. She would kick herself so
13 hard in the shins that she would draw blood and
14 continue to kick open the wound" --

15 CHAIRPERSON: "Kick the open wound", sorry. 14:51

16 MS. TANG: Sorry, "kick the open wound". Forgive me.

17
18 "She also banged her head against walls. I recall that
19 I had travelled over to Northern Ireland to go to
20 Glencraig at my sister's request to assist with taking 14:51
21 the children in the community on holiday to County
22 Donegal, Ireland. I remember that Glencraig needed the
23 same number of adults to children for supervision
24 purposes. We went away for one week. I recall the
25 year as I had just graduated. 14:51

26
27 My sister Joan advised me that the foster child's
28 parents found it difficult to cope with her. They were
29 unable to cater for her needs, and her father left the

1 family. The foster child's mother was struggling and
2 felt unable to look after her daughter, so she handed
3 her over to be cared for by her grandparents, who were
4 also running a care home. The foster child came to the
5 attention of social services when one of the 14:52
6 grandparents became seriously ill and there were issues
7 of neglect. The foster child was showing signs of
8 deprivation, developmental delay, self-harming
9 behaviour and poor sleep. However, I recall my sister
10 telling me that social services tried to restore 14:52
11 contact between the foster child's mother and the
12 foster child when she was around nine years old and
13 living in GlenCraig, but it did not go well.

14
15 I do not have any more details around this but, after 14:52
16 that, there was no contact between the mother and the
17 foster child.

18
19 when the foster child was around ten years old, she was
20 under the care of social services. I do not know any 14:52
21 names of personnel involved or which Trust she was
22 under the care of. The senior staff at GlenCraig
23 decided that it was too difficult to care for the
24 foster child within their group settings and that she
25 needed to be cared for in a smaller group. The senior 14:53
26 staff at GlenCraig took the view that it was within the
27 foster child's interests to be moved to another Rudolf
28 Steiner community in Aberdeen, Scotland, where she did
29 not know anyone. I do not recall exactly where the

1 child was sent to or any more details around this.

2
3 My sister opposed the decision to move the foster
4 child. However, she was overruled. She was moved from
5 pillar to post and had no community whatsoever. My 14:53
6 sister maintained contact with her in the school
7 holiday periods. The foster child was put into a
8 children's facility run by MAH until she was in and
9 around 14 years old. I do not recall the name of the
10 facility. She was then transferred to MAH until she 14:53
11 was in and around 16 years old. I do not recall the
12 name of the ward that she was in. This was sometime in
13 the 1980s.

14
15 My sister kept in touch with the foster child 14:54
16 throughout, and my sister kept me informed of the
17 foster child's whereabouts. However, I can't be
18 clearer on the exact sequence of events or what led to
19 each decision.

20 14:54
21 My sister managed to get the foster child formally
22 fostered through social services in 1983, when she was
23 in and around 16 years old. I do not have any details
24 of the healthcare and social services personnel
25 involved or which department of social services were 14:54
26 involved. My sister managed to get her foster child
27 out of MAH when she was 16 years old in September 1983.
28 Again, I have no additional details on this, as to who
29 was involved.

1
2 The foster child then lived with my sister at my
3 sister's home", and the address is redacted, "until she
4 was around 19 years old.

5
6 My sister's health was suffering and she was becoming
7 burnt out from caring for the foster child. She could
8 no longer provide a secure home for the foster child,
9 and the foster child was admitted back into MAH in late
10 1987. Thereafter, she was a patient for around 30
11 years. My sister kept in contact with the foster
12 child, visiting when she could every week. My sister
13 had progressive cerebellar ataxia, which prevented her
14 from being able to drive. Therefore, she needed lifts
15 from her home in Holywood from friends to MAH.

16
17 My sister attended all annual review meetings relating
18 to the foster child when she was in MAH. I visited the
19 foster child twice per year when I was over in Northern
20 Ireland to visit my sister.

21
22 In and around April 2015, my sister had a serious
23 health crisis. I flew over from England and found her
24 in a bad state. The progressive cerebellar ataxia was
25 getting worse and she could no longer live on her own.
26 Her condition affected her balance and movement. She
27 had a number of falls. At this stage my sister was in
28 her mid 60s. I brought her home with me to England,
29 but she still wanted to maintain contact with her

1 foster child in MAH.

2
3 My sister and I flew over once per month and visited
4 during the weekends between 2015 and 2017. My sister
5 also spoke with her foster child on the telephone every 14:56
6 Tuesday.

7
8 The first observation that I want to make in respect of
9 my visits were that we had no access to the ward at
10 MAH. Whatever the weather, we went to the lobby and 14:56
11 buzzed a bell for someone to open the door. I believe
12 that the foster child was in a ward called Donegore,
13 but I can't remember. All of the staff knew my sister
14 but would close the door on us, as was usual practice
15 for any visitors, whilst they went and got the foster 14:56
16 child. The staff then brought her out to us with her
17 bag of important things that she wanted to show us on
18 her visit. The bag contained her A4 sized diary, a
19 symbol of adult life for the foster child, and a ring
20 binder with sheets of paper in it, which she liked my 14:57
21 sister to write about any special days and any items
22 such as a ring, pendant, jewelry box, which the foster
23 child might want from the Argos catalogue. The ring
24 binder would contain a calendar for the coming month,
25 highlighting any bank holidays, which were much 14:57
26 anticipated because the foster child then was not
27 obliged to attend the MAH on-site day care, which she
28 disliked.

1 we would make our way across the hospital campus to the
2 hospital cafe, which was called the Cosy Corner. The
3 food was poor quality, and it certainly was not cosy.
4 It was the only place that we could go for our visit.
5 It was sterile and lacking in imagination. It sold hot 14:57
6 chocolate and other hot drinks, which did not taste
7 nice. The hot chocolate was about the only drinkable
8 thing. The tea and coffee were horrible. This was
9 supposed to be the patient's treat and it had such a
10 poor offering. With small changes, this could have 14:58
11 been a much more pleasant place to visit. There should
12 have been somewhere else to go during visiting time.

13
14 I felt that some frontline staff were caring and
15 supportive, and I felt they appeared to be doing their 14:58
16 best within a very restrictive culture led by
17 management. They seemed to have a good sense of what
18 the patients wanted and needed. Some of the staff with
19 whom there were positive interactions were H318, H319,
20 H320, H321 and H112. 14:58

21
22 Before my sister came to live with me, we spoke every
23 single week on the phone. From what my sister told me
24 about MAH, it felt that there was no accountable
25 leadership in the hospital. She often described to me 14:58
26 how the psychiatrists ran the hospital and they put the
27 ward staff, who knew the patients best, in impossible
28 situations regarding the care of the patients because
29 they did not listen to what the ward staff had to say.

1 This resulted in ward staff being frustrated. There
2 appeared to be a closed culture.

3
4 There was a time when my sister was allowed onto the
5 ward. This was in the 1990s/early 2000s. She was even 14:59
6 allowed into the foster child's bedroom at that time.

7
8 I remember my sister telling me that she observed a
9 patient being left in seclusion in an external
10 courtyard in the winter time with no coat. My sister 14:59
11 told me that she saw this from a window. She told me
12 that she asked for a copy of the MAH seclusion policy
13 from a member of staff - I don't know their name - and
14 found that there were safeguards which were not being
15 adhered to. My sister did not provide me with a copy 14:59
16 of the policy. I know from my work that seclusion
17 policies have to be presented carefully and staff need
18 to be fully trained on using them. If using seclusion,
19 it should be used for therapeutic reasons. It is to
20 help someone who is experiencing sensory overload. 15:00

21
22 One of the safeguards in the policy at MAH was that the
23 patient should be monitored whilst in seclusion, but
24 this patient was outside on her own for 20 minutes in
25 the middle of winter, with no coat and in freezing 15:00
26 conditions. My sister told me that she submitted a
27 written complaint about the incident, which would have
28 been late 1990s/early 2000s. She wrote to the board of
29 trustees of MAH and, knowing my sister, I am sure she

1 would have followed up on the complaint. I do not have
2 a copy of the complaint, nor do I recall what response
3 my sister received to the complaint. However, after
4 she raised the complaint, my sister was not allowed
5 back onto the ward any more. Indeed, no visitors were 15:00
6 allowed onto the wards.

7
8 She told me that she was advised that this was to
9 protect the other patients' privacy. I do not recall
10 who confirmed this to her. My sister saw this as a 15:01
11 direct response to the complaint that she had
12 submitted.

13
14 My sister was concerned about the suitability and
15 indeed sustainability of her foster child living in 15:01
16 MAH. I have located two letters from Lady Hermon MP
17 from the House of Commons addressed to my sister Joan,
18 which were in response to letters my sister wrote to
19 her. The letters are dated 6th October 2006 and 1st
20 December 2006, and I attach both at Exhibit 1 and 15:01
21 Exhibit 2 respectively. I do not have copies of the
22 letters which my sister wrote to the House of Commons.
23 However, you will note from the content of the reply
24 that my sister was complaining about the suitability of
25 MAH as a place to live for people with learning and 15:01
26 behavioural difficulties. I do not know the outcome of
27 the correspondence to Paul Goggins MP, who was the
28 Health Minister at the Northern Ireland Office at the
29 time which Lady Hermon MP refers to in her letters.

1
2 One of the other issues that I observed during my
3 visits to MAH was to do with staff training. I recall
4 that one of the foster child's daily activities was to
5 make a rag rug. She did this over a very long period 15:02
6 of time. We asked her where it was during one of our
7 visits, and it seemed that it had been lost and the
8 ward staff did not know where it was. This piece of
9 work, which the foster child took so long to complete,
10 should have been on display and celebrated, as opposed 15:02
11 to simply being lost. It shows a lack of respect to
12 the person who made the rag rug.

13
14 I recall on another occasion, an MAH staff member - I
15 do not remember their name - was asked to produce a 15:02
16 life book for the foster child. I think that the life
17 book was intended to be part of the preparation for
18 people being moved out of the hospital setting. This
19 is quite an important task and a big thing for the
20 patient involved. The staff member produced a ring 15:02
21 binder with scraps of paper in it. I remember my
22 sister saying it would not serve the purpose of helping
23 the foster daughter understand her family history,
24 build her self-esteem, and was a poor reflection of her
25 foster child's life. My sister raised this with 15:03
26 another member of staff at the time, i.e. that she was
27 unhappy with what had been produced to reflect her
28 foster child's life. I don't know who this was and I
29 do not recall the outcome.

1
2 I recall that the foster child was on a heavy drug
3 regime in MAH. I do not know what drugs she was on.
4 My sister told me that she felt the foster child was on
5 these drugs without adequate justification, and that 15:03
6 increases and decreases were sometimes phased in too
7 rapidly. When the foster child lived with my sister,
8 she was on a lower dose of medication. I know that she
9 was put on epilepsy medication in MAH - I cannot recall
10 the name of the medication - but the foster child never 15:03
11 had epileptic seizures. The foster child specifically
12 said that she did not like taking some tablets, which
13 she described them by their yellow colour. The foster
14 child is generally fairly restless and talks a lot and
15 needs a lot of attention. When on this yellow-coloured 15:04
16 medication, she would be quiet and would cry sometimes.
17 The medication dampened her spirit.

18
19 My sister always encouraged the foster child to tell
20 the doctor about her wish to reduce this medication, 15:04
21 and wrote this in her diary, which would then be seen
22 by her named nurse. I do not recall the name of the
23 nurse. I recall that my sister told me she had also
24 contacted the consultant psychiatrist, whose name I do
25 not recall, with her concerns about medication. She 15:04
26 told me that she followed this up with a letter and
27 requested a meeting. She felt that her concerns were
28 not taken seriously. I do not have a copy of the
29 letter or recall the time period.

1
2 The foster child showed my sister notes written for her
3 by the doctor overseeing her medication. These notes
4 contained statements such as "foster child's name has
5 been a little excitable this week again, but she 15:05
6 promises that she will try harder next week now that
7 she is taking extra tablets".

8
9 There was an overall linking of the dosage of
10 medication to good behaviour. If the foster child was 15:05
11 well-behaved, compliant and went to day care every
12 weekday in MAH, getting five signatures for the five
13 sessions attended, the doctor might agree to adjust or
14 decrease her medication. If she was agitated, this was
15 seen as inappropriate behaviour rather than an 15:05
16 expression of distress. This appeared to me to be
17 manipulative, and the doctors wielding power over the
18 foster child when they should have been wielding their
19 expertise.

20 15:05
21 My sister told me that she observed changes in the
22 foster child when she was in MAH, such as her speech
23 becoming much less clear and her balance and
24 co-ordination deteriorating. It was not clear whether
25 her history of head-banging and self-harm might have 15:06
26 been the cause, or whether the heavy medication was
27 having unintended consequences.

28
29 The foster child was moved out of MAH in August 2016.

1 she is now in", another facility, name of town
2 redacted. "This is a supported living facility run by
3 Harmoni. My sister and I were involved in the
4 resettlement process. I recall that we attended a
5 meeting in Strickland's Care Village at sometime in 15:06
6 2016, and staff from MAH and Harmoni were both in
7 attendance. I do not recall any of these people's
8 names. I recall that staff from Harmoni spent time
9 with the foster child in MAH prior to her move as part
10 of the resettlement process. Harmoni were confident 15:06
11 that the foster child could be managed outside the
12 hospital setting. The foster child had spent 30 years
13 of her life in an institution where she was deprived of
14 her liberty and for significant periods she was on
15 locked wards. She did not require hospital care but 15:07
16 there was no viable alternative on offer. She did
17 require round the clock care, support and supervision
18 to meet her complex needs.

19
20 My sister died on 1st July 2019. She visited her 15:07
21 foster child up until February 2019. In accompanying
22 here on many visits to MAH, I felt that there were
23 significant numbers of residents who could be more
24 appropriately supported by well-trained staff in the
25 community. My sister's foster child is now 15:07
26 well-supported by a small dedicated team, living in her
27 own home. She is supported out in the community to
28 shop, use facilities and eat out once a week, where
29 possible with Covid restrictions. Her horizons have

1 increased, she is happier and more settled, and loves
2 to look after her own belongings. Self-harm is largely
3 a thing of the past.

4
5 Although I no longer see her, I contact the manager by 15:08
6 e-mail at intervals to ask after her, and send cards
7 for special occasions. Her life is much improved, and
8 she has a sense of ownership of her own space after
9 being in an institution for 30 years."

10 15:08
11 The witness then goes on to confirm that they wish to
12 give evidence to the Inquiry and that they live in
13 London, and that if they were to be called, they would
14 like to give evidence via videolink from London. That
15 concludes the statement. 15:08

16
17 I referred to two exhibits which were mentioned in the
18 text of the statement. You'll see those at page 073-13
19 and 073-14.

20 CHAIRPERSON: Yes. Thank you very much indeed. I 15:08
21 think we need a short break, because the next witness
22 is also going to be read and we need to ensure the
23 witness is online and capable of watching. So if we
24 just take five minutes now, we'll set that up and then
25 we can read the last statement of the afternoon. 15:09

26
27 Thank you very much, Ms. Tang.

28
29 SHORT ADJOURNMENT

1
2 CHAIRPERSON: Thank you. Ms. Briggs.

3 MS. BRIGGS: Afternoon, Chair, members of the Panel.
4 I'll be reading this afternoon from the statement of
5 P69's father. I'm going to refer to both P69 and his 15:16
6 father by their first name, and they're both called
7 Thomas.

8
9 The statement starts at reference 074-1 and it's dated
10 3rd November 2022. It starts: 15:16

11
12 "I, Thomas" - that's P69's father - "make the following
13 statement for the purpose of the Muckamore Abbey
14 Hospital Inquiry. There are no documents to be
15 produced with my statement. 15:16

16
17 My connection with MAH is that I am a relative of a
18 patient who was at MAH. My son, also Thomas, was a
19 patient at MAH. The relevant time period that I can
20 speak about is between 1980 and 2002. 15:16

21
22 Thomas" - that's P69 - "was born in 1969 at the Ulster
23 Hospital in Dundonald. He is now 53 years old. He had
24 a traumatic birth during which he was starved of
25 oxygen. As a consequence of his birth, Thomas is blind 15:17
26 and his mental capacity has been affected. He was
27 diagnosed with post-maturity syndrome, which occurs
28 when a foetus whose weight gain in the uterus after the
29 due date has stopped, usually due to a problem with

1 delivery of blood to the foetus through the placenta,
2 leading to mal nourishment. This was described to me
3 at the time by the doctor who delivered Thomas, whose
4 name I do not recall, as "mentally retarded". Thomas
5 is also non verbal.

15:17

6
7 The circumstances of his birth had a big effect on his
8 mother, my wife, who turned to alcohol to cope. She
9 felt immense guilt over Thomas's disabilities and
10 placed blame on herself for the circumstances of his
11 birth. When he was admitted to MAH later in life, she
12 could not bring herself to visit him.

15:17

13
14 We, Thomas's mother and I, had contacted a solicitor
15 about the circumstances of Thomas's birth, which we
16 believe amounted to negligence and resulted in his
17 disabilities. However, there was a fire at our local
18 doctor's surgery, which resulted in the loss of his
19 early medical files and so no claim was progressed.

15:18

20
21 Thomas was a happy child growing up, despite a
22 difficult upbringing".

15:18

23
24 Chair, the next sentence relates to the mother's
25 personal circumstances and I don't propose to read
26 that.

15:18

27 CHAIRPERSON: No.

28 MS. BRIGGS:

1 "Thomas was happy in his own way and liked to go out
2 for walks up and down the street while humming "Country
3 Roads" and music from the film Dr Zhivago. He also
4 loved ice lollies.

5
6 Thomas has three siblings: His brother, who is now 54,
7 his sister, who is now 49, and his other brother, who
8 is now 48. He had a somewhat difficult relationship
9 with his siblings growing up due to his disabilities.
10 However, I have fond memories of them all playing on
11 the floor together with toys.

12
13 His younger brother was taken into care at a young age,
14 and his sister lived with an aunt for a few months when
15 she was six or seven.

16
17 Thomas was looked after at home by me until he was
18 around five or six years old. His mother was the main
19 breadwinner in our family and worked until 1997, when
20 she was made redundant from a local shirt factory".

21
22
23 The next sentence, chair, relates to Thomas's mother's
24 personal circumstances again and I don't propose to
25 read that.

26 CHAIRPERSON: Yes.

27 MS. BRIGGS:

28
29 "When he was around five or six years old, Thomas began

1 attending", and then there is a name of a home there, a
2 school that is outside Northern Ireland. "This
3 decision was made by the education board in Belfast as
4 the school offered support to those with disabilities
5 like Thomas's. He loved it there. The staff were 15:19
6 lovely and the school was in a great location. Thomas
7 loved travelling on the plane back to the school once
8 summer had finished and he would be so happy to return.
9

10 Around the age of ten years old, Thomas was moved to", 15:20
11 and there's another name of another institution there
12 outside Northern Ireland. "I believe this move was due
13 to his age. This was a fantastic facility which Thomas
14 really enjoyed. There were plenty of activities to
15 keep him occupied, such as swimming and horse riding. 15:20
16 We never had any concerns for Thomas's well-being while
17 he attended" either of those homes outside Northern
18 Ireland. He was a very happy boy and spent six or
19 seven years at those facilities.
20

21 Thomas's mother and I would have flew from Belfast to
22 visit him when we could, and he came home to us at
23 Easter, during the summer and at Christmas.
24

25 Everything fell apart when he went to MAH. A decision 15:20
26 was taken, by whom I cannot recall, that Thomas should
27 be moved back to Northern Ireland and admitted to MAH
28 as the staff there would be better equipped to look
29 after him and his needs. I was informed of this by

1 social services when Thomas was approximately 11 years
2 old. I remember the day Thomas was admitted to MAH. I
3 cannot recall the exact date but it was in or around
4 1980. There was no initial meeting with MAH staff
5 beforehand, or with anyone at MAH for that matter. We 15:21
6 arrived at MAH and a nurse appeared at the door, whose
7 name I do not recall, and took Thomas into a large room
8 with around 30 other patients, both children and
9 adults. This would have been extremely distressing for
10 Thomas, as he had to manoeuvre his way around the room 15:21
11 and other people without assistance. I believe he was
12 admitted to the Cappagh Unit at MAH.

13
14 I did my best to visit Thomas as often as I could.
15 This was usually twice a month if I could afford the 15:21
16 petrol. However, due to a lack of transport and
17 raising my other children, this was difficult. When I
18 visited, Thomas always looked unkempt. Our visits took
19 place in a visitor's room where Thomas would have been
20 brought out in his wheelchair by a member of staff. I 15:21
21 recall being surprised at this, as Thomas never used a
22 wheelchair before he moved to MAH. Quite often he
23 appeared hungry and I would have been able to hear his
24 stomach rumbling."

25 15:22
26 Chair, do you mind if I take a moment, please, to take
27 a breadth, is that okay?

28 CHAIRPERSON: Yes, of course. (Short pause) I notice
29 Mr. McEvoy is behind you, if you need him to take over.

1 MS. BRIGGS: Yes, I think Mr. McEvoy is going to take
2 over, Chair. Thank you.

3 CHAIRPERSON: Yes, of course.

4 MR. McEVY: I'm going to pick it up at the start of
5 paragraph 14, Chair.

15:22

6 CHAIRPERSON: Sure. Thank you.

7 MR. McEVY:

8
9 "I did my best to visit Thomas as often as I could.
10 This was usually twice a month if I could afford the
11 petrol. However, due to a lack of transport and
12 raising my other children, this was difficult. When I
13 visited, Thomas always looked unkempt. Our visits took
14 place in a visitor's room, where Thomas would have been
15 brought out in his wheelchair by a member of staff. I
16 recall being surprised at this as Thomas never used a
17 wheelchair before he moved to Muckamore. Quite often
18 he appeared hungry and I would have been able to hear
19 his stomach rumbling.

15:22

20
21 He would at times also have had cuts and bruising on
22 his face. I remember raising this with the ward
23 sister, whose name I do not recall, to be told that
24 they had too many patients to look after and could not
25 keep a close eye on everyone. She suggested that he
26 may have fallen in the night. I also spoke with a
27 social worker, H342, whose name I do not recall, who
28 told me off the record that the cuts and bruises were
29 not the result of an accident.

15:23

15:23

15:23

1
2 Following this, I engaged a solicitor, whose name I do
3 not recall, to initiate legal proceedings. However, as
4 Thomas is nonverbal and could not communicate what had
5 happened, there was nothing he could do and I did not
6 take the matter any further. I did not report this to
7 the police and do not believe that an internal
8 investigation ever took place. Unfortunately, I cannot
9 recall the date of my discussion with H342.

15:23

10
11 Whenever I visited Thomas at Muckamore, he always
12 appeared to be heavily sedated. He was lethargic,
13 lacked energy, and was not the happy boy I knew before
14 Muckamore. I cannot recall what medication Thomas took
15 before Muckamore and cannot recall what he was being
16 given while he was there. However, I did not raise
17 this with staff.

15:24

18
19 Due to his heavily sedated appearance, I would have
20 taken him out in his wheelchair around the grounds of
21 Muckamore whenever I visited. Sometimes we went for a
22 coffee in the cafe on the grounds of Muckamore.
23 Thomas's sister would have always accompanied me to
24 visit him. I once took Thomas home for a weekend in
25 and around 1991/1992, and I recall that he was heavily
26 sedated the entire time due to medication he was
27 prescribed by Muckamore. He was so sedated by
28 medication that he had no appetite and would not eat.
29 He was even unable to pass urine, which I realised when

15:24

15:24

15:24

1 checking his nappy that he had to wear. It was
2 distressing to see my son in this way. However, I did
3 not report this when he returned to Muckamore.

4
5 I recall during one of my visits to Muckamore, there 15:25
6 were two patients running around outside naked while
7 two nurses, whose names or appearance I cannot recall,
8 sat on deck chairs doing nothing. I could not believe
9 what I was witnessing but I did not speak to staff
10 about this. 15:25

11
12 Thomas left Muckamore in 2002 and moved to" - another
13 facility - "which is a residential care home for people
14 with learning disabilities that is run by the Belfast
15 Health and Social Care Trust. I cannot recall the 15:25
16 circumstances of why he was moved but Thomas loves
17 living at that facility. I vaguely recall that the
18 move may have had something to do with parts of
19 Muckamore being closed, although I cannot be sure. He
20 is very well looked after and the staff are great with 15:26
21 him.

22
23 Thomas was previously prescribed epilepsy medication
24 called Fycompa by his neurologist, whose name I cannot
25 recall. However, since coming off that medication, he 15:26
26 has been seizure free.

27
28 Thomas is well-fed at the facility and his diet is
29 varied, including plenty of fruit and vegetables. He

1 never goes hungry. Thomas is no longer wheelchair
2 dependant and is able to make his way from the bedroom
3 in that facility to the TV room without assistance.
4 The only time he needs his wheelchair is if he is being
5 taken out for the day. There have been no incidents of 15:26
6 Thomas being injured while at the facility, and neither
7 I nor his sister have ever felt concerned about his
8 well-being when we visit. I wish he had received the
9 same care and treatment when he was at Muckamore."

10
11 That is the conclusion of the body of the statement.
12 CHAIRPERSON: Fine. Thank you very much indeed. Okay.
13 Tomorrow I think we've just got one live witness.

14 MR. McEVOY: One live witness, it's a sister of P72,
15 and I'm going to deal with that witness. As Mr. Doran 15:27
16 earlier indicated, hopefully it will not be a lengthy
17 session.

18 CHAIRPERSON: No. Then at twelve o'clock, we'll have
19 legal submissions. Can I just make it clear, obviously
20 everybody is welcome to attend to listen to legal 15:27
21 submissions if they wish to, but there's obviously no
22 imperative whatsoever for others who are not involved
23 to do so. All right.

24 MR. McEVOY: Thank you.

25 CHAIRPERSON: Okay, ten o'clock tomorrow. Thank you 15:27
26 very much indeed.

27
28 THE INQUIRY WAS THEN ADJOURNED UNTIL THURSDAY, 24TH
29 NOVEMBER 2022 AT 10:00