

1 A. Probably 2000 and -- it's quite late, probably 2018/19.
2 well, maybe '17. Yep.

3 99 Q. CHAIRPERSON: And if anyone wanted to see a sample of
4 those files, just to see what sort of interaction you
5 were having, would that be a difficult thing to 12:02
6 provide?

7 A. I think that should be possible, yep.

8 100 Q. DR. MAXWELL: Are you saying the paper records pre-2017
9 are archived somewhere or microfiched?

10 A. No, it would be physical hard copy. 12:02

11 101 Q. DR. MAXWELL: So they are potentially accessible?

12 A. Yeah, within the retention period they should be.

13 102 Q. CHAIRPERSON: So sitting in a basement somewhere?

14 A. Sitting in a lock-up.

15 CHAIRPERSON: All right. All right. Unless my 12:03
16 colleagues have got anything else? Can I thank you
17 very much for coming to assist the Inquiry and
18 informing us about Bryson Care. Thank you. All right.
19 I think the next witness is 2:00 o'clock?

20 MS. BERGIN: Yes. Ms. Tang will be dealing with Module 12:03
21 2.

22 CHAIRPERSON: Super. Thank you very much.

23

24 LUNCHEON ADJOURNMENT

25

26

27

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29

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

3
4 CHAIRPERSON: Thank you. Ms. Tang.

5 MS. TANG: Good afternoon, Chair and members of the 13:56
6 Panel. We are now moving onto the Organisation, Module
7 2, which deals with professional education.

8
9 The purpose of this module is to examine the evidence
10 from the University sector on issues arising from 13:56
11 professional education in the field of learning
12 disability.

13
14 This module is of particular relevance to paragraphs 9
15 and 17 of the Terms of Reference. Paragraph 9 requires 13:56
16 the Inquiry to examine the policies and practices
17 relating to recruitment, retention, training and
18 support of staff and management at all levels within
19 MAH and, where necessary, within other facilities
20 offering comparable services. 13:56

21
22 Paragraph 17 requires the Inquiry to consider the
23 adequacy of financial resources to ensure appropriate
24 numbers, skills, quality and training of staff, and
25 appropriate care, treatment and accommodation for 13:57
26 patients with mental health conditions and/or learning
27 disabilities treated or cared for at MAH.

28
29 Ulster University and Queen's University Belfast

1 provide professional education for students who may
2 enter the field of learning disability care, this
3 includes training for future nurses, doctors,
4 psychologists, allied health care professionals and
5 social care practitioners.

13:57

6
7 The Panel requested statements from three individuals
8 for the purpose of this module. The first was
9 Professor Donna Fitzsimons of Queen's University
10 Belfast. Secondly, Professor Neal Cook of Ulster
11 University and, finally, Professor Pauline Adair of
12 Queen's University Belfast. Of those statements have
13 been published on the Inquiry's website.

13:57

14
15 Having considered the statements, the Panel wished to
16 hear oral evidence from Professor Fitzsimons who will
17 be called to give evidence shortly. Before we move on
18 to hear from the witness it would perhaps be helpful if
19 I draw attention to some of the salient features of the
20 written statement from Professor Cook, from whom we
21 will not be hearing oral evidence.

13:57

13:58

22
23 Professor Cook provided a statement to the Inquiry
24 dated 8th April 2024, which has been published, as I
25 have stated, on the Inquiry's website. His statement
26 outlines the structure of professional education with
27 regard to learning disability for post-registration
28 nurses and that the Department of Health and Health and
29 Social Care Trusts jointly commission this.

13:58

1 Professor Cook outlines some of the modules provided by
2 Ulster University, including one looking at principles
3 of assessing people with learning disability and mental
4 health problems. This module is not run every year,
5 but did most recently in 2023 for 8 students.

13:58

6
7 There is also a specialist nursing practice
8 qualification which covers both community nursing care
9 for people with learning disabilities and learning
10 disability nursing generally. The second element was
11 provided up until September 2023. That module is an
12 NMC recognised specialist nursing practice programme.
13 These courses were delivered either as a one year
14 programme full-time or a two year part-time programme.
15 There are post-graduate modules focusing on
16 demonstrating impact in nursing care for learning
17 disability, delivering new perspectives in specialist
18 learning disability practice and practice based
19 learning. The programme was last commissioned as
20 full-time course in 2016 and is now commissioned as
21 part-time only.

13:59

13:59

13:59

22
23 In relation to specialist programmes for RNLDs, re
24 management of distressed and challenging behaviours,
25 Professor Cook has stated that there are currently
26 opportunities for students to undertake programmes
27 which cover this area in two of the modules mentioned
28 above. In the previous model of specialist practice
29 nursing for learning disability there was some access

13:59

1 to training for these competencies, although this
2 programme has not been revalidated since January 2024
3 as it has not been requested by the Health and Social
4 Care Trusts.

5
6 The new specialist practice nursing programme focusing
7 on community learning disability nursing care will give
8 students the chance to develop knowledge and skills in
9 dealing with distressed and challenging behaviours.

10 Professor Cook sets out that between 2004 and 2007,
11 Ulster University provided some short courses and
12 practice based learning programmes for nurses focusing
13 on supporting people with learning disability who had
14 mental illness or challenging behaviours. This was
15 accessed by a total of nine RNLDS between 2004 and
16 2008.

17
18 Professor Cook also advised that the University of
19 Ulster has an active research programme in relation to
20 intellectual disability, and he provided some details
21 of three pieces of research or studies that Ulster
22 University had undertaken or were ongoing in relation
23 to models of care for people with learning disability.

24
25 In a statement, Professor Cook also provides detail on
26 the systems for students placed in care settings to
27 raise concerns, if they have them, about placements.
28 He states that there were no concerns raised by
29 students placed at MAH. He advised that the University

1 of Ulster School of Nursing became aware of concerns
2 about the quality of care in MAH in December 2017. At
3 that time his colleague, Professor Owen Barr, from whom
4 the Inquiry has already heard evidence, was asked,
5 along with others, to be part of an independent
6 assurance team to make recommendations. A report on
7 that was provided to Brenda Creaney, the Belfast Health
8 and Social Care Executive Director of Nursing, on 25th
9 September 2018.

14:01

10
11 I should say that a second statement has been requested
12 from Professor Cook, rather than asking him to attend
13 in person. The Panel will recall that his statement
14 has been published on the Inquiry's website and
15 whenever his second statement is received it will also
16 be published in due course.

14:02

17 CHAIRPERSON: Yeah, and that's in relation to some
18 further questions that the Panel wanted him to answer.

19 MS. TANG: Yes, that's correct, Chair. That's correct.

20 The Panel will hear evidence from Professor Adair
21 tomorrow morning, and of course we should say that it
22 is important to note that the evidence in this
23 organisational module ought not to be considered in
24 isolation. The Inquiry has heard from witnesses during
25 patient experience and staff evidence to date which may
26 at times have touched on issues relating to
27 professional education. That also applies to evidence
28 heard in the course of the evidence modules last year,
29 including the very detailed written and oral evidence

14:02

14:02

14:02

1 received from other organisations, such as the Health
2 and Social Care Trusts, Department of Health, et
3 cetera.

4
5 I hope this brief overview of Organisational Module 2 14:02
6 has been helpful and, of course, as I say, these
7 statements are all published on the website and
8 accessible to all parties.

9
10 The Panel will now hear from Professor Donna Fitzsimons 14:03
11 who gave a statement dated the 6th March 2024. And,
12 Chair, if there are no other issues could the witness
13 be called?

14 CHAIRPERSON: No. Thank you. Is it Fitzsimons not
15 Fitzsimmons? It is spelt that way. 14:03

16 MS. TANG: Yes. we should probably check. Thank you,
17 Chair. I just say Fitzsimons.

18
19 PROF. DONNA FITZSIMONS, HAVING BEEN SWORN, WAS EXAMINED
20 BY MS. TANG AS FOLLOWS: 14:04

21
22 CHAIRPERSON: Can I just welcome you to the Inquiry.
23 The first question is how I pronounce your surname?

24 A. That's an easy one, Fitzsimons.

25 CHAIRPERSON: It is Fitzsimons. Okay. well, Professor 14:04
26 Fitzsimons, can I thank you very much for making your
27 statement and coming to assist us and I'll hand you
28 over to Ms. Tang.

29 MS. TANG: Hello again, Professor Fitzsimons. Thank

1 you for clarifying how we should say your name. As you
2 know I'm Shirley Tang, I'm one of the counsel to the
3 Inquiry team and I'm going to be taking you through
4 your evidence this afternoon.

14:04

6 You gave a statement to the Inquiry which was dated the
7 6th March 2024, and you should have a copy of that on
8 the screen in front of you, and I understand you have a
9 hard copy in front of you also.

10 A. Mhm-mhm.

14:04

11 103 Q. The Panel can find that statement at internal page
12 reference 208. Can I confirm that you are content to
13 adopt that statement as your evidence to the Inquiry?

14 A. I am.

15 104 Q. Thank you. So with your statement, you've also
16 provided an exhibit, which was a copy of the Practice
17 Learning Handbook. Thank you for that.

14:05

19 So turning to your statement, looking at paragraphs 1
20 and 2, you've told us that you are currently Head of
21 the School of Nursery and Midwifery at Queen's
22 University, and that you first qualified as a
23 registered general nurse in 1987. You undertook an
24 additional course in coronary care in 1989 and you
25 completed your PhD in 1998 through the University of
26 Ulster. Is it correct to say that your focus in
27 nursing has been adult nursing rather than mental
28 health?

14:05

29 A. Yes. My focus has been adult nursing, and specifically

14:05

1 cardiology. Most of my career has been spent as a
2 clinical academic half time in clinical practice and
3 half time in university.

4 105 Q. Thank you. So I'm thinking now about the nurse
5 education that's provided by Queen's University, do I
6 understand correctly that Queen's University can
7 provide course in both pre-registration training and
8 post-registration for nurses?

14:06

9 A. Yes, that's correct. We are the only university
10 provider of pre-registration education for learning
11 disability nurses.

14:06

12 DR. MAXWELL: Doesn't the Open University?

13 A. Oh, sorry. Well I mean of the two HEIs in Northern
14 Ireland and Northern Ireland orientated programmes.

15 DR. MAXWELL: But there's two institutions, one being
16 Open University and the other being you providing
17 pre-reg training.

14:06

18 A. Yes. Yes, that's right.

19 106 Q. MS. TANG: So thinking about the pre-registration
20 element. Sorry, Dr. Maxwell.

14:06

21 DR. MAXWELL: No, it's okay.

22 MS. TANG: Thinking about the pre-registration training
23 aspect of what's delivered at Queens, looking at
24 paragraph 7 of your statement, which is on page 2, and
25 it was mentioned there that you've said that:

14:07

26
27 "The pre-regi strati on curri cul um was co-designed wi th
28 peopl e wi th l earni ng di sabi l i t i es, thei r fami l i es,
29 professi onal s and servi ce provi ders. "

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- Can you tell me when that design actually happened?
- A. So, the curriculum, the Nursing and Midwifery Council revalidate curriculum, you know, on a regular basis, and the last of those was in 2019. So that is to update the curriculum with new proficiencies and make sure it's fit for contemporary practice.
- DR. MAXWELL: Can I just ask? Has Queen's been the provider since Project 2000 when it moved into -- nurse education moved into university?
- A. That's correct. That's right.
- 107 Q. MS. TANG: So just to follow up on that. Since 2000, the nursing education has been provided at Queens as well as --
- A. Yes. Yes, that's correct.
- 108 Q. I just wanted to make sure I had that clear. So the new design, am I right in understanding that that new design that involved all these different groups happened in 2019?
- A. It was quite a protracted process. So it was probably 18 to 24 months before that we were working with all our stakeholders, our partners in practice. Very importantly we have a long-standing patient and carer educational partnership who were highly involved in that, as well as our commissioners and Department of Health.
- 109 Q. Okay. So while it took effect in -- what did we say?
- A. 2019.
- 110 Q. 2019. It started some time before that, maybe -- from

14:07
14:07
14:07
14:08
14:08

1 what you're saying maybe around 2017 or some time after
2 that?

3 A. That's right.

4 111 Q. Okay. So are you able to say what kind of changes
5 actually were brought in as a result that of design 14:08
6 process? How did the programme change?

7 A. It changed in relation I think to the philosophy and
8 orientation of it, focusing on health much more and
9 health assessment. Also in making specialist fields
10 like mental health or learning disability more 14:09
11 accessible to people right through the curriculum,
12 realising that people who are studying adult nursing or
13 children's nursing would also need to have detailed
14 knowledge of those areas of practice. So it was about
15 really making the fields more fit for purpose. There 14:09
16 was also a significant enhancement in nursing skill set
17 with additional competencies to be provided for
18 registrants.

19 112 Q. Okay. So if I'm picking you up correctly, what -- the
20 way that learning disability, people who are affected 14:09
21 by learning disability or their families may have input
22 to that would be perhaps to help make nursing care more
23 generally more learning disability friendly?

24 A. Yes. So there are four fields and four distinct
25 curricula in relation to nursing; one in adult 14:10
26 nursing, one in mental health, one in children's and
27 young people's nursing, and one in learning
28 disabilities. So those four fields maintain their
29 integrity within the overall process of a

1 pre-registration curriculum.

2 DR. MAXWELL: Can I just check? when you get approval
3 or reapproval from the NMC, is that for each field or
4 do you get one approval for all four fields?

5 A. Okay. To the best of my knowledge, the approval is 14:10
6 field specific as well as -- because we derive the
7 curricula on that basis, you know. So I would be --
8 but I can check that. I certainly remember the
9 approval event very -- it was two days of great
10 rigorous evaluation by the McDonald Group, who were 14:10
11 taking on the evaluation process for the Nursing and
12 Midwifery Council.

13 113 Q. MS. TANG: I just want to make sure I'm clear on the
14 input from folks with learning disabilities or their
15 families to those four fields, was that input right 14:11
16 across the board to all of those fields?

17 A. Absolutely.

18 114 Q. Or would it have been to the learning disability
19 specific one?

20 A. No, it was right across the board to all of the fields, 14:11
21 and I can assure you that there are people within the
22 patient care educational partnership who do have
23 intellectual disabilities themselves, as well as those
24 who care for them.

25 115 Q. At paragraphs 8 and 9 of your statement you make 14:11
26 reference to educational programmes that deal with
27 distressed and challenging behaviours in the different
28 settings, including in-patient care and how students
29 are taught to apply the Positive Behaviour Framework as

1 a means of supporting people. Can you tell me how
2 pre-registration students are taught the practice
3 skills to manage distressed or challenging behaviours?
4 A. Yeah. So if you understand the three year programme,
5 these skill set are specifically introduced in Year 2 14:12
6 after they've got a foundation in the field. So,
7 obviously new students in the area need to be supported
8 and prepared to deal with such challenging behaviour,
9 so they will have a framework and a repertoire of
10 knowledge, theoretical knowledge to prepare them for 14:12
11 that, and then a skill set that will be developed
12 within our simulation centre, we've got an
13 interprofessional simulation centre, and in clinical
14 practice, to enable them to perform at their stage of
15 education. So this is not to say that in Year 2 14:12
16 they're expected to be totally proficient, but that at
17 the end of the three year programme they would need to
18 display competencies in that respect.
19 116 Q. And has that training been informed by the exercise we
20 spoke about before in terms of the -- was that part of 14:13
21 the redesign as well?
22 A. The whole curricula has been refreshed. But you have
23 to, I suppose just to clarify, we have always had a
24 Nursing and Midwifery Council approved programme, it is
25 just that the standards for that programme did change 14:13
26 in that period of time, and they were really just
27 updated and refreshed to reflect contemporary nursing
28 professional practice.
29 117 Q. Yes. Thank you. I want to move down to paragraph 14

1 of your statement, and you mention there about the
2 physical care training that nurses going through that
3 programme would get. So they would have training in
4 personal physical care, eating, drinking, continence
5 care, moving and handling, et cetera, and some I think 14:13
6 would say basic clinical skills as well around physical
7 health, about checking blood pressures, et cetera. As
8 a result of this, would you expect a nurse who had gone
9 through that training and was working in the learning
10 disability area to be competent in spotting and seeking 14:14
11 intervention of an appropriate kind if they noticed,
12 for instance, a patient seemed to be losing weight?
13 A. Yes, that assessment is incorporated into the complete
14 physical assessment that our students will be required
15 to demonstrate. 14:14
16 118 Q. At paragraph 15 you make reference to structured
17 observations, and I note that you say there that
18 student nurses wouldn't be expected to be involved in
19 restrictive practices, and that would include
20 structured observations. Can I ask, given the low 14:14
21 number of people with learning disability who typically
22 become in-patients, how much of the pre-registration
23 course is actually focused on in-patient care?
24 A. So I think that again is one of the things that has
25 transitioned with the new Nursing and Midwifery Council 14:15
26 standards, because there is obviously a greater focus
27 on community dwelling facilities. And, indeed, over
28 this period of time the focus that we would have had on
29 acute facilities, such as Muckamore, would have

1 changed, and there would be many more placements
2 conducted in the community setting. So I hope that
3 answers your question all right?

4 119 Q. Yes. Yes, it does. Thank you. Can I ask if you feel
5 that registered nurses in learning disabilities are 14:15
6 competent on registration to work in specialist
7 learning disability in-patient units, such as
8 Psychiatric Intensive Care, or would they typically
9 need more specialist training in order to give them the
10 specialist skills they would need for that kind of 14:15
11 setting?

12 A. I mean that is a question that is very dependent on the
13 competencies and proficiencies of each individual
14 Registrant. Certainly they would be competent to work
15 and provide care in that environment. The level of 14:16
16 care and the complexity may need to be supported by
17 subsequent education and training and practised based
18 learning. So, professional practice within our
19 profession is regarded as a continuum and, you know, we
20 are continuously learning throughout our professional 14:16
21 journey. So a new Registrant would not have the
22 experience or demonstrate the level of competence that
23 you would expect of someone with, you know, more years
24 of experience. However, they are expected to
25 demonstrate the competencies required for registration, 14:16
26 which does include that assessment.

27 DR. MAXWELL: So if we take your own background for
28 example, of coronary care, you wouldn't expect a new
29 adult Registrant to be competent in coronary care,

1 you'd expect them to be supervised working on -- say
2 with Intensive Care, and a number of adult
3 specialities, and you've already said the NMC standards
4 have changed the focused community based care. So I
5 think the question is, yes, they are competent to be 14:17
6 registrants, but are they competent to work in what is
7 actually a very specialist area of LD, without
8 additional training? And certainly would they be
9 competent to take charge without additional training?

10 A. Okay. And, you know, I can reflect on that and relate 14:17
11 it to my own area of expertise. I certainly think that
12 supervision in practice is really important for our new
13 registrants and that we work very closely with practice
14 partners to ensure that especially in those early years
15 our new registrants are supported to develop and 14:18
16 enhance their skill set and competencies in that
17 respect. It is an incremental journey. So while you
18 maybe working in an environment, such as a coronary
19 care or Intensive Care facility within a learning
20 disability setting, you will not be, you know, have the 14:18
21 level of competence of someone with more experience,
22 you will be working with their supervision and support
23 up to the point were you are deemed competent to take
24 on extra responsibilities, and to take charge of the
25 unit might be something that would be assessed at a 14:18
26 future date. It will all depend on the individual
27 capabilities of that Registrant.

28 CHAIRPERSON: And is it the individual's own assessment
29 of that or is it the supervisor's assessment?

1 A. Well, from a professional standards point of view we
2 are all required to, as a Registrant, to reflect on our
3 practice and make sure that we do not undertake any
4 skills or skills that are beyond our area of expertise
5 or competence, that's an individual responsibility. 14:19
6 But then collectively the environment and the clinical
7 setting is required to support us as registrants to
8 develop that complex skill set through our experience.
9 DR. MAXWELL: If I can bring you back to the example of
10 coronary care? There is formally recognised post 14:19
11 registration and qualification as there is for physical
12 health intensive care units. As far as I'm aware none
13 of the HEIs in Northern Ireland, including Open
14 University, runs a post-registration course for this
15 very specific specialist area of in-patient LD care. 14:20
16 Is that correct?
17 A. So currently, Ms. Maxwell, we actually have a programme
18 in professional practice, a Master's level programme,
19 approved in the field of intellectual disabilities, but
20 that has been recently developed in the last two years 14:20
21 in response to the practice providers expressed needs
22 and in conjunction with them and with our patient and
23 care educational partners, but that has not been
24 commissioned so that programme has not run. That is
25 not to say that registrants with a learning disability 14:20
26 qualification are not availing of other modules and
27 other programmes of study, but none specific from
28 Queen's in intellectual disabilities at this point in
29 time.

1 DR. MAXWELL: So just to take that point further, what
2 is the university's role in commissioning education?
3 Because as I understand it, you contribute to the
4 Education Commissioning Group.

5 A. I do. 14:21

6 DR. MAXWELL: So how does the decision about what sort
7 of post-registration education's commission get
8 discussed?

9 A. So that's a very important aspect of our role as
10 educational providers, we need to have strong 14:21
11 relationships with our practice partners and
12 continually be up-to-date with their intelligence and
13 how the workforce is changing, what future workforce
14 needs would be, and how we should be updating our
15 programmes to meet those in advance. So that's a 14:21
16 discussion that happens between Commissioners, the
17 practice partners, and the HEIs.

18 DR. MAXWELL: As I understand it, the Education
19 Commissioning Group actually sits under the Chief
20 Nursing Officer. 14:21

21 A. That's right.

22 DR. MAXWELL: And actually the commissioning comes from
23 there.

24 A. That's true.

25 DR. MAXWELL: So if you have identified a need and 14:22
26 created and got approval for a course and it's still
27 not being commissioned, does that get discussed at the
28 ECG?

29 A. Yes, I've discussed that with the chief nurse quite

1 very much indeed for giving up your afternoon, but also
2 I expect giving up rather more time to the creation of
3 your statement. So thank you very much for coming to
4 assist us.

5 A. I would do anything to assist the Inquiry. Thank you 15:12
6 very much for your consideration.

7 CHAIRPERSON: Thank you. Right. Yes, 10:00 o'clock
8 tomorrow.

9 MS. TANG: Yes. Thank you, Chair.

10 CHAIRPERSON: Thank you everybody very much, see you 15:12
11 tomorrow at 10:00.

12
13 THE INQUIRY ADJOURNED UNTIL 10:00AM ON WEDNESDAY,
14 29TH MAY 2024 AT 10:00 A.M.

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