



Inquiry summary note regarding the second statement of Mr Brendan Ingram received post close of evidence (MAHI – STM – 338)

- Mr Brendan Ingram provided a staff witness statement to the Inquiry on 25 July 2024. Oral evidence was provided by Mr Ingram on 11 September 2024 and the transcript of this evidence can be found at the following link: [Transcript for Wednesday 11 September 2024](#)
- Having reviewed the written and oral evidence provided by Mr Ingram, the Panel wished to obtain a further statement to address the issues of Patient Finance and CCTV. On the 28 October 2024 the Inquiry Panel made a Rule 9 request for a second statement.
- Mr Ingram provided a second statement to the Inquiry dated 12 November 2024. Given that the statement was received after the close of evidence, its contents were not summarised in the final round up session of staff evidence on 23 October 2024. This summary should be read in conjunction with the transcript of that session: [Transcript for Wednesday 23 October 2024](#)

Patient Finance

Mr Brendan Ingram was asked to elaborate on the timescale for the creation of a policy for handling patient finance. Mr Ingram advised that although there was a shared drive on all the computers at Muckamore Abbey Hospital (MAH) for the sharing of policies, unfortunately, he could not specifically remember when the policy was finalised and released for use by staff.

The Panel sought confirmation of whether there was a pre-existing policy on patient finances or if the policy in relation to patient finances changed over time. Mr Ingram confirmed that there was a pre-existing policy and that all policies were subject to review every three years. He was not aware if there had been further reviews of this policy.

Mr Ingram was asked to describe the system of accounting for patient money during the period he had any responsibility, and if families were able to obtain information about their relative's finances. Mr Ingram advised that the day-to-day management of patients' monies would have been the responsibility of the Ward Managers and Staff Nurses whilst Senior Nurse Managers and Hospital Service Managers had an audit and overview role. Mr Ingram further advised that Ward Managers and in their absence the

Nurse in charge would have completed financial checks at the beginning and end of shifts. Senior Nurse Managers would have carried out monthly audit checks and he can recall monthly print outs being sent to each ward which would have detailed the patients' balances.

Mr Ingram advised that families enquired about their relatives' monies and this information would have been shared with them by the Ward Manager or the Nurse in charge. Further, if a patient had specifically stated that they did not want their relative to have knowledge of their finances then this information would not have been shared.

The Panel further asked if there was any audit system in place to check the accuracy of patient accounts. Mr Ingram advised that the Finance Department at the Trust were the Corporate Auditors and carried out quarterly audits of patients' finances. They would also have been involved in any investigations if irregularities were noted and would have communicated the outcomes to the patient and their families. Mr Ingram advised he had no recollection of any irregularities being noted during his time.

Mr Ingram was asked to confirm if MAH was following the BHSCT corporate policy on managing patient finances, and if not, why. Mr Ingram advised that he could not recall if there was a corporate policy in existence, but advised as far as he could remember MAH followed the policy mentioned above.

CCTV

Mr Ingram was asked whether he could recall any concerns or queries being expressed by any executives in relation to the delay to the use of CCTV or the length of time the policy was taking to be finalised. Mr Ingram confirmed that he was not aware of any concerns or queries being expressed by any executives but advised that he provided a number of comprehensive reports for the Director of ASPC (Adult Social and Primary Care) which would have provided timelines and other information relating to CCTV.

Responding to the Panel's query as to whether he could recall any further details of the patient and relative consultation process he briefly mentioned in his oral evidence, Mr Ingram advised that he could recall that there was comprehensive consultation by both letter and meetings as well as patient and relative groups who were in existence at the time of the CCTV being introduced into the hospital. He did not recall any other consultation processes outside of this.

The Panel asked what steps were taken to activate the CCTV after the approval of the CCTV Policy and who was informed that it was "going live". Mr Ingram confirmed that the "Going Live" information was brought to the Hospital Core Group who then agreed a date of 11 September for this to occur. Once this was agreed all patients, staff, and families were notified using a series of measures, groups, letters, meetings, emails, posters in wards.

Responding to the Panel's query as to whether he could recall whether letters were circulated to patients and families about CCTV "going live" at MAH, Mr Ingram advised he believed that families were notified by letter, patients through the different groups referred to and staff by means of face-to-face meetings and use of email. Mr Ingram believed that this would have been in the few months leading up to "Go Live" date, probably during July and August 2017.

The statement is signed and dated 12 November 2024.