MUCKAMORE ABBEY HOSPITAL INQUIRY

SITTING AT CORN EXCHANGE, CATHEDRAL QUARTER, BELFAST

HEARD BEFORE THE INQUIRY PANEL

ON THURSDAY, 27TH APRIL 2023 - DAY 38

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

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38

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INDEX

WITNESS PAGE

MRS. DONNA GALLAGHER and MRS. JULIE MESSENGER

EXAMINED BY MS. BRIGGS BL 7

DR. CAMILLE HARRAN ....

EXAMINED BY MS. TANG BL 92

QUESTIONED BY THE INQUIRY PANEL.................... 119

1 THE HEARING COMMENCED ON THURSDAY, 27TH APRIL 2023, AS
2 FOLLOWS:
3
4 CHAIRPERSON: Good morning.
5 MS. BRIGGS: Good morning, Chair and members of the 10:05
6 Panel. Today you will be hearing evidence on behalf of
7 the Open University. There are two witnesses who have
8 provided a statement, Mrs. Donna Gallagher and Mrs.
9 Julie Messenger, they have jointly provided their
10 statement as I say. A procedure has been adopted 10:06
11 subject to the Panel where it's proposed that we will
12 call both of the witnesses together but one witness,
13 namely Mrs. Gallagher, will be effectively the primary
14 witness, so responsibility for answering the questions
15 will be with her. And it's only if the second witness 10:06
16 Mrs. Messenger has something that she feels should be
17 changed or added to in respect of the answer that has
18 been given that she can, after the answer is given,
19 speak and add or change the answer as she sees
20 appropriate, Chair. 10:06
21 CHAIRPERSON: Yep.
22 MS. BRIGGS: I am going to have them both adopt the two
23 statements and both explain their qualifications, but
24 after that then we will go to that procedure whereby
25 Mrs. Gallagher is the primary witness. 10:06
26 CHAIRPERSON: Obviously, I have discussed this with you
27 and also with senior counsel, Sean Doran, and we are in
28 the lucky position as an Inquiry of not having to
29 follow the usual rules. And this is not an unusual

1 course to take in a Public Inquiry, I've seen it done
2 before and it can be very effective. And it is
3 sometimes done with expert witnesses, the only thing I
4 would say we have got to be very careful, I see the
5 stenographer is aware of the potential difficulties. 10:07
6 The stenographer, obviously the two witnesses will have
7 to introduce themselves very clearly and it's going to
8 be very important on the note that is being recorded on
9 the transcript that it's clear who is speaking. But
10 the prime speaker is going to be? 10:07
11 MS. BRIGGS: Mrs. Gallagher.
12 CHAIRPERSON: Okay, all right. Well, let's get them
13 both in and they will both be sworn of course.
14 MS. BRIGGS: Yes, thank you Chair.
15 CHAIRPERSON: There was a clarification note, wasn't 10:08
16 there, and can I take it all the CPs received that?
17 MS. BRIGGS: That's right. It was distributed to all
18 the CPs, they should have that, Chair.
19
20 MRS. DONNA GALLAGHER, HAVING BEEN SWORN, WAS EXAMINED 10:07
21 BY MS. BRIGGS, AS FOLLOWS:
22
23 CHAIRPERSON: Before we go any further, the person who
24 has just taken the oath is?
25 A. Donna Gallagher. 10:08
26
27 MS. JULIE MESSENGER, HAVING BEEN SWORN, WAS EXAMINED BY
28 MS. BRIGGS, AS FOLLOWS:
29

1 MS. BRIGGS: Mrs. Gallagher, Mrs. Messenger, we've met
2 this morning. My name is Sophie Briggs, I am one of
3 the counsel team to the Inquiry. I have explained to
4 you the procedure that we are going to adopt and, Mrs.
5 Gallagher, you're going to take primary responsibility 10:09
6 for answering the questions after we get to a certain
7 point in your evidence.
8
9 I would remind you both of the importance of not
10 speaking over each other, and speaking as slowly and 10:09
11 clearly as you can when you're answering questions for
12 the stenographer. And Mrs. Messenger, you will get an
13 opportunity to add to or change an answer if you feel
14 it appropriate at the end of the answer that has been
15 given by Mrs. Messenger. 10:09
16
17 But before that, I am going to have you both go through
18 a few formalities which is adopting the statements that
19 you have provided for the Inquiry. So, if we start
20 with you, Mrs. Gallagher, you have provided a statement 10:09
21 on behalf of the Open University dated 27th of January
22 2023. The internal reference is STM-092-1. Do you
23 have a copy of that statement in front of you?
24 A. MRS. GALLAGHER: I have indeed.
25 1 Q. It's 13 pages long with 32 exhibits, isn't that right? 10:10
26 A. That is correct.
27 2 Q. Are you content to adopt the contents of that initial
28 statement and it's exhibits as the basis of your
29 evidence to the Inquiry?

1 A. I am.
2 3 Q. And the same question for you, Mrs. Messenger, do you
3 have a copy of that statement in front of you?
4 A. MRS. MESSENGER: With I do, yeah.
5 4 Q. Are you content to adopt the contents of that statement 10:10
6 as evidence to the Inquiry?
7 A. Yes, I am.
8 5 Q. MS. BRIGGS: Then there is a further document that you
9 have both jointly provided. It's called the
10 "Clarification Note". It is dated 10th of March 2023. 10:10
11 The internal reference for that document is STM-106-1.
12 Can I ask, Mrs. Gallagher, are you content to adopt
13 that as further evidence before the Inquiry?
14 MRS. GALLAGHER: I am.
15 MS. BRIGGS: And Mrs. Messenger, can I ask you the same 10:11
16 question, are you content to adopt the contents of that
17 statement as further evidence to the Inquiry?
18 MRS. MESSENGER: Yes, I am.
19 MS. BRIGGS: I am going to ask you both in turn your
20 qualifications because those aren't addressed in the 10:11
21 statements. So, if you start with you Mrs. Gallagher,
22 what is your position within the Open University?
23 MRS. GALLAGHER: My position within the Open University
24 is as Senior Lecturer Nursing. Locally here in
25 Northern Ireland, I am the professional lead for the 10:11
26 Nursing Programme and I also manage the team locally
27 here in Northern Ireland. And my background in nursing
28 is in mental health and I also practice as a cognitive
29 behavioural psychotherapist.

1 MS. BRIGGS: Thank you very much. Can I ask how long
2 you have held the post of professional lead?
3 A. Since 2004.
4 6 Q. How long you have been involved with the Open
5 University? 10:11
6 A. Since 2004.
7 MS. BRIGGS: Okay. And Mrs. Messenger, the same
8 question for you, what's your position within the Open
9 University.
10 MRS. MESSENGER: I am Senior Lecturer for Nursing. I 10:11
11 am a Strategic Lead For Projects within the School of
12 Health, Well-Being and Social Care. And I am the NMC
13 Official Correspondent for the Open University.
14 7 Q. Thank you very much. How long you have been involved
15 with the Open University for? 10:12
16 A. Since 2006.
17 8 Q. And very briefly, what's your professional background?
18 A. My professional background is as an adult nurse. I
19 specialise in quality, quality and professional
20 standards though, so I do a lot of work for the 10:12
21 university across quality mechanisms.
22 MS. BRIGGS: Thank you very much. So from here on out,
23 we are going to adopt the procedure that we've talked
24 about, so we'll have a primary witness and a secondary
25 witness as we've discussed. 10:12
26
27 You'll recall, Mrs. Gallagher, that the Open University
28 was asked to provide evidence on two areas related to
29 Module 4, that's staffing, and it did so in respect of

1 two areas, the training and recruitment of learning
2 disabilities and the programme at Muckamore Abbey
3 Hospital for University Placement Audits, you recall
4 that?
5 A. MRS. GALLAGHER: I do indeed. 10:13
6 9 Q. I am going to start with the first of those two areas
7 and I am going to ask for the clarification note to be
8 pulled up on the screen and I can see that it is on the
9 screen. You confirm there, Mrs. Gallagher, that the
10 Open University Preregistration Nursing Programme 10:13
11 commenced in Northern Ireland in 2004. The Open
12 University did not use Muckamore Abbey Hospital for
13 student placements as the University did not provide a
14 programme in the learning disability field of practice
15 until 2020. 10:13
16
17 And at paragraph four there, you say that up until 2020
18 Queens University was the sole provider in the field of
19 learning disability nurse training provision in
20 Northern Ireland. So effectively then, the Open 10:13
21 University can only give evidence regarding the
22 pre-registration nursing course since 2020, is that
23 right?
24 A. Up until that time we only provided the Mental Health
25 Nursing Programme and Adult Nursing Programme until 10:14
26 2020. We then adopted because we had the opportunity
27 with the new future nurse future midwife standards to
28 develop our programme to include a Children's Nursing
29 Programme and also Learning Disability Programme.

1 10 Q. Can I ask when the first cohort of students were taken
2 on the learning disability programme, when in 2020 that
3 was?
4 A. In 2020 that would have started. The recruitment would
5 have started for that programme in January of 2020 when 10:14
6 we would have worked with our partner Trusts to promote
7 the programme and then the recruitment process would
8 have commenced in February with short listing in April.
9 And our students would have been offered places in
10 consultation with our contract with the Department of 10:14
11 Health and partnership with the five Trusts and
12 students would have been notified across the summer of
13 2020 of their offer of a place on the programme, and
14 the actual programme would have commenced in October of
15 2020. 10:15
16 11 Q. Thank you very much.
17 DR. MAXWELL: Can I just ask you, you didn't start the
18 learning disability pre-reg course until 2020, but you
19 were running mental health pre-registration. Did you
20 ever place any of the mental health nurses at Muckamore 10:15
21 Abbey?
22 A. We would have recruited from Muckamore Abbey, so some
23 of the students that would have been employed there
24 would have commenced our programme, absolutely. But
25 because they were on a different professional programme 10:15
26 their placements would have taken place in other
27 hospitals as part of the Belfast Trust.
28 DR. MAXWELL: Okay, so they were working at Muckamore
29 Abbey and part-time training to be a mental health

1 nurse with placements elsewhere?
2 A. Or an adult nurse, that's correct.
3 DR. MAXWELL: Adult nurses as well.
4 A. Adult nurses as well.
5 DR. MAXWELL: So there were a range of employees at 10:15
6 Muckamore Abbey doing preregistration nurse education
7 with you?
8 MRS. GALLAGHER: They would have commenced, yes.
9 DR. MAXWELL: Thank you very much.
10 CHAIRPERSON: Just so that I understand, so they 10:16
11 wouldn't all necessarily be nurses doing this
12 additional qualification, they may be coming from
13 another background and then qualifying for the first
14 time?
15 MRS. GALLAGHER: So our students, our student 10:16
16 population the majority, they are all employed at our
17 five Trusts, in specifically Belfast Trust with
18 Muckamore Abbey. They would have been working as a
19 health care assistant or another post or nursing
20 assistant. 10:16
21
22 Over the last number of years we have seen an increase
23 in our applications actually coming from other posts
24 other than nursing assistant or health care assistant
25 roles also. But primarily and the majority of our 10:16
26 students, their background and their substantive post
27 in the Belfast Trust in Muckamore Abbey would have been
28 as a nursing assistant or health care assistant.
29 DR. MAXWELL: And you don't offer this as a second

1 registration, you wouldn't offer this for somebody who
2 is an adult nurse seeking to do mental health?
3 CHAIRPERSON: That's what I was asking, yes, exactly.
4 Thank you.
5 MRS. GALLAGHER: We have over the previous program with 10:17
6 the current future nurse programme that was approved in
7 2018 and for us to, I suppose, deliver here in Northern
8 Ireland, we haven't had any students during that period
9 gaining a second registration. But previously we would
10 have had very few, very few students. Normally an 10:17
11 adult student who wished to take their mental health.
12 CHAIRPERSON: Right, okay. So it could happen but the
13 numbers --
14 MRS. GALLAGHER: Absolutely.
15 CHAIRPERSON: But the number of people who took up the 10:17
16 opportunity was very limited.
17 MRS. GALLAGHER: Were very few. Because it was a
18 part-time programme and actually took a considerable
19 period of time then to complete the second
20 registration, so it was available, but in terms of time 10:17
21 and cost effectiveness it probably wasn't the best
22 offer at that time, but we did have a few students
23 absolutely.
24 CHAIRPERSON: That's helpful, thank you.
25 MS. BRIGGS: I am going to turn now to your main 10:18
26 statement, if we get that up on the screen please.
27
28 If we could go down to the first section, Module 4,
29 Staffing. You describe how in 2018 the NMC developed

1 and published the standards for education and training.
2 That's called the Future Nurses Future Midwife
3 Standards. Is that a UK wide framework?
4 MRS. GALLAGHER: It is indeed.
5 12 Q. MS. BRIGGS: Were there standards in place before that 10:18
6 standard was brought in?
7 A. MRS. GALLAGHER: There were, yes.
8 13 Q. And what were they?
9 A. They were the standards for nursing and Midwifery for
10 the programmes that were currently run then, but a 10:18
11 slightly different framework. That was an opportunity
12 for the framework to be fully updated.
13 14 Q. Can you tell us in broad terms how the standards
14 differed when the future nurse future midwife standards
15 were brought in? 10:19
16 A. I'll place this question to Julie Messenger to answer.
17 MS. BRIGGS: Yes, please. Mrs. Messenger.
18 MRS. MESSENGER: So the previous standards were the
19 2010 standards for education for nursing. There were
20 separate standards for Midwifery. 10:19
21
22 In terms of the changes there were difference in
23 expectations, we call that proficiencies expected of a
24 nurse reaching the end of their programme, so those
25 were defined differently. In the 2010 standards there 10:19
26 were separate proficiencies for the four fields of
27 practice, so that's adult, mental health, learning
28 disabilities and child. In the 2018 standards they
29 were all pulled together as generic proficiencies, so

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1 there were not separate standards expected of the
2 different fields of practice.
3
4 In the 2010 standards we had what was called, I can't
5 think of the term, essentials for care, but the NMC at 10:20
6 the time identified the outcomes that they expected at
7 the end of Academic Year 1, Academic Year 2 and at the
8 end of the programme. In the 2018 standards there was
9 a lot more flexibility on approved educational
10 providers to reach that end point at a route that they 10:20
11 believed was appropriate for their institution,
12 obviously working with local partners.
13
14 One of the biggest differences was around practice with
15 the 2018 standards. The NMC accepted that the needs of 10:21
16 localness needed to be reflected through practice
17 standards. So, across the UK there were different
18 subgroups formed which actually looked at how they
19 could meet the practice proficiencies, and in Northern
20 Ireland I believed Donna led on the team that worked in 10:21
21 Northern Ireland, and that was a group that was formed
22 of the five Health Boards, the three Universities, to
23 develop a set of practice standards which we call
24 "Practice Assessment Documents" which actually define
25 the outcomes of students at end of Year 1, 2, and 3. 10:21
26
27 So that's probably the biggest difference, in that
28 across the UK we had separate documents prepared in
29 Northern Ireland, separate ones in Scotland which was

1 an all-Scotland group. In Wales it was an all-Wales
2 group, they are all different. And across England
3 different regions within Health Education England met
4 and I think there were six or seven different groups
5 that looked at outcomes. 10:22
6
7 The Northern Ireland Practice Assessment Document is
8 unique to the UK in that every other group defined a
9 Practice Assessment Document which was called to all
10 four fields of practice, adult, mental health, learning 10:22
11 disability, children and young people. In Northern
12 Ireland the decision was taken to actually develop
13 separate documents for each field of practice. So
14 there was a lot of work that was done in partnership
15 with employers to actually define what their needs 10:22
16 were, what expectations they had of students at
17 different points of the programme, and this was
18 reflected through the Practice Assessment Documents.
19 So they are the fundamental changes.
20 CHAIRPERSON: So when you talk about the needs of 10:23
21 localness, so as far as Northern Ireland was concerned,
22 it was regarded as an entity?
23 MRS. MESSENGER: Yes, it was. It was a group that
24 worked together. As I said, I believe at one point
25 Donna led the workings of this group but it involved 10:23
26 three Universities, the Open University, Ulster and
27 Queens, and representation from all of the five Health
28 Boards.
29 CHAIRPERSON: Does that mean that the training

1 delivered would be different in each locality?
2 MRS. MESSENGER: The outcome at the end of the
3 programme would have been the same but the route to get
4 there may have actually been different. The Northern
5 Ireland group would have defined, for example, when 10:23
6 they expected students to, if I just take one skill for
7 example, venipuncture taking blood, they would have
8 defined when they believed that's appropriate for those
9 students in Northern Ireland to do that.
10 CHAIRPERSON: Right, okay. So they all get to the same 10:24
11 place in the end.
12 MRS. MESSENGER: Yes, and that was how we had the
13 program approved, because as you can imagine, the Open
14 University work with four nations. We are approving
15 one programme, but we actually approved multiple 10:24
16 different routes to get to that end point.
17 CHAIRPERSON: Thank you.
18 MS. BRIGGS: Thank you very much, Mrs. Messenger. Mrs.
19 Gallagher, if we go back to you then. We are at
20 internal page two then, the second paragraph. The 10:24
21 second sentence there, you say:
22
23 "On the programme students will develop the
24 professional skills and knowledge to deliver high
25 quality, safe and effective person family centred 10:24
26 care."
27
28 What is meant by person or family centred care?
29 MRS. GALLAGHER: Through the learning materials

1 provided to the students and then followed up in
2 practice, and through assessment then of their skills
3 that they will acquire through the associated practice
4 placement, students will be guided to focus very much
5 on the individual client or patient within that 10:25
6 setting.
7 They will be advised through their reading material and
8 other local policies here in Northern Ireland to inform
9 what is actually meant by person and family centred
10 care. Students will also be guided within their 10:25
11 practice when they are on placement by the nurses and
12 the managers looking after them, the practice assessors
13 and supervisors. And then a Practice Tutor who is in a
14 similar position to a link lecturer at the other
15 Universities, they would have that focus, they will 10:26
16 also be guided to acquire the skills and understanding
17 of person and family centred care when they are in
18 placement and their understanding will be that the
19 patient or person must be involved in directing their
20 care at all times. 10:26
21 15 Q. Okay. Thank you very much.
22 A. And the family.
23 16 Q. The last sentence of that paragraph says:
24
25 "Students are supported to develop effective evidence 10:26
26 based nursing practice."
27
28 Briefly, what is meant by an "evidence based nursing
29 practice"?

1 A. So in terms of evidence base, and here in Northern
2 Ireland, as Mrs. Messenger has outlined, we work with
3 the same agreed NMC approved programme. But here in
4 practice in Northern Ireland working with the other
5 Universities, and our colleagues across the five Health 10:26
6 and Social Care Trusts, we have what's known as the
7 Northern Ireland Practice Assessment Document, the
8 NIPAD. The Northern Ireland Practice Assessment
9 Document is made available for our students on-line
10 from commencement of the programme and it is within 10:27
11 that document that they will be guided towards the
12 learning requirements and the proficiencies and skills
13 that they have to acquire when they are out in the
14 various range of practice placements.
15 10:27
16 So that begins to provide the evidence of their
17 knowledge, their understanding, and the application of
18 that knowledge and understanding in practice when they
19 are then being assessed by our practice partners in
20 placement. 10:27
21 17 Q. Thank you very much.
22 DR. MAXWELL: Can I just ask, obviously the NMC
23 standards require practitioners to be evidence based.
24 So, do you actually as part of the programme teach
25 nurses how to search for evidence, how to appraise 10:27
26 evidence, to ensure that their practice remains
27 up-to-date after they've completed?
28 MRS. GALLAGHER: So throughout the program at the
29 various three stages of the programme or three parts of

1 the programme, students will be advised how to access
2 information, how to ensure that their care is evidenced
3 based and at the same time adhering to, if they are in
4 practice, Trust policies and procedures and utilising
5 new evidence that is available within the clinical 10:28
6 setting. But furthermore, they will also be guided and
7 taught the skills of research through the Open
8 University Library and resources that are made
9 available to them as soon as they commence the
10 programme. 10:28
11
12 But also then to make sure that as we offer the core
13 programme is written for the four parts of the country.
14 It is very important that we locally then direct our
15 students to local resources, local policies and 10:28
16 procedures as well that are more relevant to Northern
17 Ireland.
18 DR. MAXWELL: After students graduate, do they still
19 have access to the Open Universities enormous library
20 facilities or does that stop at the point of graduation 10:29
21 or can I have still have access?
22 MRS. GALLAGHER: Well, what I can say is they will have
23 access for a period of time, absolutely, to everything
24 until they are on the NMC Register and move their way
25 through preceptorship, but there will come a period of 10:29
26 time then that that access will then stop.
27
28 Normally what we have found is that a number of those
29 students, because of the mode and delivery of the

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1 education, they get very used to that and then will
2 come back for some post graduate modules as well.
3 MRS. MESSENGER: Can I just add two things to that, I
4 think first of all to say that it sounds very clunky,
5 but it is a way in which we are organised. We have 10:29
6 what's called Theory Focused Modules and Practice
7 Focused Modules and they run concurrently, they run in
8 parallel with each other so students are able to take a
9 theoretical learning, apply it to practice and
10 likewise, bring practice back into theory. But 10:30
11 increasingly through the program we have expectations
12 that students become - demonstrate more ability to
13 reference their work. At level one, so in Year 1 of
14 the programme we don't have, we don't have unrealistic
15 expectations as students, many students at that point 10:30
16 use the materials that we have mostly to reference
17 their work. But in Years 2 and Year 3 they will not
18 pass assessment unless they go into the wider bank of
19 resources which are available to anybody. So that's
20 one area where I just want to give the Panel absolute 10:31
21 confidence that our students can use external sources
22 and our expected to use external sources to inform
23 their writing.
24
25 The other thing with the 2020 programme is that within 10:31
26 the practice modules we have integrated what we call a
27 "Practice Assessment Interview" as part of the formal
28 assessment of students. That practice assessment
29 interview is done in practice with the Practice

1 Assessor and the Practice Assessor who is Trust
2 appointed and the OU Practice Tutor, so it's tripartite
3 assessment.
4
5 But during that assessment students are given a whole 10:31
6 range of scenarios which they have to actually talk
7 about and demonstrate that they understand the needs of
8 those clients, they can give appropriate care. So
9 we're testing out their learning constantly through the
10 three years of the programme. And when I say "three 10:32
11 years" that's three full-time years, our programme is
12 actually over four years so they have stretched
13 presentations. But those practice assessment
14 interviews become increasingly complex as the programme
15 moves through, but it is a real way to actually pick-up 10:32
16 that students are actually integrating what they are
17 learning and can actually use that in practice.
18 MS. BRIGGS: Thank you very much, Mrs. Messenger. Mrs.
19 Gallagher, if we can go back to you and if we can go
20 over to page five please. The bullet points there list 10:32
21 the four different types of nursing programme that
22 undergraduate nursing students can undertake in
23 Northern Ireland, learning disability being one. How
24 many places are there on the OU's Learning Disability
25 Preregistration Course? 10:33
26 MRS. GALLAGHER: So, year-to-year those numbers will
27 change in consultation with our partners, mainly the
28 Directors of Nursing, Assistant Directors of Nursing
29 For Education who would hold that remit and our

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1 partners at the Department of Health who are our
2 Commissioner.
3
4 So there is a lot of work that would be ongoing in
5 terms of workforce planning and commissioning 10:33
6 throughout the previous year where there will be
7 informed discussion in terms of each of the four fields
8 of practice, but specifically for learning disability.
9 Because we are the second university here in Northern
10 Ireland to provide that programme, there will be so 10:33
11 many places commissioned between the two Universities.
12 But because our programme is specifically different, in
13 that it's a work-based programme, that will normally be
14 decided amongst all of those partners and then
15 supported by the Commissioner. 10:34
16 18 Q. Can you say, for example, how many students were
17 admitted in 2020 in intake?
18 A. Yes. Going back to 2020 I think, and I will need to
19 just double check this for you, but I believe in that
20 intake we had 10 places to fill and we filled eight of 10:34
21 those through commissioning. This year, through our
22 negotiations with the Department of Health, which was
23 only last week, we will only recruit two learning
24 disability students because our applications have been
25 down this year quite notably. 10:34
26 19 Q. Okay. And what about the years in between, are you
27 able to give that evidence at this point?
28 A. We have never gone into double numbers so it has always
29 been between four and eight students. So we will be

1 given usually the 10 places by the Department to fill
2 and we normally then, depending on our applications and
3 our recruitment, will then feed-back to the Department.
4 But for the last two years those numbers have fallen
5 slightly short. 10:35
6 CHAIRPERSON: Can I just ask how that compares to
7 general and adult nursing?
8 MRS. GALLAGHER: Yes, the learning disability field,
9 again, because it's a new field of practice for us only
10 since 2020, learning disability would be the smallest 10:35
11 followed then by children's and young peoples' nursing,
12 which we normally would receive between 15 and 20
13 places to fill. Mental health would usually be between
14 35 and 50 places and usually our adult nursing places
15 will be around 125. So adult has always been our 10:35
16 biggest group of students followed then by mental
17 health.
18 CHAIRPERSON: So learning disability is significantly
19 lower than really all the others?
20 MRS. GALLAGHER: Absolutely, yes, year-on-year. 10:35
21 CHAIRPERSON: Thank you.
22 MS. BRIGGS: You've given evidence earlier about how
23 some OU students have come from Muckamore, as in they
24 have worked in Muckamore. If we look at the other side
25 of that, students that are placed in Muckamore, are you 10:36
26 able to give numbers as to how many students have been
27 placed in Muckamore by the Open University as part of a
28 placement?
29 MRS. GALLAGHER: On the learning disability programme?

1 Can I just ask for clarification since we started the
2 learning disability programme?
3 20 Q. If we start with the learning disability programme that
4 would help?
5 A. Okay. So normally here in Northern Ireland we try to 10:36
6 place our students locally to where they work, where
7 they are employed. So through our practice placement
8 learning agreements if a student is employed in the
9 Belfast Trust we will do our absolute utmost to have
10 that student placed for their learning experience 10:36
11 within Belfast Trust.
12
13 On occasion, we might well also have to place a student
14 from the Southern Trust in Belfast just to ensure that
15 they are getting the range of experience across the 10:36
16 practice learning opportunities or locations. And over
17 the last two years, especially in learning disability
18 because some of our clinical environments have been
19 closed, that has placed us in a little bit more of a
20 challenging situation where we would initially try even 10:37
21 to keep Southern Trust students in the Southern Trust
22 for learning disability, we have had to only place one
23 student, I am aware this year, from Southern Trust into
24 Muckamore Abbey. But the majority of students who
25 would be placed in Muckamore Abbey for experience on 10:37
26 the learning disability programme are also employed
27 within Belfast Trust.
28 21 Q. And are they specifically employed within Muckamore?
29 A. And employed within Muckamore, that's correct.

1 DR. MAXWELL: Yes, I was going to ask, because yours is
2 almost an apprenticeship model, if I was employed as a
3 nursing assistant at Muckamore and then I obtained a
4 place on the Open University LD Course, would my work
5 component count as a placement, or does it have to be 10:38
6 separate? So you're saying it's separate, can I do my
7 placement in the place where I work?
8 MRS. GALLAGHER: Okay. In terms of how the programme
9 has been written and previously delivered to the future
10 nurse future midwife standards, we have had on occasion 10:38
11 where a student, on one of the other fields of
12 practice, could well have taken a placement if we felt
13 it was appropriate at that time within that learning
14 environment, as long as it meets the requirements under
15 the NMC for learning and it is educationally audited. 10:38
16
17 Our preference here working with our partners across
18 the five Trusts has always actually been custom and
19 practice to endeavour to have the students placed
20 elsewhere to widen their range of opportunities as a 10:38
21 student. And we have worked very hard with our
22 practice partners, and also with the other
23 Universities, to ensure that our students maximise
24 their learning in other environments external to their
25 work base. 10:39
26
27 Because it's a part-time programme the students then
28 will always return to their substantive post in between
29 those practice learning periods. So we feel it has

1 been good custom and practice here and has worked. But
2 on occasion a student has been placed within their own
3 base area, but I can confirm that that hasn't happened
4 for our students here on the learning disability
5 programme. 10:39
6 DR. MAXWELL: If I am working as a nursing assistant in
7 Muckamore and I am on the programme, where would you
8 place me for my in-patient experience?
9 MRS. GALLAGHER: So we'll place you --
10 DR. MAXWELL: It would have to be outset Belfast Trust 10:39
11 presumably?
12 MRS. GALLAGHER: Absolutely. Well, that student could
13 go to one of the alternates. They are based in a ward
14 or aligned to a ward in their substantive post, but
15 that wouldn't stop us maybe placing them in alternative 10:40
16 --
17 DR. MAXWELL: Another ward in Muckamore --
18 MRS. GALLAGHER: A learning disability environment,
19 absolutely. But as Mrs. Messenger outlined to the
20 Panel, the programme under the new future nurse 10:40
21 standards also enables us and encourages us to
22 diversify and to have our students' experience learning
23 not just within a learning disability environment.
24
25 So those learning disability students have been out 10:40
26 with community teams within Belfast Trust. They have
27 been in surgical and medical wards, out-patient
28 departments, mental health placements and even
29 children's to get exposure of the four fields of

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1 practice.
2 DR. MAXWELL: So there is a broad range, but I might
3 have a placement on another ward within Muckamore?
4 MRS. GALLAGHER: Absolutely.
5 DR. MAXWELL: From the word which I am substantively 10:40
6 employed?
7 MRS. GALLAGHER: Absolutely, yes.
8 MS. BRIGGS: Would numbers be available then for the
9 amount of nurses, be them on the mental health course,
10 be them on the learning disability course, who have 10:41
11 been placed over the years in Muckamore? Is that
12 something that the Open University could provide to the
13 Inquiry if it's a matter of interest?
14 MRS. GALLAGHER: We could, yes.
15 22 Q. You mentioned in your evidence earlier about workforce 10:41
16 planning. That's something I would like to ask you a
17 little bit more about at this stage. The Inquiry has
18 already heard some evidence on behalf of the Department
19 of Health regarding workforce planning. It heard that
20 in 2009 there were a number of recommendations in a 10:41
21 Workforce Planning Report commissioned by the
22 Department of Health.
23
24 A number of recommendations were made in that report in
25 respect of Universities. The report specifically 10:41
26 mentions QUB and UUJ, so the Inquiry fully appreciates
27 it may not have come to the attention of the Open
28 University and it also was written at a time that the
29 Open University did not provide a learning disability

1 course. So the Inquiry understands, Mrs. Gallagher, if
2 you are not able to answer these questions. But is
3 that a report that you're aware of?
4 A. It will be a report; yes, I have been aware of with my
5 work with the Department of Health and with our 10:42
6 partners. But to maybe answer specific questions, I
7 suppose I would ask the Panel just to be patient and it
8 might be something that you might want me to follow up
9 on certainly.
10 23 Q. Thank you very much, Mrs. Gallagher. We will see what 10:42
11 we can do here with this evidence, okay. One of the
12 recommendations in that report was, it was recommended
13 the DOH Commission additional training places for all
14 professional programmes to support the expansion of the
15 mental health and learning disability workforce 10:42
16 specifically. It said training places for mental
17 health and learning disability nursing was to be
18 increased by 50% from 2010/2011. Are you aware of that
19 recommendation?
20 A. I am indeed, and I can confirm for the Panel that our 10:43
21 mental health numbers at that point would have
22 demonstrated an increase in negotiations with the
23 Department of Health and in consultation with our
24 partners, and that was specifically to try and increase
25 the number of students entering mental health as their 10:43
26 chosen field of practice.
27 24 Q. Do you know whether university-wide that 50% increase
28 was achieved?
29 A. For the Open University specifically, I can go back and

1 certainly provide those numbers but we did increase our
2 numbers substantially over those following years
3 gradually, because when the Open University programme
4 actually commenced in 2004 our numbers were then only
5 at 30. Over the last number of years we have seen our 10:43
6 numbers increase now up to 178 to 180 per year.
7 25 Q. Okay, thank you very much. There was also a
8 recommendation of a promotional campaign to attract
9 people into learning disability and mental health
10 nursing courses? 10:44
11 A. Yeah.
12 26 Q. Are you aware as to whether that promotional campaign
13 was undertaken, was there any involvement from the Open
14 University in that?
15 A. Yes. So we were asked at that time also to ask our own 10:44
16 students to put forward statements and become involved
17 in some of the discussions and represent the Open
18 University in terms of the opportunity and the benefits
19 of commencing their mental health programme.
20 27 Q. One of the other recommendations was that the 10:44
21 Department of Health asked to liaise with Queens and
22 the University of Ulster to explore aspects of initial
23 professional training that could be amended to support
24 any staff who wished to specialise in mental health or
25 learning disability, to do so in a timelier manner. 10:44
26 Are you aware of that specific recommendation?
27 A. I would have to go back and look specifically at the
28 document, but what I can say, and I can provide those
29 figures for the Panel, it was probably after that

1 period that we did see requests coming in to actually
2 facilitate post-registration, a very small number of
3 adult nurses who wanted to complete their mental health
4 programme and that would be in single numbers, it was
5 probably only maybe one or two. But the level of 10:45
6 interest was certainly - we were getting more queries
7 coming through from the Trusts to see if this could be
8 explored with the Open University.
9 28 Q. Okay. There was also a recommendation that the Trusts
10 work with the Department of Health and education 10:45
11 providers that was used in general terms to develop
12 training, employment programmes that provide job offers
13 to HSC professionals upon completion of their training.
14 It may not apply to the Open University. But are you
15 aware of that specific recommendation? 10:45
16 A. So that specific recommendation also enabled us to look
17 at progression of a student coming in to the Open
18 University programme having been an employee of the
19 Trust.
20 10:46
21 And what was happening at that time, and I would need
22 to go back and just kind of familiarise myself again
23 with the document, but during that time there were
24 multiple conversations that went on with our partners
25 in the Trust and HR Departments to try and reduce down 10:46
26 the amount of time and complexity it took for an open
27 university student to commence the Open University
28 programme, go through the four-year programme, and
29 still have a period of waiting before they could take

1 up their new post as a Band 5 Staff Nurse.
2
3 We now have, as a result of that document, we now have
4 a very slick process in that our employer partners who
5 interview these students with us on entry to the 10:46
6 programme will often ask a specific employer-led
7 question as part of the recruitment process that will
8 provide satisfaction and then, of course, ongoing
9 quality assurance and monitoring throughout the
10 programme and on successful completion of the programme 10:47
11 now our students progress into their Staff Nurse post
12 very, very, quickly because they are an employee of the
13 Trust. So we have, absolutely, we have retracted,
14 reduced the complexity of that progression.
15 29 Q. Okay. Thank you very much. 10:47
16 CHAIRPERSON: Sorry, just so that I understand, when
17 you talk about reduce the complexity of progression?
18 MRS. GALLAGHER: So, our students will complete their
19 four-year programme. They will get their notification
20 from the university first and foremost that they have 10:47
21 successfully achieved their BSc Honour's Programme.
22
23 They then go through Progression Board at the Open
24 University where the Open University will then let the
25 NMC, the Nursing and Midwifery Council be aware, and 10:47
26 what happens then in practice is that they will go to
27 their - at that stage as they complete their final
28 aspects of academic and practice components of their
29 programme, they will actually be offered a post within

1 the Trust.
2
3 They are normally then a student-in-waiting and will
4 wear a specific uniform with an identification and that
5 differs slightly from Trust to Trust. But, so that the 10:48
6 progression from their student post, their health care
7 assistant post is actually managed very well in the
8 clinical environment of their Staff Nurse post.
9 CHAIRPERSON: It may just be me, but it might be
10 important to make it clear, it is not the complexity of 10:48
11 the course that is reduced, it is the complexity of
12 their admission to the final post?
13 MRS. GALLAGHER: Absolutely.
14 DR. MAXWELL: Potentially they don't have to apply,
15 they don't complete -- 10:48
16 MRS. GALLAGHER: No.
17 DR. MAXWELL: ...and finish and look for a job to
18 apply?
19 MRS. GALLAGHER: Yes, they are progressed into their
20 Staff Nurse post now. 10:48
21 MS. BRIGGS: The final aspect of that report I am going
22 to ask you about was a recommendation that action
23 should be taken to reduce the attrition rates on mental
24 health and learning disability courses. Do you have
25 any knowledge of that specific recommendation? 10:49
26 MRS. GALLAGHER: I do indeed, because this would be a
27 great area of interest to myself. And here in Northern
28 Ireland our attrition rates have actually been quite
29 low in comparison to the rest of the UK and we pride

1 ourselves on the fact that the reason that we achieve
2 low attrition, and especially within mental health, is
3 primarily because of the support mechanisms that we put
4 in place and also the partnership arrangements then
5 with our partners in the Trust. And again, just as 10:49
6 I've outlined, that the student can progress very
7 smoothly into their registered nurse post.
8 30 Q. What about specifically after that report, where any
9 actions taken by the Open University or the other
10 Universities in respect of that recommendation and, if 10:49
11 so, what were those actions?
12 A. So, in terms of the report we; collectively the three
13 Universities work very closely together with the
14 Department of Health, with the Royal College of
15 Nursing, Unison, to have collective campaigns to try 10:50
16 and encourage more people into the mental health field
17 of practice.
18
19 And we were aware that, you know, in some areas of
20 mental health the intensity of the placements, they can 10:50
21 be very acute, the experience. What we have in the
22 Open University is, we would increased even the support
23 available from our practice tutors making sure that we
24 ran extra specific expert workshops for our students in
25 terms of mental health. 10:50
26
27 And you know, yes, I suppose maybe working with our
28 partners because of the close working relationships in
29 terms of our practitioners, we would have had

1 practitioners even speak to our students at induction
2 and times like that so that they could gain an accurate
3 assessment of what a mental health nurse does in
4 various clinical environments. So, at induction, our
5 inductions are always offered in full partnership with 10:51
6 our Trust colleagues.
7 31 Q. Okay, thank you very much. I am going to move on from
8 that topic, go back to page five. The paragraph in the
9 middle of that page or towards the middle of that page.
10 That's it on the screen now: 10:51
11
12 "The OU's future nurse curriculum has been mapped to
13 the NMC (2018) standards of proficiency and,
14 specifically, the Learning Disability Capabilities
15 Framework 2019." 10:51
16
17 I think you provide that Framework at DG1, is that
18 right, the exhibit DG1?
19 A. That's correct.
20 32 Q. I am going to turn to that briefly. It starts at 10:51
21 internal page 16. It's dated 2019. Was this the first
22 such framework, Mrs. Gallagher?
23 A. This is a UK-wide framework, so I am going to ask that
24 I defer now to my colleague, Mrs. Messenger.
25 MS. BRIGGS: Thank you very much. Mrs. Messenger 10:52
26 please.
27 MRS. MESSENGER: I am not able to comment actually on
28 this, but this is the current values that guide
29 learning disabilities practice across the UK. We have

1 specialist colleagues within the academic staff who are
2 learning disabilities trained and lead on this aspect
3 and they led in ensuring that our current, our 2020
4 approved programme against the 2018 NMC standards met
5 this framework fully. There are expectations that are 10:52
6 required at the end of each year and, again, they grow
7 in complexity as the student moves through the
8 programme.
9 33 Q. Okay.
10 A. But as I am not learning disabilities trained I can't 10:53
11 comment in terms of the specifics here.
12 DR. MAXWELL: It does actually say this is an update
13 underneath the headline.
14 MRS. MESSENGER: Yeah.
15 DR. MAXWELL: So presumably there were frameworks 10:53
16 before that?
17 MRS. MESSENGER: Yes. But this was the one we used in
18 terms of ensuring that our current programme met the
19 standards, and obviously as part of the NMC approval,
20 they were specialist on the Panel that confirmed to the 10:53
21 NMC that we met the core competencies required.
22 MS. BRIGGS: Thank you very much. If we can go to
23 internal page 35 please. The second paragraph, sorry,
24 this is a Northern Ireland specific question, so Mrs.
25 Gallagher, I am going to ask it of you please. 10:54
26
27 The second paragraph there reads:
28
29 "The Department of Health figures suggest that about

1 1.5 million people, around 2.5% of the UK population,
2 in the UK has a learning disability. The prevalence of
3 learning disability in the general population is
4 expected to rise by around 1% per annum for the next 10
5 years and to grow overall by over 10% by 2020." 10:54
6
7 And if we just scroll down to the bottom of the page
8 the citation there is 8. Citation 8 we can see there
9 is from a 2004 study by Emerson and Hatton. So we can
10 see there that fairly significant growth was predicted 10:54
11 back in 2004.
12
13 Do you have any, well, this might be a UK specific
14 question so I'll let you defer if you want to, but are
15 you aware of what was predicted actually came to 10:54
16 fruition?
17 MRS. GALLAGHER: Absolutely, and I think this is very
18 much now enshrined in the new 2020 programme.
19
20 In terms of having four very clearly defined fields of 10:55
21 practice for nurse education, as Mrs. Messenger
22 outlined, we now had an opportunity through the new
23 future nurse standards to ensure that not just our
24 learning disability student nurses were fully aware of
25 this but also our adult mental health and children's 10:55
26 student nurses were also aware that throughout their
27 programme that they also were required to develop the
28 knowledge and skills that would be required to manage
29 and support either a patient, a client or a family

1 member with a learning disability as patients would
2 come through their care.
3 34 Q. Do you know whether that rise that was predicted in
4 2004, the numbers did match up as predicted?
5 A. Absolutely. And I think we will see more ongoing 10:56
6 evidence based study in that regard and especially here
7 in Northern Ireland, yeah.
8 35 Q. Are you aware of any studies such as that in Northern
9 Ireland that have been conducted in the past or in the
10 more recent times? 10:56
11 A. Not specifically, but I can say that we have made sure
12 that any of the changes in terms of deprivation of
13 liberty and any specific training that was devised here
14 in Northern Ireland, we have ensured that all of our
15 open Universities nursing students have been able to 10:56
16 avail of that.
17 CHAIRPERSON: Yes, I understand that. But I think what
18 Ms. Briggs is getting at is the numbers were predicted
19 to go up significantly and you said absolutely. What
20 is the basis for that answer? 10:56
21 MRS. GALLAGHER: So the basis for that answer would be,
22 I suppose in feed-back from our students, in terms of,
23 you know, I think what we have managed do throughout
24 this programme is help our students' awareness and
25 understanding and readiness to deal with patients in 10:57
26 all environments with a learning disability in a
27 slightly different way, in a more person-centred or
28 family-centred way.
29

1 I think the curriculum has enabled us and has enabled
2 our students to focus on those concepts when they are
3 may be even dealing with a patient in an out-patient
4 Department, an Emergency Department, not necessarily
5 feeling that they will only get this experience by 10:57
6 going to a learning disability practice placement.
7 DR. MAXWELL: I think what you're saying is, you would
8 increase the capacity of the nursing workforce, that
9 has increased. Do you know whether the number of
10 people with a learning disability in Northern Ireland 10:57
11 has increased?
12 MRS. GALLAGHER: I suppose I would need to look at any
13 specific figures. What we - in terms of the
14 conversations and the specific workshops that we will
15 have with our students, our students' awareness is much 10:58
16 more, is raised let's say, and they are more aware of
17 having to think differently about communication,
18 sharing of information and they would share with us
19 that where they are experiencing patients or clients
20 with learning disabilities now is across a wide range 10:58
21 of care environments.
22 CHAIRPERSON: I understand I think now what you're
23 saying, but your answer "absolutely" was not in terms
24 of the numbers going up. They are in terms of your
25 awareness and -- 10:58
26 MRS. GALLAGHER: And our preparation.
27 CHAIRPERSON: Capacity.
28 MRS. GALLAGHER: And our focus.
29 CHAIRPERSON: It is important that we understand what

1 the answer related, no, it is not a criticism at all,
2 that's what we were getting at. Yes, sorry.
3 MRS. MESSENGER: Can I come just in there? I can't
4 obviously speak for numbers in Northern Ireland, but I
5 professionally am challenged by the term "learning 10:58
6 disabilities" because I believe that has broadened over
7 many, many, years. What I am very mindful of is that
8 under Learning Disabilities there are a number of
9 developmental traits that are now more prevalent and
10 diagnosed than have ever been before. If I take things 10:59
11 like ADH and autism, many people would have had - would
12 have lived with that diagnosis and I believe that's
13 probably where many of these sort of statistics sit
14 because they are more clearly diagnosed now.
15 10:59
16 If we look at our student body as a whole, not
17 necessarily the nursing student body, but we have
18 tremendous resources now within the OU to support
19 students who have learning disability needs. In terms
20 of the learning disabilities nursing that is obviously 10:59
21 supporting individuals who have health related issues
22 effected by their learning disabilities, but the term
23 "learning disabilities" obviously has a much broader
24 concept.
25 CHAIRPERSON: I understand that. Thank you very much. 11:00
26 MS. BRIGGS: Okay. I am going to go back to the main
27 statement at this stage please. We are heading towards
28 the bottom of page five. The heading is "Student
29 Preparation For Practice Learning Experiences". Mrs.

1 Gallagher, is it correct to say that a practice
2 learning experience, that's a placement in simple
3 terms.
4 MRS. GALLAGHER: Correct.
5 36 Q. You say there that: 11:00
6
7 "Prior to starting each stage of the programme,
8 students will undertake an induction to the stage and
9 they are advised with respect to following the NMC
10 Guidance on raising concerns and adhering to the values 11:00
11 enshrined within NMC code."
12
13 If we start with the first, the student guidance on
14 raising concerns, and you have provided that to the
15 Inquiry, it's in exhibit DG5. Can you tell the Inquiry 11:01
16 in your own words a little bit more about this, what is
17 meant by "concerns" here?
18 MRS. GALLAGHER: Okay. So if I can advise the Panel
19 that the students will receive an induction at the very
20 commencement of the programme. The students will 11:01
21 receive a second formal induction then before they go
22 out into practice.
23
24 So, up until that point they will just have been
25 studying academically and they will be guided at that 11:01
26 point and reminded within the programme that if they go
27 into any clinical environment for their practice
28 learning and they identify a cause for concern, they
29 will be reminded on the NMC Guidance, which will be

1 available on their website as well, and they will also
2 be advised and directed towards their student handbook
3 which also advices the students clearly how to manage,
4 to raise or escalate a concern.
5 11:02
6 And in terms of how the students will achieve that, the
7 students are advised clearly in terms of roles and
8 responsibilities. So, our students when they go into
9 practice placement, when they start that part of the
10 programme, are provided with what is known as a 11:02
11 "Practice Tutor". The Practice Tutor, to help the
12 Panel, is very much like a link lecturer but in a
13 part-time capacity. The Practice Tutor role is
14 normally filled here in Northern Ireland by adequately
15 trained and prepared registrants. 11:02
16
17 So some of our practice tutors will have their
18 substantive post as, let's say, a ward manager or a
19 clinical lead in another area, or working within
20 another academic institution, and then they will work 11:02
21 for us part-time as a Practice Tutor.
22
23 The Practice Tutor is only ever assigned five students
24 to look after during the practice placement, or the
25 practice module on the programme, and that person will 11:03
26 be their first point of contact if they have anything
27 to raise in terms of a concern, a lack of
28 understanding, or if they feel they are not meeting
29 their practice learning requirements when they are on

1 placement.
2 37 Q. Okay, thank you very much, Mrs. Gallagher. I will be
3 asking you more questions about that student handbook
4 in that process in due course. But can I ask the very
5 basic question: Concerns. What type of concerns do 11:03
6 you mean, give us an example of what is meant by
7 "concerns"?
8 A. Okay. So I suppose concerns; our first outline of
9 concerns for the student is if they go out into
10 practice learning and they do not feel that they are 11:03
11 being managed, as learning as a student. So given
12 proper adequate support and direction from a practice
13 supervisor who will be a qualified nurse and that they
14 have adequate time being spent with them to help their
15 application of theory to practice within that 11:04
16 environment.
17
18 If they then; so in terms of their own I suppose
19 academic or practice learning requirements, there would
20 be concerns raised there if the students don't feel 11:04
21 they are being given the learning opportunity, and
22 secondly, students will also be advised that if they
23 witness anything that they feel again causes concern,
24 or is not in adherence to policies and procedures, that
25 they are guided to use as well during their practice 11:04
26 placement, that they must immediately escalate that
27 with their Practice Supervisor who will be the
28 Registrant nurse in the practice learning environment
29 assigned to supervise and to teach and assess the

1 student, secondly then the Practice Assessor, and then
2 the student will be advised to immediately contact and
3 raise a concern with their Practice Tutor and they have
4 the Practice Tutor's contact details available on their
5 student homepage. 11:05
6 38 Q. Thank you very much. I read out there the portion of
7 your evidence and the second part was adhering to the
8 values enshrined in the NMC Code. You say students are
9 advised with respect to that. You have provided the
10 NMC code at DG4 very helpfully. But can I ask how are 11:05
11 students advised about adhering to the values enshrined
12 within the NMC Code?
13 A. So, the NMC Code will also be used to inform our
14 theoretical delivery of their learning and preparation.
15 So from the outset of the programme the students will 11:05
16 be made very aware of the NMC Code.
17
18 They are also advised in their preparation for
19 interview to prepare and to learn about the role and
20 function of the NMC in terms of the Code For 11:05
21 Professional Conduct and Standards so that they can
22 actually answer a question on that when they come to
23 interview. So this is introduced into the students'
24 life as a prospective student.
25 11:06
26 And then, you know, as they then progress through the
27 programme academically and go out into practice, the
28 NMC Code will also be very, very, evident throughout
29 the Practice Assessment Document and the completion of

1 skills and the signing-off of skills. The students
2 will be also assessed within their academic assessment
3 on their knowledge and understanding and the
4 application of the NMC Code.
5 DR. MAXWELL: The NMC Code applies to registrant rather 11:06
6 than to students. But within the Code, it does say
7 there is a duty to report any concerns about safety and
8 practice, according to the evidence, and you have
9 already talked about how you teach students to use
10 evidence. If a student went into practice area had has 11:06
11 some concerns about safety or practice that wasn't
12 evidence based, what do you encourage them to do?
13 MRS. GALLAGHER: We encourage them to immediately raise
14 that in discussion with their Practice Assessor or
15 Practice Supervisor who will be the nurse within the 11:07
16 clinical environment and have that informed discussion.
17 DR. MAXWELL: If they didn't feel that that was
18 something they could do, because potentially that
19 person might be one of the people they had concerns
20 about? 11:07
21 MRS. GALLAGHER: They immediately must raise this with
22 their Practice Tutor. The Practice Tutor will be in
23 regular contact on a weekly basis with the student
24 while the student is in the practice placement and is
25 often the first person that the student will go to if 11:07
26 they are concerned.
27 DR. MAXWELL: The Practice Tutor is, I think you said
28 somebody who is employed in practice, maybe a ward
29 manager or a specialist nurse?

1 MRS. GALLAGHER: Correct.
2 DR. MAXWELL: Can they report outside the clinical
3 employer structure?
4 MRS. GALLAGHER: So, primarily they are employed by us
5 as a Practice Tutor. So in terms of the student they 11:08
6 would be guided to go to the Practice Tutor first and
7 foremost because they are our line of support and
8 assessment for the student while the student is on the
9 OU programme.
10 11:08
11 So, although they work on a part-time capacity, what I
12 wanted to explain to the Panel was that our Practice
13 Tutors come with a very wide range of experience from
14 their substantive posts. But for the role of Practice
15 Tutor and supporting the students when they are on that 11:08
16 practice part of the programme, they are employed by us
17 as an academic assessor.
18 DR. MAXWELL: I understand that and I am not suggesting
19 that they are in any way incapable of doing. But what
20 we know from the work that is being done in England on 11:08
21 speaking out is that there can be a perception, even if
22 it is erroneous, that somebody who works for the same
23 employer may not be somebody you can raise issues with.
24 MRS. GALLAGHER: So you're asking specifically about
25 the Practice Tutor, if they are -- 11:09
26 DR. MAXWELL: No, I am saying if the student sees
27 things they are concerned about in terms of evidence
28 base or safety, whilst you may have people who are
29 perfectly capable of dealing with it, if the student

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1 doesn't have confidence that that would be a safe place
2 to raise it, is there an alternative?
3 MRS. GALLAGHER: Absolutely. There is always an
4 alternative to go to directly to their staff tutor who
5 would be the academic lecturer in my team in a 11:09
6 full-time capacity, who would hold overall
7 responsibility for that group of students who are out
8 in practice. So they make themselves very available
9 not only to the student but very available also to the
10 Practice Tutors so that that kind of, I suppose 11:09
11 triangulation, the Practice Tutor will be reporting to
12 the staff tutor on a monthly basis and the staff tutor
13 reports directly to me.
14
15 So we make ourselves all fully available, every student 11:09
16 on the programme will have my contact details also, and
17 if they can't get their own academic staff tutor in the
18 Open University, if, as you say, they feel compromised
19 or they don't have the right person in practice to
20 escalate a concern to, they will be advised to go to 11:10
21 their Practice Tutor and if that doesn't happen they
22 will be advised to go directly to their academic staff
23 tutor or myself.
24 DR. MAXWELL: Are they expected to go through that
25 chain, could they come directly to -- 11:10
26 MRS. GALLAGHER: They could come directly to me, yes.
27 They could come directly to me, absolutely, and they
28 would have all of these details, e-mails, phone numbers
29 from induction, all of those contacts are made readily

1 available and we do advise students that if they are in
2 any shape or form concerned about their progression,
3 or, as you say, an issue in practice, that they can
4 come directly to any of us.
5 PROFESSOR MURPHY: Can I just ask you to clarify the 11:10
6 difference between the Practice Supervisor and the
7 Practice Assessor in the placement. I understand now
8 the University side of things, the OU side of things,
9 but what about in the placement, can you explain what
10 the roles are? 11:11
11 MRS. GALLAGHER: Of course. So when a student is
12 allocated to a practice placement that notification
13 will go through to the practice education team within
14 that Trust.
15 11:11
16 The practice education team will notify the practice
17 area that the student is coming from the Open
18 University and will work with a line manager to
19 allocate a named Practice Assessor. The Practice
20 Assessor will be the person with overall responsibility 11:11
21 for signing that student off in terms of their learning
22 and completion of the certain skills and competencies
23 at the end of the placement. That Practice Assessor
24 will work hand-in-hand and have regular communication
25 with our Practice Tutor in terms of the triangle. 11:11
26
27 However, the Practice Supervisor, any of the registrant
28 nurses working within that clinical environment can
29 also input into the students learning opportunities,

1 learning experience and also overall assessment. So,
2 any registered nurse now can actually fulfil the role
3 of Practice Supervisor.
4 PROFESSOR MURPHY: So the Practice Supervisor would be
5 likely to be in the same ward as the student if they 11:12
6 are MAH.
7 MRS. GALLAGHER: Yes.
8 PROFESSOR MURPHY: The Practice Assessor is also in MAH
9 but not necessarily in the same word.
10 MRS. GALLAGHER: Correct, yes. Usually in the same 11:12
11 environment or could be actually moving between two
12 clinical environments but on the same base, absolutely.
13 PROFESSOR MURPHY: Thank you.
14 CHAIRPERSON: Just going back to your previous comments
15 about the way that something could be escalated if 11:12
16 necessary outside of the work environment. So one
17 could, the student could go to their staff academic
18 staff tutor and ultimately, presumably as you've said
19 they could come to you, and that's the theory, without
20 wanting to know any details, have you been aware in the 11:13
21 last couple of years has the theory been put into
22 practice? In other words, have concerns been escalated
23 to the academic tutor or to you that you have been
24 aware of? I am not asking you about Muckamore or any
25 particular institution. 11:13
26 MRS. GALLAGHER: Okay, just in terms of the system.
27 CHAIRPERSON: I just want to know does it actually
28 happen?
29 MRS. GALLAGHER: Yes.

1 MRS. MESSENGER: Can I respond to that please. We have
2 a number of examples where we've had reason to
3 intervene because students have actually raised issues
4 with Practice Tutors. A more recent one was over the
5 August Bank Holiday period just gone. We were notified 11:13
6 of something very late on the Friday evening, it
7 mobilised, the staff local to support the Trust, the
8 trust became involved because it did potentially focus
9 on a disciplinary issue for registered nurses in that
10 area. So we are very responsive. We work; we don't 11:14
11 work between nine and five Monday to Friday. We work
12 weekends. We respond very, very, quickly to issues of
13 student concern and will intervene.
14
15 But I think this whole issue, Mrs. Gallagher identified 11:14
16 through the staff tutor, we've managed conflicts within
17 our nursing students for many, many, years, our
18 programme is set-up on the basis that students for part
19 of their four years remain as health care support
20 workers, but they also remain as students. So we have 11:14
21 focused significantly all through the programme, but
22 particularly at the beginning of the programme around
23 the conflict of those potential two roles and
24 professional integrity and increasing their
25 professional awareness and responsibility. 11:15
26
27 Students will find different ways to escalate problems.
28 Obviously Mrs. Gallagher has identified the way in
29 which the flowcharts expect students to fulfil, but

1 students may go directly to the employer. But we have
2 a good partnership working with our employers. You
3 know, I am absolutely confident that in the majority of
4 cases, particularly in Northern Ireland where the
5 relationships are very, very, strong, we would be 11:15
6 notified by a partner if a student came forward.
7
8 We also have student forums within all of our on-line
9 module websites. Those student forums are monitored
10 regularly, almost on a daily basis. So if a student 11:15
11 posts a concern there, it will be picked up and it will
12 be followed through. So we have got a number of sort
13 of safeguards in place.
14 CHAIRPERSON: Thank you.
15 DR. MAXWELL: I think my concern was not whether you 11:16
16 have good processes, because I am sure you do, it's the
17 question about whether the students have confidence and
18 certainly we've seen that in various investigations in
19 England that you can have really good processes, really
20 good ways, but if the students don't feel safe using 11:16
21 them.
22
23 So I suppose the question is not 'do you have good
24 processes', but actually do students use them when they
25 don't have the confidence to go to the employer? 11:16
26 CHAIRPERSON: That's what I was trying to ask.
27 MRS. GALLAGHER: Are you happy if I answer that from a
28 local context?
29 DR. MAXWELL: Without giving specific details.

1 MRS. GALLAGHER: Of course of course.
2 DR. MAXWELL: But do students use these?
3 MRS. GALLAGHER: I would say absolutely and without a
4 shadow of a doubt I make myself very available to the
5 students. The students will all know me. It's not 11:16
6 that we have got our process in place, but sometimes a
7 student will come directly to me because I am at their
8 inductions, they know exactly --
9 DR. MAXWELL: I would say they do.
10 MRS. GALLAGHER: They absolutely do. 11:17
11 DR. MAXWELL: That was the question really, do they use
12 it.
13 MRS. GALLAGHER: Yes.
14 CHAIRPERSON: Thank you. Sorry Ms. Briggs, we have
15 interrupted your examination. It's 25-past-11. How 11:17
16 much longer do you think you've got?
17 MS. BRIGGS: I think it will be a little bit longer,
18 Chair. I think it might be an opportune time, subject
19 to the Panel, for a break.
20 CHAIRPERSON: Yes, sure. All right. So we normally 11:17
21 take a 15-minute break so we'll do that now and you
22 will both be looked after I hope. Thank you very much
23 indeed.
24
25 SHORT ADJOURNMENT 11:17
26
27
28
29

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1 THE HEARING RESUMED, AS FOLLOWS, AFTER THE SHORT
2 ADJOURNMENT
3
4 MS. BRIGGS: Mrs. Gallagher and Mrs. Messenger, we are
5 going to pick-up where we left-off in the same fashion, 11:37
6 okay. So Mrs. Gallagher, you've given evidence for
7 some time there before the break about the process of
8 students reporting concerns and how that might be
9 escalated within the University. Can I ask about the
10 recording of information when a student raises a 11:38
11 concern. How, if at all, would that information be
12 recorded?
13 MRS. GALLAGHER: So, dependant on the nature of the
14 information it will be formally recorded by the first
15 person who receives that information in a file note so 11:38
16 that there is a written record. And depending on the
17 nature of the issue or concern it will then be
18 escalated.
19
20 I suppose in terms of who it needs to go to formally 11:38
21 first of all and what actions need to be taken. So,
22 yeah, depending on the urgency of that then it would
23 come directly to me if there needs to be some level of
24 intervention and that would then be more formally
25 recorded and then relevant communication setup with 11:39
26 whoever is involved.
27 39 Q. Would each individual involved in the process say, for
28 example, a complaint is escalated to a higher level,
29 would each individual in the process be expected to

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1 record the concern?
2 A. Absolutely, and that then collated by the most senior
3 member of staff who has actually been receipt of that
4 and then they would certainly adhere to our own policy,
5 procedure on complaints and escalating complaints. 11:39
6 40 Q. And what about the student, would they be expected to
7 record or document their specific concern in their own
8 words?
9 A. Absolutely, and they would be guided through the use of
10 reflection and the NMC provide guidance in terms of our 11:39
11 students in terms of their ability to reflect on what
12 they are learning and they would be asked to use the
13 same format.
14 41 Q. Would the University retain those types of recordings
15 and that type of documentary evidence? 11:39
16 A. Absolutely.
17 42 Q. Okay.
18 A. And they would then be formally asked then to make a
19 statement and that statement they would be advised, if
20 we had to convene a specific meeting, who would be at 11:40
21 that meeting, and that notes from that meeting would be
22 taken.
23 43 Q. Okay, thank you very much. I appreciate at this stage
24 that the Open University has been asked to provide
25 evidence about the policies and procedures in place, so 11:40
26 you may not be in a position to answer this question
27 and the Inquiry understands that. But have there been
28 any concerns raised in relation to Muckamore?
29 A. I can say, no, that there haven't been any specific

1 complaints or concerns raised in regard to Muckamore
2 Abbey.
3 44 Q. And have the documents been looked at in that regard to
4 check the position?
5 A. If you could clarify that question for me? 11:40
6 45 Q. Well, your evidence earlier was that a concern might be
7 written down by each person in the process and, indeed,
8 by the student who made the initial report of a
9 concern. So one would presume then that there are
10 documents in existence that report the concerns that 11:40
11 had been raised over time with the University. My
12 question to you is, have those documents been checked
13 to ensure whether or not any of those documents raised
14 Muckamore?
15 A. Absolutely. So in terms of process, and just before 11:41
16 the break where we outlined the support network in
17 place for each student, the Practice Tutor actually
18 will complete a monthly report and that monthly report
19 will detail all communication and all interaction with
20 their students that they are responsible for. That 11:41
21 monthly report is then signed off by the lead academic
22 for that Trust who sits within my team, known as the
23 Staff Tutor and if there are any issues then identified
24 by the staff tutor in managing the communication or
25 concern, it will immediately come to me. 11:41
26 46 Q. Okay.
27 DR. MAXWELL: I think the question is, have you audited
28 those records? Because we know sometimes things fall
29 between two stools, have you actually audited them?

1 MRS. GALLAGHER: Yes, so it would be my responsibility
2 to audit those monthly reports on a regular basis. So
3 those monthly reports come into each of my staff within
4 my academic team and it is my job to regularly audit
5 those. But I would also be dependant on the individual 11:42
6 academics to raise or escalate anything for
7 professional guidance from me as well.
8 DR. MAXWELL: When did you last audit them?
9 MRS. GALLAGHER: I was last on the monthly reports only
10 about 10 days ago and actually signed-off on some of 11:42
11 them.
12 DR. MAXWELL: And how far back does that audit go?
13 MRS. GALLAGHER: Those monthly reports will be saved on
14 the system for each year group.
15 DR. MAXWELL: Yes, my question is, when you did the 11:42
16 last audit what timeframe did you audit?
17 MRS. GALLAGHER: Okay. So the timeframe that will be
18 have been audited then would have been for the previous
19 three months.
20 DR. MAXWELL: Has there been an audit of all those 11:42
21 reports at the same time?
22 MRS. GALLAGHER: Not at the same time, there will have
23 been ongoing audit, yes, yes.
24 DR. MAXWELL: Yes, I understand that part of the
25 process, but there hasn't been an audit of all the 11:43
26 records that you hold?
27 MRS. GALLAGHER: No, no.
28 DR. MAXWELL: Thank you.
29 MS. BRIGGS: Can I just clarify then, there hasn't been

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1 an audit of all the historical records at this stage?
2 MRS. GALLAGHER: All of the details, all of the
3 information is there, but if you're asking if there has
4 been a specific focused programme of going back through
5 every single monthly report, I can say there has not 11:43
6 been in the case. But I will have seen every report
7 that is available from 2020 from when our learning
8 disability students commenced their programme.
9 CHAIRPERSON: Right. So is your answer based on memory
10 basically? In other words, you don't remember, having 11:43
11 audited all of those reports, you don't remember any
12 complaint about Muckamore?
13 MRS. GALLAGHER: Absolutely, yes. And if there had
14 been it would have been acted on, absolutely.
15 CHAIRPERSON: Well I expect you coming here might have 11:43
16 triggered a memory.
17 MRS. GALLAGHER: Well absolutely, so I can say
18 categorically yes.
19 MRS. MESSENGER: Can I just intervene as well please,
20 over the last year we've been meeting regularly, six to 11:44
21 eight weekly with Paula McClaren from the NMC,
22 particularly around Muckamore Hospital, so they are
23 up-to-date. We meet with; is it Ulster that also has
24 students at Muckamore?
25 MRS. GALLAGHER: Queens. 11:44
26 MRS. MESSENGER: Queens, who also have students, and we
27 report at each meeting, students who are in practice at
28 that time and any feed-back that we have, whether
29 that's positive or negative. I have never heard

1 negative feed-back from staff tutors or indeed from
2 Queens in terms of student evaluation of practice at
3 Muckamore. So that's the last 12 months.
4 CHAIRPERSON: Yep, okay. That's helpful, thank you.
5 PROFESSOR MURPHY: Would you see that as very 11:45
6 surprising or would that be typical of your other
7 programmes as well? In other words, that in mental
8 health nursing you don't get those kinds of concerns
9 reported?
10 MRS. MESSENGER: No, this is surprising, but it wasn't; 11:45
11 I say "surprising", it was unusual but it wasn't
12 surprising because of the attention that Muckamore
13 Abbey Hospital was receiving. The NMC needed to feel
14 connected into the process and obviously their primary
15 function is to safeguard the public and they wanted to 11:45
16 be assured that we, as an approved educational
17 institution that supported students at Muckamore, had
18 processes in place to ensure quality.
19 DR. MAXWELL: Would you find it surprising that over
20 nearly a 20-year period from 2004 when you started 11:45
21 providing services here, that there hadn't been any
22 concerns ever by any student at Muckamore?
23 MRS. MESSENGER: We've only obviously had students for
24 the last two years in placement there.
25 DR. MAXWELL: But I think you said you placed mental 11:46
26 health students there?
27 MRS. GALLAGHER: We had some students, if it's okay to
28 speak, we would have had other students who had come
29 onto the programme where Muckamore was their work base

1 as a health care assistant, but their placements would
2 have taken elsewhere.
3 DR. MAXWELL: So you haven't placed anybody there ever.
4 The only experience you have of placing students is
5 from 2020? 11:46
6 MRS. GALLAGHER: I will go back and check all our
7 records, but I can say categorically the reason being
8 that students on a learning disability programme had
9 preferential access to those learning environments, at
10 that stage we didn't have a learning disability 11:46
11 programme. So a mental health student or an adult
12 nursing student would gain their learning disability
13 experience usually in a Day Centre.
14 MS. BRIGGS: Okay. I think we'll move on at this stage
15 to the next area that you describe in your statement. 11:47
16 We're at page seven please. It's the last paragraph on
17 that page or the last full paragraph on that page.
18 Yes, halfway through that paragraph you say that:
19
20 "The Fitness to Practise Procedure 2020, 2021." 11:47
21
22 For the record, that's Exhibit DG14:
23
24 "...sets out how the University will respond to an
25 allegation or a cause for concern about a student's 11:47
26 suitability of fitness to practise and the stages
27 required to ensure that any issues raised are
28 investigated and assessed quickly, fairly and
29 systematically."

1
2 I want to be careful not to ask you about individual
3 cases of Fitness to Practise related to Muckamore. But
4 I am going to ask you generally about the process
5 itself. What might the reasons be an individual 11:48
6 student is found unfit to practice, or a Registrant is
7 found unfit to practice?
8 MRS. GALLAGHER: So I'll focus first and foremost on
9 our Open University students while on programme. If an
10 issue is raised in regard to their practice within an 11:48
11 environment, but associated with their substantive
12 post, that will be managed by the employer.
13
14 The employer will notify us in our regular monthly
15 meetings or the academic lead for that Trust, and if 11:48
16 that has implications then, on the fact that they are
17 also a student nurse on a professional programme, we
18 will then instigate our student suitability process
19 that can lead then to Fitness to Practise.
20 11:49
21 If, on the other hand, a student plagiarises or commits
22 any of those other academic noted offences during their
23 time as a student, we would also instigate the process
24 and at the same time notify the employer. But it would
25 start of with student suitability process and move 11:49
26 swiftly then to Fitness to Practise.
27 DR. MAXWELL: Can I just clarify, so your students have
28 this dual status as students and employees. So there
29 might be issues about them in practice on placement but

1 you, because of the partnership arrangements, are
2 informed if there are issues raised in their
3 substantive post?
4 MRS. GALLAGHER: Yes. So we have a practice meeting
5 with the employer on a monthly basis where we provide 11:49
6 updates on a student progress and, equally, the partner
7 will provide us with any information that's relevant to
8 the substantive post if there is any cause for conflict
9 or cause for concern or support issues. So if we have
10 a student who is requiring additional support. 11:50
11 DR. MAXWELL: So are there any agreed criteria, because
12 obviously there is confidentiality issues that come
13 into this with somebody's employment, aren't there? Is
14 there any written agreement about the sorts of things
15 that they will potentially breach confidentiality by 11:50
16 telling you about?
17 MRS. GALLAGHER: I'll defer to Mrs. Messenger just for
18 this in terms of the process.
19 MRS. MESSENGER: My view on that would be that we would
20 be informed that there was an employer investigation 11:50
21 ongoing. If the details were such that they were
22 confidential that might be all that we were informed
23 of, but we would be notified throughout of the progress
24 of that investigation.
25 11:51
26 We would, through our monthly meetings with the
27 employer, determine whether the employer at that time
28 could continue to support the student as a student
29 nurse on the programme, and if they felt that their

1 concerns were such that it would be best to step the
2 student off for some time we would arrange that. So
3 it's employer-led, very much employer-led.
4
5 We wouldn't push for the details of an employer 11:51
6 investigation, but we would expect, through our
7 relationships with the employer to be notified of the
8 progress. If the concerns were such to still put that
9 employee/student in poor light, that would, at the end
10 of the investigation, then place us in a position 11:52
11 whereby we would most likely take that student through
12 a Fitness to Practise process and make a decision as to
13 whether they should continue on the programme.
14
15 Our Fitness to Practise process involves joint 11:52
16 partnership working with the Health Board and senior
17 representatives. So it's a joint decision that we
18 make.
19 DR. MAXWELL: So the onus is on the employer to
20 determine how serious the issue is and, therefore, the 11:52
21 extent to which they share information with you?
22 MRS. MESSENGER: If the issue is; if the issue has
23 occurred while they were in their substantive employee
24 role it's a responsibility for the employer. We would
25 expect to be informed, but we would not get involved in 11:52
26 that internal investigation.
27 DR. MAXWELL: Okay, thank you.
28 MS. BRIGGS: Okay. I want to turn then to the second
29 part of the evidence which is the "Programme For

1 University Placement Audits", that starts at internal
2 page eight. It is just a little bit further down the
3 page please, D. The letter D. H, I apologise. In the
4 first sentence there you say:
5 11:53
6 "Northern Ireland has three Universities who deliver
7 NMC approved programmes, and a regional approach has
8 been adopted to the implementation and delivery of the
9 new NMC standards which includes the NMC 2018 standards
10 for student supervision and assessment." 11:53
11
12 You've provided those standards at DG16, I am not going
13 to go there today, but can you tell the Inquiry a
14 little bit more about what is meant by a "regional
15 approach"? 11:54
16 MRS. GALLAGHER: In Northern Ireland, as Mrs. Messenger
17 alluded to earlier, it was felt that in respect of the
18 programmes that were being developed by the three
19 Universities, ourselves, Queens and Ulster, that if we
20 could work collectively and agree a regional approach, 11:54
21 especially for our Practice Assessment Document, that
22 this would really lead to consistency in terms of
23 assessment, preparation and support for our students
24 while our students were out in practice.
25 11:54
26 So there were a number of meetings convened, supported
27 by our Chief Nursing Officer at the time, and Heads ff
28 School at each of the Universities, and I led on the
29 work here locally for Northern Ireland, and those

1 meetings, regular meetings, also involved all of our
2 Assistant Directors for Nursing for education and
3 Practice Education Teams.
4
5 So it was a lot of work to agree because we had three 11:55
6 different programmes, but all written to the same
7 standards. But to agree the principles for assessment
8 in practice which led then to the creation of the
9 Electronic Northern Ireland Practice Assessment
10 Document and that one document is used here in Northern 11:55
11 Ireland for any nursing student when they are out in
12 placement.
13 47 Q. So in that context a "regional approach" means the
14 three Universities working together?
15 A. Alongside the employers, so we would have 11:55
16 representation from all of the Trusts as well.
17 48 Q. Okay. If we can go over the page to page nine please.
18 I'm not going to read it into the evidence, but you
19 refer in the first complete paragraph there to a
20 Practice Assessor Database. What is the Practice 11:55
21 Assessor Database?
22 A. So, a Practice Assessor Database will be a component
23 also of this Northern Ireland Practice Assessment
24 Document where we will hold and have all of the names
25 of the Practice Assessors, those Registrants in 11:56
26 practice who have been involved in the assessment of
27 our students while on practice.
28 49 Q. Okay. If we can go to page 10 then please, towards the
29 bottom of the page. It's under the heading "Practice

1 Learning Environment Educational Audit Tool". You
2 describe what the audit tool is and you say towards the
3 end that:
4
5 "Educational audits should be collaboratively reviewed 11:56
6 every two years to ensure the environment remains a
7 sound educational setting for such learning to take
8 place, or more frequently if there are significant
9 changes to the practice environment."
10 11:57
11 I want to ask you about the audit process in some
12 detail. Can I ask you firstly about reviews, you say
13 these are every two years. How does the review process
14 differ to the substantive audit process, if at all?
15 A. Okay. The substantive audit process was agreed 11:57
16 collaboratively as part of the Practice Assessment
17 Document, known as the Electronic Northern Ireland
18 Practice Assessment Document. So one process for
19 educational audit was also agreed as part of that, and
20 we have a very straightforward process where it is a 11:57
21 tripartite relationship instigated, so the audit will
22 be instigated within the practice area, the Trust. And
23 that is usually notified to us by the Practice
24 Education Team or Practice Education Co-Ordinator who
25 we work regularly with. They will identify to us that 11:57
26 an area either needs to be re-audited in that two-year
27 cycle, or indeed, has been identified as a new
28 potential practice area for audit.
29

1 The three then representatives come together, that will
2 be the ward manager, the university lecturer, either
3 from the Open University, University of Ulster or
4 Queens University, along with the representative from
5 the Practice Education Team and they will carry out in 11:58
6 accordance with the process the audit.
7 50 Q. You said there in evidence, a re-audit process every
8 two years, is that another way of saying the review
9 process that you have described in your statement as
10 occurring every two years. Is that the same as a 11:58
11 re-audit?
12 A. No. So if an issue comes up in a practice area that
13 may be relates to, let's say for example, the example
14 I'll use where maybe they have less Practice Assessors
15 in an area, where an area has been identified and 11:58
16 assessed to support three university students, the
17 three Universities work very closely together to
18 co-ordinate which students are in that practice area at
19 any given time.
20 11:59
21 If those numbers are reduced because there aren't
22 sufficient Practice Assessors or Practice Supervisors
23 available to support those students, the three
24 Universities then have to determine what happens next
25 to ensure the learning experience for the student. And 11:59
26 normally what will happen is an action plan is then put
27 into that audit. That audit, if it is led by one of my
28 staff or myself, will then be shared with Queens
29 University and with Ulster University so that we are

1 all concurrently aware of what's going on.
2
3 So there can be a review needed during the two-year
4 period, but a complete fresh approach is taken to
5 complete the audit every two years. 11:59
6 51 Q. Every two years.
7 A. So the life of the audit is only two years.
8 52 Q. Okay. Can I ask is there any other way, other than
9 through this audit process, that an individual from
10 within the University would assure and record the 12:00
11 quality of care within a placement?
12 A. So, within each Trust, we, at the Open University hold
13 regular meetings with our employers and that will
14 mainly be with the Practice Education Team. Within the
15 Practice Education Team who are all employed, education 12:00
16 nurses within that Trust, they will be allocated
17 responsibility for certain clinical environments. If
18 there is a clinical environment then that either has to
19 reduce in its capacity numbers, or whatever the issue
20 is, or if there is a cause for concern, or something 12:00
21 has been raised in terms of practice concerns, that
22 will be fed through to us directly.
23 53 Q. Would there be personnel within the Open University
24 that would go out and visit the placement and have a
25 replacement with the staff, who will that be? 12:01
26 A. That will be the academic who has responsibility, so
27 that will be a lecturer grade staff tutor member of my
28 team or myself.
29 54 Q. Would they go to Muckamore or a placement setting of

1 any kind and would they have relationships with the
2 staff?
3 A. Absolutely, the norm would be that we go out and
4 conduct this in practice in the clinical environment
5 with the other relevant people. But during Covid these 12:01
6 audits have been done using Teams or zoom. But they
7 will know, they will have the copy of the audit and
8 there will be a named Open University lecturer named on
9 that with contact details.
10 55 Q. Would those visits take place distinct from the audit 12:01
11 process i.e. separate from it?
12 A. They are normally associated with the audit or if an
13 issue comes up in practice where the audit needs to be
14 reviewed.
15 56 Q. Okay. You described in your evidence, if we go to page 12:01
16 11, the first paragraph, I think we're there. You
17 mentioned the Practice Education Team. Who exactly is
18 in the Practice Education Team?
19 A. The Practice Education Team are employed at the Trust
20 and they are all registered nurses with an interest and 12:02
21 with qualifications in education. The Practice
22 Education Team would then be managed by a Practice
23 Education Co-Ordinator and that co-ordinator is then
24 line-managed by the Assistant Director for Nursing for
25 Education or has responsibility for education, and we 12:02
26 would meet with all of those people on a regular basis.
27 They would be known as our partners.
28 57 Q. You say in your statement that they meet monthly to
29 review the practice learning environments. Would those

1 meetings be minuted?
2 A. Yes, the staff tutors would minute those meetings,
3 especially where there were issues then that required
4 follow-up and then that would be fed through to myself.
5 So one staff tutor academic in my team is responsible 12:03
6 for each of the five Trusts.
7 58 Q. Would those meetings include, to your knowledge,
8 discussion of SAIs or safeguarding incidents for
9 example?
10 A. They would. They would. And they would also focus on 12:03
11 student support and any issues of concern or
12 progression.
13 59 Q. You may not be able to answer the question, but do you
14 know whether Muckamore has been raised at any of those
15 meetings? 12:03
16 A. Yes, Muckamore will have been raised and managed
17 pro-actively since we were informed of the situation.
18 So this has been very much, I suppose for us around
19 student support, student well-being and safety in terms
20 of their experience and practice placements, 12:03
21 absolutely. For any student that goes to Muckamore on
22 placement, all of those issues would be discussed
23 regularly. And we have one direct link with one
24 Practice Education Facilitator who oversees all of the
25 areas currently being used for practice within 12:04
26 Muckamore Abbey, so we would be meeting with her
27 regularly.
28 DR. MAXWELL: Can I ask, do you still place students at
29 Muckamore? Are you still; the practice learning audit

1 has shown it is a suitable placement environment?
2 MRS. GALLAGHER: Yes, we are still placing students for
3 practice learning in Muckamore, in limited areas now
4 compared to what was available but, yes.
5 MS. BRIGGS: You said in limited areas compared to what 12:04
6 came before. Can you tell us a bit more information
7 about that please?
8 MRS. GALLAGHER: That's mainly in relation to areas
9 that have closed, you know, where audits have had to be
10 withdrawn, or indeed, if we were notified, if we didn't 12:04
11 feel there was adequate student supervision within a
12 ward and that's, you know, maybe down to staffing
13 levels. But we also seek the reassurance and have been
14 provided with the reassurance that any student that we
15 place in Muckamore Abbey for practice learning is 12:05
16 provided with a Practice Assessor who is a permanent
17 member of staff. The Practice Supervisors may well not
18 be, they may well be temporary staff.
19 DR. MAXWELL: That was going to be my point. We have
20 heard evidence that they are running at 80% agency 12:05
21 staff. I am just interested whether that affects the
22 assessment and whether it is an appropriate practice
23 learning environment?
24 MRS. GALLAGHER: Yes, so in those regular monthly
25 meetings we will constantly go back to those figures 12:05
26 and statistics and ensure that the student has been
27 assigned to a permanent member of staff as the Practice
28 Assessor, and the Practice Assessor might well also
29 take feed-back from some of the Practice Supervisors

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1 who may well be the staff who are changing.
2
3 What I have been reassured of is that even a number of
4 the staff who are there in a temporary capacity, not as
5 a permanent employee of Belfast Trust, have actually 12:05
6 been there for a considerable period of time.
7 DR. MAXWELL: We have also heard though that a lot of
8 them are not LD nurses, they tend to be mental health
9 nurses. Given the NMC changes for the future nurse,
10 can you be supervised and assessed by somebody who 12:06
11 doesn't have the qualification you're studying for?
12 MRS. GALLAGHER: So yes, you can be supervised and in
13 terms of specific points in the programme you must be
14 assessed then by a learning disability nurse. The
15 Practice Tutor who we will also assign from the Open 12:06
16 University to oversee that practice learning experience
17 will be field specific.
18 DR. MAXWELL: The day-to-day Practice Supervisor
19 doesn't need to have a learning disability
20 qualification? 12:06
21 MRS. GALLAGHER: Not --
22 DR. MAXWELL: Just needs to be on the Register
23 somewhere.
24 MRS. GALLAGHER: Absolutely. Absolutely. But the
25 oversight will be with the Practice Assessor who will 12:06
26 be learning disability.
27 CHAIRPERSON: Thank you very much.
28 MS. BRIGGS: If we just go a little bit further down
29 the page to the bullet points. They are just on the

1 screen now. You go on there to say that:
2
3 "The OU hold the following practice learning
4 environmental educational audits."
5 12:07
6 And you list them there at the bullet points. When you
7 say that "the OU hold them", what do you mean by that,
8 does that mean that the other Universities, such as
9 Queens, don't hold them?
10 MRS. GALLAGHER: No. As outlined, each education audit 12:07
11 in collaboration, because this is a collaborative
12 approach in Northern Ireland, might well have been
13 carried out by an academic from one of the other
14 Universities but that audit will be immediately shared
15 with ourselves. 12:07
16
17 So we will hold an education audit on our system, on
18 our electronic system so that we are fully aware and
19 that audit will be reviewed before we place any student
20 in that clinical environment, but we will have access 12:07
21 to all of those audits.
22 DR. MAXWELL: Can I clarify then that there might be
23 one audit and each of the three Universities will hold
24 a copy of it?
25 MRS. GALLAGHER: Absolutely. 12:08
26 MS. BRIGGS: The audits that you have provided as the
27 exhibits to your statement, they all postdate 2020. A
28 number of them are actually 2022. Do the OU hold any
29 of the prior audits from the bi-annual audits that

1 occurred in the years previous?
2 MRS. GALLAGHER: We would hold - depending on whether a
3 student was going to access an environment, we would
4 only hold the audit if we were going to allocate the
5 student to that environment. I can certainly go back 12:08
6 and check our records for the audits that we would have
7 held. Since 2020, with the collaboration and the
8 agreed process, we would hold all audits then that a
9 student is allocated to.
10 60 Q. So you would hold all of the audits post-2020, but you 12:08
11 may hold audits before that. Is that your evidence to
12 the Inquiry?
13 A. We will have held some audits, absolutely, yes.
14 61 Q. But not all of them?
15 A. No. Only if it pertained to where one of our Open 12:09
16 University students was being allocated.
17 62 Q. But can an Open University student be allocated to any
18 one of the lists on the bullet points there?
19 A. Yes.
20 63 Q. So presumable if we follow you evidence then, the 12:09
21 audits for all of those settings will be held by the OU
22 over various years?
23 A. Yes, if a student has gained practice learning in that
24 environment we will have checked quality assured, the
25 audit for the environment before we would allocate 12:09
26 them.
27 64 Q. Okay, but the most recent audit would be checked, not
28 prior audits, is that right?
29 A. Absolutely. The most recent audit certainly, because

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1 it's an ongoing process, absolutely. Since future
2 nurse 2020 we have reached I suppose slightly different
3 agreements between the three Universities in terms of
4 the collaboration.
5 65 Q. It may be a matter of interest to the Inquiry to look 12:09
6 back many years prior, not just since 2020. The
7 Inquiry's timeframe of its Terms of Reference goes back
8 to 1999. The Inquiry heard evidence yesterday from Mr.
9 Alistair Finlay on behalf of Queens that Queens hold a
10 database which may contain the previous audits going 12:10
11 back, perhaps as far as then. Can I just understand
12 your evidence as to whether the OU might or might not
13 hold those?
14 A. If we have allocated a student to any environment, any
15 learning environment, and if that was Muckamore we 12:10
16 would hold the audit for that period.
17 DR. MAXWELL: But I think you told me in answer to my
18 earlier question you didn't place any students until
19 2020?
20 MRS. GALLAGHER: Yes. 12:10
21 DR. MAXWELL: So you won't hold records pre-2020 for
22 Muckamore?
23 MRS. GALLAGHER: No. But I suppose as an example, if
24 we decide a student is going to any, in terms of our
25 quality assurance process, we have that audit first and 12:10
26 foremost before we will allocate a student.
27 MS. BRIGGS: Yes, but because the Open University only
28 began the LD course in 2020, it was only placing
29 students on the LD course post-2020. Is your evidence

1 to the Inquiry then that the pre-2020 audits wouldn't
2 need to be looked at as a matter of course by the OU?
3 MRS. GALLAGHER: We wouldn't naturally have held them,
4 absolutely, unless we were allocating a student.
5 66 Q. Does the OU have access to those? 12:11
6 A. Not unless we request them. So if an audit is carried
7 out prior to 2020 in terms of the previous standards by
8 another educational institution, if we felt that we
9 needed to look at that for any reason we would have
10 requested it from the University. 12:11
11 67 Q. From Queens?
12 A. From Queens, yes.
13 68 Q. It may have become obvious through your evidence, but
14 is each ward there that is listed, is that viewed as a
15 separate practice learning environment then for the 12:11
16 purpose of the audit?
17 A. It is.
18 69 Q. Okay. You've mentioned in your evidence earlier how
19 there has been changes to the audit areas. You say
20 there in your statement: 12:11
21
22 "Erne Ward and Donegore Ward are currently closed to
23 student learning due to changes in the nursing
24 management and reconfiguration of service provision."
25 12:12
26 I am not asking you about when those wards were closed.
27 I am asking about when they were closed to student
28 learning and on what grounds. Are you able to assist
29 the Inquiry with that?

1 A. We will have been notified in our practice meetings
2 with our employer colleagues and we will have been told
3 that a ward has maybe closed due to staffing levels or
4 due to changes in the client profile within the
5 environment. 12:12
6 70 Q. Can you speak to those two specific wards, when they
7 became closed to student learning and on what grounds?
8 A. I know that wards - not specifically unless I had the
9 audit in front of me now, but certain specific wards
10 were actually formally closed by the Trust so that 12:12
11 patients were no longer available, it was no longer a
12 learning environment for the student.
13 DR. MAXWELL: So, are you saying there hasn't been an
14 occasion when the ward had been opened that you decided
15 it is not an appropriate learning environment, it's 12:12
16 only because the Trust has closed provision?
17 MRS. GALLAGHER: I can say for the Open University, we
18 have never been in a situation where we have closed an
19 environment based on any issues of concern.
20 12:13
21 What we may well have done is not allocated a student
22 for a short period of time until maybe staffing levels
23 have improved. So, if a clinical environment advises
24 that let's say a Practice Assessor is no longer
25 available, for that continuity of assessment we would 12:13
26 then not allocate an Open University student to that
27 area until we've been reassured that a Practice
28 Assessor is available.
29 DR. MAXWELL: So specifically for Muckamore were there

1 ever any occasions when you didn't place a student
2 because the staffing wasn't adequate?
3 MRS. GALLAGHER: No.
4 DR. MAXWELL: Thank you.
5 CHAIRPERSON: Could I just ask, again, this is my lack 12:13
6 of knowledge, but if a student is placed say on
7 Cranfield 1 as a suitable learning environment for that
8 student, could that student then be moved within the
9 hospital if they have a need for assistance on
10 Cranfield 2 or on Moyola, could they be moved across or 12:14
11 not?
12 MRS. GALLAGHER: Not without notification to ourselves
13 because we have allocated the student to that learning
14 environment. If there was a situation that arose, as
15 outlined by yourself, the Practice Educational 12:14
16 Facilitator who oversees the student's placement while
17 they are there would notify us if something like that
18 was to happen.
19 DR. MAXWELL: The students on placement have
20 supernumerary I understand. 12:14
21 MRS. GALLAGHER: They are.
22 DR. MAXWELL: And therefore the Trust is not allowed to
23 move them because they are short of staff somewhere
24 else, are they?
25 MRS. GALLAGHER: That's correct, and that would be 12:14
26 protected also and overseen by the Practice Tutor from
27 the Open University and that would be noted in the
28 monthly report.
29 CHAIRPERSON: Thank you.

1 MS. BRIGGS: I want to ask you about the audit tools
2 themselves and you've provided the Inquiry with a
3 guidance audit tool if I put it that way, it's at DG20.
4 It starts at page 487. If we scroll down a little bit
5 to page 490. I want to firstly ask you about the 12:15
6 chronology of these audit tools, for how long have this
7 specific tool been in place, do you know that
8 information?
9 MRS. GALLAGHER: I do indeed. This specific audit tool
10 has been in place since the commencement of the future 12:15
11 nurse future midwife programme in 2020.
12 71 Q. Do you know what was used before?
13 A. A very similar tool and that was more aligned to the
14 previous standards.
15 72 Q. Okay. If we go down the page a little bit we can see 12:15
16 that there is blue writing provided as guidance for
17 those filling out the audit. Can I assume on the basis
18 of your evidence that all Universities and all those
19 filling out these audit forms would have access to this
20 document, i.e. with the guidance in it? 12:16
21 A. They will indeed, yes.
22 73 Q. So the forms should be fairly standardised in what has
23 been put onto them?
24 A. Completely standardized, absolutely, and discussions
25 would take place in regard to this, through the 12:16
26 collaborative, through the Northern Ireland and
27 practice-led collaborative.
28 74 Q. I am going to ask you very briefly about the
29 individuals that are asked to input into the form. If

1 we can scroll down a little bit. If we stop there we
2 can see the Practice Area Manager, registered home
3 manager. Can you tell the uninitiated who those
4 individuals are or what post they might hold?
5 A. So the Practice Area Manager will normally be the ward 12:16
6 manager. That grade at a Grade 7 or their assistant.
7 75 Q. Thank you very much. What about the nominated person?
8 A. Sorry, could you just scroll down just a tiny bit? So
9 the nominated person will be the person coming in from
10 the University, you know, and then the third person 12:17
11 will be the Practice Education Co-Ordinator or
12 facilitator.
13 76 Q. If we scroll down they should come up on the page, the
14 Practice Education Facilitator. Are they from within
15 the University then as well? 12:17
16 A. The Practice Education Facilitator is from the Trust.
17 77 Q. The Trust. And where are they based?
18 A. They will be based within the Trust throughout the
19 Trust. So they will hold oversight, the Practice
20 Education Facilitator as part of the Practice Education 12:17
21 Team, will hold responsibility for different clinical
22 environments that receive students under the education
23 audit.
24 78 Q. You have given evidence already about the Practice
25 Tutor which you said was like a link lecturer. Is that 12:17
26 therefore the same individual in this form, it's one
27 individual who is holding the post?
28 A. Yes, or it could be one of the academic team, my own
29 team, or in fact myself. I have conducted a number of

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1 education audits myself as well.
2 79 Q. If we can go down then to section 4A. It's at page
3 494. It's quality assurance of PLE and question 4A
4 asks:
5 12:18
6 "Have students evaluation of PLE been reviewed and
7 action taken where required?."
8
9 And the blue box says that:
10 12:18
11 "Student feed-back from practice learning experience
12 should be evaluated and a summary evidenced in PLEEA.
13 Evidence can be sourced from formal feed-back from the
14 AEI, verbal feed-back via PEIF ward manager, thank you
15 cards et cetera." 12:18
16
17 What is formal feed-back from the AEI?
18 A. Formal feed-back will be our process at the end of each
19 practice module, practice placement. Within a practice
20 module the student will be advised to complete a 12:19
21 practice learning evaluation. That practice evaluation
22 form is made available within the website of the module
23 and will be encouraged by the Practice Tutor from the
24 Open university.
25 12:19
26 The student will complete that. At the end of the
27 practice learning period it will be sent to the
28 Practice Tutor to assess and then further discussion
29 from that with their relevant staff tutor, academic

1 within my team. And then once-a-year we will collate
2 that information and send out a report to the Trust for
3 dissemination to the Practice Education Team.
4 80 Q. What is AEI?
5 A. That's the institution, sorry, the academic 12:19
6 institution.
7 81 Q. And verbal feed-back via PEF, what is PEF?
8 A. The "Practice Educational Facilitator". So that is
9 person who has the responsibility within the Trust for
10 practice learning, practice education. And they will 12:20
11 oversee any student, they will know who the student is
12 and for what length of time that they are going to be
13 in practice learning. They will be the person who will
14 supervise or support rather, support the Practice
15 Supervisors and Assessors. So if they need any support 12:20
16 as they are going through the process that will be
17 provided by the Practice Education Facilitator.
18 82 Q. Okay. A summary process is described there in that
19 blue box. Who undertakes taking the information and
20 putting it into a summary? 12:20
21 A. The Open University, from the practice learning
22 evaluations that we receive, but also what normally
23 will happen when the student is out in the clinical
24 environment, the Trust will also collect and collate
25 some feed-back from the students as well. 12:20
26 83 Q. Okay. Would that feed-back that's collated and put
27 into a summary, would those types of documents be
28 retained as well?
29 A. Yes.

1 84 Q. Question 4C asks, it is over the page at 495:
2
3 "Are there any significant complaints and incidents
4 that could impact on students with learning experience?
5 If yes, please elaborate in detail in action plan to 12:21
6 address issues."
7
8 From whom would those be reported, is that from
9 students or from people working within the practice
10 learning environment or otherwise? 12:21
11 A. That is normally instigated maybe by the ward manager
12 or the lead within the practice environment and it
13 normally will be reflected in available supervision for
14 the students, or if in fact the audit doesn't
15 adequately then reflect the client profile within the 12:21
16 area, so if there has been any changes within the
17 clinical environment normally the first person to raise
18 that a change needs to be made, or a temporary action
19 plan needs to be put into the audit until adequate
20 supervisors or adequate Practice Assessors are 12:22
21 available for student placement.
22
23 So this can be instigated actually by anyone, but
24 normally it's the ward manager who oversees the
25 practice learning environment and the flow of students. 12:22
26 85 Q. Okay. Can I ask are restraint and seclusion records
27 for a ward ever examined in audits?
28 A. Yes. We will look when we go out to carry out an
29 education audit you will find further down in the

1 audit, we will look at evidence from a number of
2 perspectives and if it is felt that that needs to be
3 looked at in consultation with the manager and the
4 practice education lead, then yes.
5 12:22
6 But I can't say specifically because I haven't been
7 personally involved in any of these specific audits
8 lately. But basing that answer on other audits that I
9 have been involved in.
10 86 Q. I am just wondering because a number of reports have 12:23
11 suggested that in-patient facilities for people with
12 mental health and learning disabilities are high risk
13 areas. When you do the practice learning audits, do
14 you tailor them to known risks in those areas?
15 A. Absolutely. Absolutely, in the sense that students 12:23
16 need to be adequately prepared before they are placed
17 in areas like that. And it would be also be associated
18 with the part of the programme that they're on so that
19 they have adequate knowledge and preparation as well.
20 DR. MAXWELL: So it's something you might be able to 12:23
21 come back to the Inquiry on about whether you had
22 looked at that in any audits.
23 MRS. GALLAGHER: Yes.
24 MS. BRIGGS: As I've said earlier, you provided audits
25 after 2020 to the Inquiry, I am not going to go through 12:23
26 them individually. But I am going to go to the first
27 one for ease, it's page 503. It's an audit of Erne
28 Ward. You can see there that it's dated 22nd of June
29 2020 and there is a review date of the 30th of June

1 2022.
2
3 If we go down to page, to the end of the audit it's at
4 page 507 and 508. We can see there that there has been
5 a number of reviews: Reviewed 25th of September 2020, 12:24
6 5th of January 2021, et cetera, and it goes on. It's a
7 very simple question but how does one when they are
8 reading the main body of the audit know when the
9 information has been inputted, given that the audit has
10 been reviewed on a number of occasions? 12:24
11 MRS. GALLAGHER: So the main audit will have been
12 carried out in accordance with the dates that are noted
13 on the first page of the audit and then any subsequent
14 reviews will be added to the specific page that you
15 have on show at the minute. 12:25
16 87 Q. So they would only appear at the bottom of the page?
17 A. They would.
18 88 Q. And they wouldn't change the text that comes above?
19 A. No, that remains the date that the audit needs to be
20 replaced again or completely reviewed in its full 12:25
21 format two years later.
22 89 Q. If we go back up to 503 please, and if we go down to
23 2A, it's quite a long section that goes over a couple
24 of pages, but the reader can see that the learning
25 opportunities are listed in section 2A. Who provides 12:25
26 that information?
27 A. That informations is mainly informed by the manager who
28 will participate in the audit. But it will be done in
29 collaboration then with the other two people available

1 for the audit, the Practice Education Facilitator or
2 co-ordinator and the academic link lecturer, or
3 Practice Tutor, or academic from OU. But the lead for
4 that information is provided by the manager in the
5 clinical environment. 12:26
6 90 Q. If we go down to 4A at page 506. It's the student's
7 evaluation of PLE. It and says there:
8
9 "Placement was excellent. Availed of learning
10 opportunities. September '16 intake. 2019 comment." 12:26
11
12 We can see there and we can also see from the other
13 audits which I am not going to turn to, each time there
14 is just one student it seems providing feed-back. Is
15 that the typical approach that's taken or is that 12:26
16 because there has only been one student to approach for
17 feed-back in each of the wards?
18 A. So what I can say is that this has been completed by
19 another academic from another institution. But at the
20 Open University we operate on the collective practice 12:26
21 learning evaluations and the report that would then be
22 provided back to the Trust which would then be shared
23 with the managers. So the approach that we take with
24 our practice learning evaluations is a collective one
25 as opposed to individual. 12:27
26 91 Q. So can one take it then that the audits that have been
27 provided where it seems to be feed-back from one
28 student, that isn't the approach that the Open
29 University would take to filling in section 4A?

1 A. To 4A, for me, this is more of an example of how the
2 process works. We provide a collective report to the
3 Trust on a yearly basis in terms of the collective
4 student responses that we have had.
5 DR. MAXWELL: But I think you said this year you've 12:27
6 only got two students on the learning disability
7 pathway, so it may well be that you only have one
8 student placed on this ward in the whole year.
9 MRS. GALLAGHER: So we have only two students that we
10 will be recruiting to the incoming cohort, we have had 12:27
11 more students.
12 DR. MAXWELL: There is the potential for there only
13 being one student who could give feed-back.
14 MRS. GALLAGHER: Yes, in that specific learning
15 environment. Our report will collate all of the 12:28
16 practice learning environments that have been used in
17 terms of student feed-back."
18 DR. MAXWELL: So you can't disaggregate by ward in the
19 feed-back you give?
20 MRS. GALLAGHER: No, because the students will on there 12:28
21 - we can normally tell because of the placements and we
22 receive the audit, but the students do not put their
23 names on those, they are anonymous, yes.
24 DR. MAXWELL: You can't say this ward seems to be
25 well-evaluated by students but this ward isn't? 12:28
26 MRS. GALLAGHER: We can ourselves because --
27 DR. MAXWELL: But the feed-back you give to the Trust
28 doesn't allow them to do that?
29 MRS. GALLAGHER: Yes.

1 CHAIRPERSON: Sorry, what was going to be your answer?
2 I didn't quite; I think you were interrupted. You were
3 saying "we can ourselves because"?
4 MRS. GALLAGHER: Okay, because we manage the allocation
5 of the students. So when -- 12:28
6 CHAIRPERSON: So you know where they are.
7 MRS. GALLAGHER: Yes. So we can normally tell because
8 our student population is small in terms of the
9 placements. We can normally define which student,
10 which placement area. The placement area will be named 12:29
11 but we normally, through association of our records,
12 will know which student has submitted the practice
13 learning evaluation. But that would be anonymized when
14 it goes out to the Trust in the form of a report.
15 CHAIRPERSON: I see, thank you. 12:29
16 MS. BRIGGS: It's a general question, would any
17 information gleaned from a practice learning
18 environment such as the quality of care in that
19 environment, would that be shared between the
20 Universities in any other way than through an audit 12:29
21 and, if so, how?
22 MRS. GALLAGHER: Yes. So we have here in Northern
23 Ireland, the Northern Ireland learning practice,
24 practice learning collaborative which was created in
25 respect of the future nurse future midwife 2020 12:29
26 programme.
27
28 And that group would meet, up until recently, on a
29 three-monthly basis to specifically look at all of the

1 quality assurance and components of delivery of the
2 future nurse programme here. But because of our
3 partnership with our individual Trusts, because our
4 nursing students are also employees, we would meet on a
5 much more - or have regular communication certainly 12:30
6 with our employers. But in a formal capacity it would
7 be through that collaborative that we would share
8 information between the three Universities and also our
9 practice partners.
10 92 Q. Would the audits or any information gleaned from them, 12:30
11 would they be shared with the Chief Nursing Officer?
12 A. Yes. The practice learning collaborative has a direct
13 line straight to the Chief Nurse.
14 93 Q. Okay, and my final question, there an was issue that I
15 think was arising from Mrs. Messenger's evidence, but 12:30
16 perhaps Mrs. Gallagher I will put the question to you
17 in the first instance. Evidence was given as to
18 student forums. Has there been any comment on those
19 student forums about Muckamore, and if the answer is
20 that no check has been conducted to date, that can be 12:31
21 the answer. But I want to ask about those more
22 specifically?
23 A. There has been no mention and the checks are ongoing
24 because there are always academics centrally from a
25 learning disability background who would actually be 12:31
26 involved in answering queries and addressing any
27 concerns, if concerns are raised, in that forum.
28 94 Q. Has that forum been checked back to its beginning?
29 A. Yes.

1 95 Q. And your evidence would be that there has been nothing
2 raised in respect of Muckamore?
3 A. Nothing in respect of Muckamore.
4 MS. BRIGGS: Those are all the questions I have for you
5 both at this stage. The Panel might have some more. 12:31
6
7 END OF EVIDENCE BY MRS. GALLAGHER AND MRS. MESSENGER
8
9 CHAIRPERSON: No. We've interrupted enough I think to
10 ask all the questions that we wanted to. So can I 12:31
11 thank you both very much for coming along to assist the
12 Panel and for answering I think almost every question
13 that you were asked. I think it's on rare occasions,
14 if at all, you have had to say 'I'll come back to you
15 on that', which we've had quite a lot in the last 12:32
16 couple of weeks. So thank you very much both of you
17 and I will let you both go.
18 MRS. GALLAGHER: Thank you very much.
19 MRS. MESSENGER: Thank you.
20 CHAIRMAN: Ms. Tang, where are we on the next witness 12:32
21 and how long do you think she will be.
22 MS. TANG: The next witness is in attendance, she is
23 waiting to be called. I would expect no more than an
24 hour.
25 CHAIRPERSON: What we might do is take just a 10 minute 12:32
26 break now and then see if we can sit through, unless
27 that would inconvenience anybody greatly? That then
28 gives people the afternoon free to do other work which
29 would probably be of assistance. The witness is ready

1 to go.
2 MS. TANG: Yes, the witness is ready.
3 CHAIRPERSON: We will see if we can go straight on.
4 Ms. Briggs, thank you very much indeed.
5 MS. BRIGGS: Thank you. 12:33
6 CHAIRPERSON: Let's call the witness. Let me just make
7 it absolutely clear, we are not going to rush this, and
8 if we find that the witness is going on longer, then we
9 will pause. If we find that, we'll do about an hour.
10 But if in fact we find that it needs longer, then 12:33
11 obviously we'll break.
12 MS. TANG: Thank you Chair. Chair and Panel, just to
13 confirm, you are going to be hearing from Dr. Camille
14 Harron, she is speaking on behalf of the Northern
15 Ireland Medical Dental Training Agency. I am going to 12:34
16 be using the acronym NIMDTA for short.
17
18 Her statement is in relation to Module 4 and it will
19 cover two topics in that module, the first of which is
20 training, recruitment and deployment of learning 12:34
21 disciplinary psychiatrists, and then the programme for
22 Muckamore in terms of the MIMDTA placement audits. The
23 page reference for her statement is internal page for
24 her statement is 091.1. I should just advice, Panel,
25 that there are two exhibits to the statement, the first 12:34
26 of those begins on 091.10 and the second is on internal
27 page 091.62 and they refer to some of those.
28
29

1 DR. CAMILLE HARRON, HAVING BEEN SWORN, WAS EXAMINED BY
2 MS. TANG, AS FOLLOWS:
3
4 CHAIRPERSON: Dr. Harron, can I thank you very much for
5 coming along to assist the Inquiry and I think you 12:36
6 probably came along a bit earlier than you had expected
7 in order to assist us with timing. We are going to see
8 how we go. Ms. Tang thinks she is going to be about an
9 hour with you, and if she is, that's all well and good,
10 but that is subject I am afraid, as you may have seen, 12:36
11 to interruptions by the Panel. But if we then need a
12 break we will have to stop and we will take a proper
13 break and then you will continue after lunch. Is that
14 all right?
15 A. Yes, that's fine. Thank you. 12:37
16 96 Q. MS. TANG: Thank you. Good afternoon Dr. Harron. You
17 and I met briefly earlier. But just to reiterate, I am
18 Shirley Tang and I am one of the counsel team to the
19 Inquiry.
20 12:37
21 You have provided a statement to the Inquiry on behalf
22 of the Northern Ireland Medical and Dental Training
23 Agency, I'll refer to them as NIMDTA dated 26th January
24 2023, is that correct?
25 A. That's correct, yeah. 12:37
26 97 Q. Do you have a copy of that statement in front of you?
27 A. Yes, I do, yeah.
28 98 Q. The statement in front of you should be nine pages long
29 and has two exhibits, isn't that correct?

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1 A. I have a number of documents, so I am not sure which
2 your two exhibits are.
3 99 Q. When I refer to two exhibits there is a GMC document
4 which we have at internal 091.10, and then some NIMDTA
5 have provided documents which I have taken to be one 12:37
6 other exhibit?
7 A. Okay.
8 100 Q. 091.62. Are you content to adopt the contents of the
9 statement as the basis of your evidence to the Inquiry?
10 A. Yes. I noticed one thing which I don't know whether it 12:38
11 was a typo. In 4.2 when I give the numbers for
12 completing in 2020, that's actually 2022.
13 101 Q. Okay. So let me just check. For the Panel's reference
14 that would be on page 0916, paragraph 4.2?
15 CHAIRPERSON: So that's for the survey. 12:38
16 A. Yes. The figures I have given are actually 2022's
17 figures and the reason I know that is, just in 2020,
18 because of the pandemic there was a lower completion
19 rate.
20 102 Q. MS. TANG: Thank you Dr. Harron, that's noted. So can 12:38
21 I just check, you are content to adopt the contents of
22 the statement as your evidence. We've noted that
23 particular change.
24
25 I am not going to read through the statement in detail, 12:38
26 but I may at times take you to certain places in it and
27 I will give you the page number and the paragraph
28 number to help that be identified. I will remind you
29 of the topics that you were asked to address just for

1 clarity. It was the elements of Module 4 which
2 includes the training, recruitment and deployment of
3 learning disability psychiatrists and the programme for
4 Muckamore Abbey Hospital for NIMDTA replacement audits,
5 isn't that correct? 12:39
6 A. That's correct.
7 103 Q. Thank you. So, by way of a general question to start
8 off with, the term "ST" is used a number of times in
9 your statement. Can I just clarify, is that
10 "Speciality Trainee"? 12:39
11 A. That's correct.
12 104 Q. And where there is a number beside the ST acronym, ST1
13 for instance, can we take it that is first-year
14 trainee?
15 A. That's correct, yes. 12:39
16 105 Q. And ST4+?
17 A. Means Year 4 or above.
18 106 Q. And would those be generally the more experienced?
19 A. Yes. For the purpose of this training programme we
20 would call them "higher speciality trainees". 12:40
21 107 Q. Thank you. Can I refer to page 0914 and look at
22 paragraph 3.4 please. Thank you. There is reference
23 there to a phrase four training numbers just at the
24 very top in the page intellectual disability and the
25 workforce planning work that the Department of Health 12:40
26 would carry out. Can I take it that the Department of
27 Health then decides how many training number posts
28 there would be for Northern Ireland?
29 A. Yes, they would determine our funding and the funding

1 determines then how many people we can take into the
2 training programme.
3 108 Q. Does NIMDTA have any role in trying to determine the
4 number of training posts for each speciality?
5 A. When the Department, and or sponsor branch would be 12:40
6 workforce policy, when they are considering, for
7 example, expansion of training numbers, they will ask
8 us for some information which will be around have we
9 got the capacity to train additional doctors, and also
10 what would be the impact of expansion on the trainees 12:41
11 who are already on the programme.
12
13 We would also have discussions on information that we
14 would have available to us, you know, through other
15 meetings that we would have with the commissioners, 12:41
16 with our educators, through reviews of workforce
17 strategy documents, because quite often our educators
18 will contribute to that. But the only two pieces of
19 information that we contribute to those decisions are
20 the two that I gave you at the start. 12:41
21 109 Q. You refer to funding of places, so I take it there is a
22 set amount of funding that you are allocated based on
23 how many number posts are agreed?
24 A. Yes. The funding needs to cover the salary costs for
25 the trainee for their basic work and also the 12:42
26 educational costs for providing the training.
27 110 Q. Would it be the case that speciality, such as
28 intellectual disability or maybe other clinical areas,
29 will push for more training posts at times and that

1 there is a bit of debate on that as to how many
2 training posts are allocated to specialties?
3 A. I would say the vast majority of specialities are
4 pushing for additional training posts at any point in
5 time. 12:42
6 111 Q. Would it be fair to say that often that will be a
7 debate about pressures in services and funding and
8 factors like that, that have to be considered?
9 A. Not all of the posts that we would propose to be funded
10 each year are funded, so there has to be prioritisation 12:42
11 taken by the Department of Health in terms of what they
12 will fund.
13 112 Q. And can I ask in relation to intellectual disability,
14 would you be aware of any moves to try and increase the
15 number of numbered posts for it? 12:43
16 A. Yes, that has been indicated in the Mental Health
17 Strategy Document and I do know that at present we do
18 have a bid in for an additional training place in
19 intellectual disability and also some additional places
20 in the core psychiatry programme which feed into that 12:43
21 programme.
22 113 Q. Thank you. Can I check, do the workforce planning
23 numbers for intellectual disability psychiatry change
24 each year in terms of the number of vacant posts, or is
25 it a fairly static number of training posts at any 12:43
26 given time?
27 A. Well there are four. There are four funded posts and
28 unless we were given additional funding it would remain
29 at that.

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1 114 Q. Yes, and is that likely to have been the case for a
2 number of years now or might that have gone up or down?
3 A. I couldn't give you that information, I haven't looked
4 at that specifically.
5 115 Q. Thank you. You've referred to it as a relatively small 12:44
6 specialist area, intellectual disability. In terms of
7 the approval of Muckamore as a training site for core
8 psychiatry and intellectual disability, looking at
9 paragraph 3.6 in your statement which is further down
10 that page, the placement as a training site is approved 12:44
11 by the GMC. Is that approval on the recommendation
12 from NIMDTA, or is that something that GMC would
13 accredit separately. Would they do their own
14 assessment?
15 A. NIMDTA would make an application to the GMC to have the 12:45
16 site recognised for training.
17 116 Q. Would you know if an intellectual disability psychiatry
18 training post is in Muckamore, would people in those
19 training roles also get the chance to work in community
20 teams, or would they be hospital-based for the duration 12:45
21 of that programme?
22 A. I wouldn't be able to answer that for you, that's
23 probably a better question from the Training Programme
24 Director.
25 117 Q. Thank you. You've mentioned in your statement, I am 12:45
26 looking at paragraph 3.6, towards the lower part of
27 that page: That two out of four ST4+ training posts
28 were moved away from Belfast Trust in 2021, and the
29 reason for that was insufficient access to available

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1 trainers. Can you tell me more about that please?
2 A. Yes. So each one of our trainees, when they go into a
3 training post, they have to have a named clinical and
4 educational supervisor. And in order to become a
5 recognised trainer, that's a GMC recognition, you have 12:46
6 to have undertaken certain types of training around
7 teaching, supervision, providing support and knowledge
8 of the curriculum. So I suspect that they didn't have
9 enough recognised trainers.
10 118 Q. I could imagine that the loss of 50% of senior trainee 12:46
11 capacity might be quite a blow for a relatively small
12 speciality. Is that something that you are aware of
13 being made know to NIMDTA, any concerns on the part of
14 the hospital team there?
15 A. I wasn't, you know, I wasn't involved in that 12:46
16 discussion. When you're thinking about service
17 provision that is a separate issue to training, so we
18 are very aware that our trainees when they are training
19 provide service. But in terms of us in thinking about
20 a placement for a trainee, we have to ensure that they 12:47
21 are going to have access to the educational support,
22 such as I have discussed, with regard to having
23 recognised trainers and also access to the range of
24 opportunities that will allow them to cover their
25 training curriculum. 12:47
26 119 Q. Thank you.
27 A. So I suppose what I am saying is that the service
28 wouldn't necessarily be the first thing that you would
29 take into consideration with regard to where you are

1 going to place the trainees.
2 120 Q. Thank you, that's helpful. Looking at page four there,
3 I think it's still in paragraph 3.6, you mentioned GP
4 trainees and the placement of some of those in sites
5 such as Muckamore, is that part of the same approval 12:47
6 process that NIMDTA would have some involvement in?
7 A. Yes, but the post would be specifically recognised for
8 GP training, but we would make an application to the
9 GMC.
10 121 Q. Yes, okay. Thank you. Can we then go down to page 12:48
11 0916 and looking at paragraph 4.1. The reference to
12 the GMC standards and a GMC National Training Survey,
13 Annual GMC Training Survey. Can you tell us a bit more
14 about the GMC Annual Training Survey please?
15 A. Yes. So this is a survey that goes out to all trainees 12:48
16 across the UK usually the months, March and April, it
17 would be open for about a six-week period and the
18 trainees are asked a number of questions which will
19 relate to the specifics of where the post, the training
20 post that they are in at that time. There are other 12:49
21 questions around burnout and things that the GMC would
22 also be interested in with regard to our trainee
23 population.
24
25 When they are completing the survey it is linked to the 12:49
26 post that they are in at that time. So the GMC can
27 then provide a report whereby we can look at the
28 results across training programmes, training sites, the
29 particular Trusts, and we can look and see across a

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1 variety of parameters which would cover all the
2 different aspects of education how that training site
3 or that training programme compared to it's peers
4 across the UK.
5 122 Q. Is that something that there is feed-back given then to 12:49
6 individual Trusts, for instance Belfast Trust, about
7 what their trainees said about them?
8 A. Yeah. The results are publicly available. So
9 obviously as a Deanery we would be looking very
10 carefully at the results of Belfast Trust and those 12:50
11 involved in education in Belfast Trust would be able to
12 look at them.
13
14 We will also pick out reports where individual areas of
15 speciality training, and seek to get feed-back from our 12:50
16 training programme directors about things that might
17 have been highlighted on the training survey. So with
18 the training survey, if the results for a particular
19 programme or site are in the lowest quartile, and a
20 sufficient number of trainees have answered the 12:50
21 question and it is felt to be statistically relevant,
22 significant, there will be a red box that will come up
23 on the results. Sometimes we will be looking at the
24 pattern. You can also have a green box if you are
25 doing very well as well. 12:50
26
27 So we would be looking at the pattern of boxes and then
28 for any particular site that might have a lot of red
29 flags we would then go and wish to explore exactly what

1 the concerns were, are they known locally, and what is
2 the action plan with regard to that. In terms of you
3 talked about; did you mention free text or did you
4 mention?
5 123 Q. No, I didn't, no. 12:51
6 A. But there are questions on it which relate to patient
7 safety and also to undermining and bullying, and if
8 needs be, if a trainee wishes to report something via
9 the National Training Survey they can put in free texts
10 in those two areas. 12:51
11 124 Q. What kind of things would typically attract a red flag,
12 A. Well, it could be any aspect of education. So it could
13 be workload. It could be if there is poor access to
14 supervision, or it's felt that the post is not
15 well-supervised. It could be if it was felt that 12:51
16 there's not good access to teaching within the post.
17 There is a whole variety of things.
18 125 Q. Would it be fair to say that the slant of that survey
19 is very much about the quality of training, the
20 educational support, et cetera. It's not so much the 12:52
21 experience of actually working in that facility?
22 A. I think some of the questions, some of the questions
23 would pick-up on what, you know, what it's actually
24 like to work in a setting, because for post graduate
25 medical training much of the learning is work-place 12:52
26 based learning.
27
28 And in 4.5 there I have given, well, I am talking about
29 our visits, but they really align to things they will

1 be asked about in the survey and it includes things
2 like hand-over, practical experience and workload,
3 patient care and patient safety. So those are all
4 things that I think relate to your direct experience of
5 what it is like working in a particular setting. 12:53
6 126 Q. You were referring to 4.5 on that point?
7 A. Sorry, all parameters for our visits are aligned to
8 what is asked about on the NTS survey which is aligned
9 to the GMC standards for education.
10 DR. MAXWELL: Can I just ask whether you would expect a 12:53
11 trainee to comment on other professions, because they
12 are obviously part of a multi-disciplinary team and
13 hand-over presumably is medical hand-over, medical
14 supervision. If a trainee was concerned about the
15 general culture or some of the practices of other 12:53
16 professions, would you expect them to include that on
17 the GMC survey?
18 A. That wouldn't be asked about specifically. If a
19 trainee thought that that was a patient safety issue,
20 or they were perhaps being undermined by another 12:53
21 professional group they could report it. In general
22 though we would encourage our trainees to report issues
23 to us as they happen, not to wait, not to wait until
24 the time of the survey.
25 12:54
26 With regard to anything that gets reported with regard
27 to patient safety, although it's an anonymous survey
28 the trainees are aware that we can track that back to
29 them as an individual in order to find out what the

1 specific information is.
2 127 Q. MS. TANG: Thank you. Could we go slightly further
3 down the page please to the lower bit of paragraph 4.1.
4 You've made reference at the past bullet point of the
5 paragraph to the NIMDTA reporting or raising concerns 12:54
6 portal. Can you explain what that is?
7 A. Well, this was an on-line portal that was set-up in
8 order to give trainees another way in which they could
9 raise concerns, but I have been told it has been not
10 used by trainees. 12:54
11 128 Q. I see.
12 CHAIRPERSON: When was it set-up?
13 A. I can't tell you that exactly, but when I was preparing
14 this statement I did go and find out because I was not
15 aware of any concerns that had been raised through it. 12:54
16 CHAIRPERSON: How is it publicised to trainees that it
17 is there to use?
18 A. I would need to go back and find out from the person
19 who had set it up. But what I would say is that there
20 are lots of ways that the trainees can raise concerns, 12:55
21 this was an additional way, and part of our induction
22 for trainees would cover if you've got concerns, how do
23 you raise those concerns.
24 CHAIRPERSON: So it should cover this.
25 A. Yeah. This should be, you know, this was maybe 12:55
26 something that was put in that might be helpful but in
27 fact is something that trainees are not using in
28 practice. But there is a wide variety of other ways
29 that trainees can raise concerns.

1 CHAIRPERSON: I am sure you are going to be asked about
2 that.
3 A. If any doctor has got concerns about patient safety,
4 it's part of their professional duty to report it at
5 the time that they've got the concern. 12:55
6 CHAIRPERSON: Right.
7 129 Q. MS. TANG: Something I wanted to focus in on, you have
8 mentioned the phrase "induction" and what trainees
9 would be told. I take it that is an NIMDTA delivered
10 induction? 12:56
11 A. There's different type of induction. So the vast
12 majority of induction I would say would be delivered
13 actually in the work-place. So there would be
14 induction that takes place at NIMDTA, but that would be
15 an induction to the training programme and what the 12:56
16 training programme is going to look like. But when the
17 doctor is in their work-place they will probably have
18 an induction to the Trust that they are working in and
19 then they might have - they would also have an
20 induction to that specific work place. And they might 12:56
21 have a variety of other inductions, for example, if
22 they are covering other areas out of hours, they might
23 be attending other inductions also.
24 130 Q. Is NIMDTA keen to see what kind of induction, for
25 instance, an intellectual disability trainee would 12:56
26 receive in a setting like Muckamore. Is that
27 considered by NIMDTA?
28 A. Yes, that is one thing that would be asked about on the
29 NTS survey and also another thing that we would focus

1 in when we were doing an educational visit to a site as
2 part of our quality management process.
3 131 Q. Is there a template of what should be covered in a site
4 induction, such a patient safety, what does it look
5 like? 12:57
6 A. There isn't a template as such, but there is a
7 checklist for good practice.
8 132 Q. Just one last question on the National Training Survey
9 at this point. Does it allow respondents to rate the
10 quality of care that's given in the site where they are 12:57
11 working in?
12 A. Not that I am aware of.
13 133 Q. Okay. Just a more general question then looking at
14 where allegations of abuse have been made in relation
15 to care at a facility, such as Muckamore, would you 12:57
16 expect a specialist trainee doctor to have known what
17 to do if they saw another member of staff being
18 abusive?
19 A. If they recognised it as abuse, yes, I would expect
20 them to know what to do in that situation and it really 12:58
21 would be to speak to a clinical line manager or to
22 speak to one of their educational or clinical
23 supervisors. And we have guidance on that if perhaps,
24 if perhaps they had a concern that there would be a
25 conflict of interest with the person they might be 12:58
26 talking to. There is a tier of educators that they can
27 raise concerns with above that.
28 134 Q. So if a doctor made their concerns known to NIMDTA,
29 what would NIMDTA do in that scenario?

1 A. NIMDTA would speak to the Medical Director of the
2 Trust.
3 135 Q. Has that happened in the past that you are aware of?
4 A. No. Most of the concerns; has that happened? Well, we
5 have an NTS survey which is open at the moment and I 12:59
6 talked about how doctors can raise individual concerns
7 about patient safety or undermining, and as those come
8 in live to us we send them on to the Medical Director
9 and the Director of Medical Education, so I can say
10 that, yes, there has been a concern passed on within 12:59
11 the past fortnight, yes.
12 136 Q. Can I ask, if you reflect back on the concerns that
13 typically are raised, do they tend to be more about the
14 type of education and training, or have in the past
15 some trainees raised concerns about the standards of 12:59
16 care?
17 A. The ones that I have seen where there is a free text
18 comment, it is specifically about patient safety, so it
19 won't be really about educational standards that will
20 be picked up in the survey as a whole. So it would be 13:00
21 more directly patient safety.
22 DR. MAXWELL: Could I just ask, as we know, a junior
23 doctor is particular anomaly because some of your
24 trainees who have been doctors for quite a long time.
25 Would you at any point encourage them to raise their 13:00
26 concerns directly in the work-place with local managers
27 or heads of professions in the work-place?
28 A. Yes, so when a doctor is in a work-place, there's two
29 lines; a doctor and post-graduate training, if we call

1 them that. There is two lines of sort of oversight for
2 them, one is on the clinical management side and one is
3 on the educational management side. So, of course they
4 can go directly to someone who is on the clinical
5 management line if they have got a concern about 13:00
6 patient safety.
7 137 Q. MS. TANG: Can we go down to paragraph 4.4 which is
8 over the page and there is reference there to
9 educational monitoring visits that happen:
10 13:01
11 "...with planned visits to all units within a five year
12 period."
13
14 I'm thinking to the exhibits that you have provided,
15 the first of which begins at 091.83, if that could be 13:01
16 called up please. This exhibit deals with a visit to
17 Muckamore which happened on the 18th of November 2011.
18 We'll come to a further exhibit in due course which
19 deals with a later visit in 2020. But those visits,
20 2011 and 2020 is a nine-year gap, would there have been 13:01
21 other visits in between that period that we don't have
22 a report of?
23 A. Not that I am aware of because we checked through our
24 records and this is the information that I was given,
25 but I trust this information that those were the two 13:02
26 visits that took place.
27 138 Q. So when you mentioned five years as the cycle of
28 visiting, is that the aspiration, or is that a
29 requirement, or what's the relevance of that?

1 A. I don't think it's a requirement, it might be best
2 practice, but it might be determined by what the
3 priorities are with regard to maybe concerns that have
4 been raised across a wide spectrum of programmes. So
5 visits might get prioritised for a particular reason. 13:02
6
7 In our Policy it seems to be five years, but I think
8 five years, I think that's so that a site or a
9 programme can expect a visit at least, that it might
10 happen at a five-year interval so that it would be 13:03
11 unusual for them to be getting a visit sooner than five
12 years unless there was a concern that been raised.
13 139 Q. So would adverse events in a placement like Muckamore
14 for instance, so perhaps a critical review or
15 allegations of abuse, result in it being visited more 13:03
16 often would you think, or would that not necessarily
17 drive a visit from NIMDTA?
18 A. If there was a concern about the training environment
19 or the experience of trainees, then that might trigger
20 a visit. 13:03
21 140 Q. But the abuse itself wouldn't necessarily trigger a
22 visit?
23 A. An Inquiry, per se, would not necessarily trigger a
24 visit.
25 141 Q. Would an adverse event, such as the kind of thing I 13:03
26 have mentioned, result in a placement being withdrawn
27 or deselected as appropriate if there was a concern
28 about the standards of care there?
29 A. Can you define what you mean by an "adverse".

1 142 Q. An adverse, so if there was an allegation of abuse or
2 if there were concerns about the standards of care in a
3 particular hospital setting, could that lead to it
4 being deselected as a training placement?
5 A. It would depend how we receive that information and 13:04
6 what information was shared with us with regard to what
7 the nature of the concern was and how that interfaced
8 with regard to training.
9
10 So if there was a concern raised about the environment, 13:04
11 the clinical environment in a training place, we would
12 look at the information we had and decide whether we
13 needed to do a visit because there is a variety of
14 steps that you can take before you would withdraw
15 trainees from a particular training site, withdrawal of 13:04
16 trainees would be your final measure probably.
17 143 Q. Has withdrawal of trainees happened in Northern Ireland
18 to your knowledge, not just in intellectual disability,
19 but in other facilities?
20 A. Withdrawal of trainees has not happened that I am aware 13:05
21 of, but I do know that we have on occasion decided not
22 to recruit new trainees into a training site until
23 we're sure that concerns have been resolved or
24 improved.
25 DR. MAXWELL: Can I ask is one of the considerations 13:05
26 continuity of the service because doctors in training
27 are in a unique position that they are part of the
28 service, unlike preregistration students. I think
29 there have been concerns in other services that if you

1 withdraw doctors in training you make the service
2 untenable. Is that something that you would consider?
3 A. Well, what I said to you is, taking trainees away is
4 the last resort because you might destabilise a
5 service. You are more likely to destabilise perhaps a 13:05
6 small hospital, than a service per se.
7
8 In terms of delivering a service there is quite a
9 variety of models that you can use for service
10 delivery, so it doesn't always have to be doctors in 13:06
11 training, it could be other grades of doctors, locally
12 employed doctors, speciality grade doctors. So there
13 is lots of different ways of providing medical cover
14 for a service.
15 DR. MAXWELL: But there is a small pool of doctors in 13:06
16 intellectual disabilities. What proportion of the
17 medical workforce would be trainees do you know?
18 A. Would be training in intellectual disability? I don't
19 know.
20 DR. MAXWELL: You don't know, it's okay. 13:06
21 A. I don't know, but you're right it would be, gosh, if
22 you think we've got about; you know, there is 65
23 specialities you can train in, so it's one out of 65
24 and it's a small one out of 65. So I wouldn't like to
25 say, but I would be guessing low percent, or maybe less 13:07
26 than one-percent. I don't know, I would be guessing.
27 144 Q. MS. TANG: Can I ask, the visit that is documented in
28 the exhibit that is onscreen at the moment which is at
29 page 81, sorry 83 of your statement, possibly if you

1 don't have the hard copy in front of you, you have the
2 hard copy?
3 A. Yes.
4 145 Q. That's perfect, thank you. Would that have asked the
5 trainees about patient safety or any concerns about the 13:07
6 quality of care?
7 A. Now, what I would say is that our visit templates and
8 questions we asked have evolved with the introduction
9 of the GMC Standards Promoting Excellence. So the
10 questions that would have been asked at that visit I 13:07
11 wouldn't know the exact questions that were asked but,
12 I would be very surprised if there wasn't a
13 conversation around patient safety.
14 146 Q. It's fair to say it's not recorded in the visit that I
15 can see at this point? 13:08
16 A. No, it's not explicitly recorded.
17 147 Q. Yes. I see that one of the things that was recorded,
18 if we look at page 86?
19 CHAIRPERSON: Sorry, can you just help me, page 85
20 specifically references domain one, patient safety, one 13:08
21 of the standards for trainees, so why is there no
22 questions. Page 85.
23 148 Q. MS. TANG: I see that, yes. My apologies, that's quite
24 right. It is certainly clear from that that there were
25 no patient safety concerns raised at that point? 13:08
26 A. Not that I am aware of or that appears to have been
27 recorded.
28 149 Q. Can I ask then looking at page 86 where there is
29 mention of Internet access, and there was one issue

1 raised by trainees that they had inadequate number of
2 computers and slow Internet access. Is that something
3 that is a commonly raised concern by trainees whenever
4 NIMDTA visits?
5 A. This visit was in 2011 so I don't think that would be 13:09
6 unusual.
7 150 Q. I am thinking about Datex as a method of typically
8 raising concerns. We have had some evidence from other
9 parties on the use of that. Am I correct in thinking
10 that Datex is typically an IT based system so people 13:09
11 would use a computer to record an incident?
12 A. It is now, but it was paper-based for a period of time
13 in terms of how you -- I only know that from my own
14 medical practice. So I wouldn't be able to tell you
15 2011 in Muckamore what the process was for reporting a 13:10
16 clinical incident at that time, whether; I just
17 wouldn't have that level of detail.
18 151 Q. So in terms of not having sufficient access to
19 trainees, is the concern that NIMDTA might have had
20 less about their ability to work as doctors but more 13:10
21 about their education and their access to training
22 materials?
23 A. No, you actually, you know, if you are working in the
24 modern health service you do need access to computers
25 to actually do your job now as well and to do your 13:10
26 clinical work.
27 152 Q. So even at that time, difficulty accessing IT was a
28 significant issue?
29 A. It's difficult for me to say because I don't know it in

1 that particular speciality area.
2 153 Q. Can I ask, we touched on patient safety in relation to
3 the 2011 visit, do you know if NIMDTA would routinely
4 asked the Trust to share details of significant adverse
5 incidents or other incident reporting in relation to 13:11
6 the site?
7 A. That would not be done routinely as part of pre-visit
8 preparation.
9 154 Q. Yes, and it wouldn't have been done then, is that still
10 the case that NIMDTA, if it was visiting today, would 13:11
11 they ask for that kind of information?
12 A. We have a system in place whereby we ask for live
13 reporting of any serious adverse incidents if there is
14 a trainee involved in it.
15 155 Q. I see. 13:11
16 DR. MAXWELL: Only if the trainee was involved. So if
17 there was a serious adverse event in the clinical area
18 but it didn't involve the trainee you wouldn't be
19 notified?
20 A. I think it would be unlikely the Trust would notify us 13:12
21 of that.
22 156 Q. MS. TANG: Returning to your statement, page 091.9 and
23 paragraph 4.9 please. You have advised that you
24 weren't aware of any concerns being expressed about
25 placements at Muckamore between 1999 and 2021 through 13:12
26 any other mechanisms. Did NIMDTA have any other
27 mechanisms or means of getting information about
28 concerns?
29 A. Yeah, so we talked about the training survey and the

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1 educational visits, but clearly we have a lot of
2 contact with trainees. Trainees would be meeting with
3 their supervisors and they might raise a concern in the
4 course of the conversation.
5 13:12
6 Trainees have an annual assessment and most of our
7 trainees actually come and meet with the Panel that
8 does the assessment, and that's another opportunity for
9 trainees to raise concerns that they have. We also
10 have a professional support unit to provide support to 13:13
11 trainees who are undergoing different types of
12 challenges and that is led by educators and that might
13 be another setting in which a trainee might raise a
14 concern about the workforce, sorry, the work-place.
15 13:13
16 We also meet regularly with the Directors of Medical
17 Education at the Trust and we also have a meeting with
18 the Medical Director of the Trust. So there's lots of
19 conversations that take place. We have a Memorandum of
20 Understanding with RQIA regarding information sharing. 13:13
21 So there is different ways that information might come
22 in to us if there was a concern raised.
23 157 Q. Within NIMDTA is there a standard compilation of all of
24 those sorts of information and a formal process to
25 escalate if there are concerns or what happens? 13:14
26 A. Yes, we keep a register of all the concerns that we
27 would have regarding different training environments
28 and, you know, we would rate them according to what we
29 think the risk is with that and also we would keep a

1 record of what the plan is for improvement.
2 158 Q. Where you talk about a plan of improvement, is that
3 something like the Trust would have to prepare an
4 action plan, or what does that look like?
5 A. The Trust would prepare an action plan, NIMDTA would 13:14
6 review it and comment on it, and then the progress
7 against the action plan would be reviewed.
8 159 Q. Okay. Looking at page 091.71 and paragraph 3.2. We
9 are now in NIMDTA document itself and in this paragraph
10 there is reference to an annual self-assessment 13:15
11 questionnaire. Who fills that in?
12 A. That would be completed by our Senior Education Manager
13 in conjunction with our Director of Professional
14 Development who oversees quality management processes
15 and we would have a manager who deals directly with 13:15
16 quality management as well.
17 160 Q. So are these medical people or are these --
18 A. Combination.
19 161 Q. Combination. Can I clarify it's not a Trust
20 representative or might it be a Trust person? 13:15
21 A. No, it's not a Trust representative, no.
22 162 Q. Thinking then further down, just to round-off,
23 intellectual disability as we have said is a relatively
24 small speciality in Northern Ireland. If a new
25 consultant post is advertised, would it be normal 13:16
26 practice in your experience for the consultant body
27 currently working in the area to be on the selection
28 Panel for that?
29 A. It really depends on the Trust, how they put their

1 selection Panel together. Usually there will be an
2 external assessor which will be a consultant from that
3 speciality on behalf of the Royal College. In my
4 experience, usually, but that's my experience probably
5 from elsewhere. Quite often there will be, but it 13:16
6 depends on who is holding management roles and the
7 different roles that are assigned to the Interview
8 Panel.
9 163 Q. I think what I am trying to get at is, with
10 intellectual disability being a relatively small 13:16
11 speciality, it is a small thing, how free might
12 trainees be if they had concerns to whistleblow
13 effectively. Would that knowledge that a trainee had
14 raised concerns about their speciality, perhaps to
15 yourselves, get back to those who might be appointing 13:17
16 them in future?
17 A. I genuinely don't think that would be a concern for a
18 trainee because your duty of care to patients overrides
19 everything else and your registration as a doctor
20 depends on you upholding professional standards. And I 13:17
21 can't - Northern Ireland is a small place, and I think
22 it's fair to say that people don't necessarily want to
23 cause a difficult for colleagues, but I think the
24 professional obligations outweigh everything else and
25 that would be my experience of working with trainees. 13:17
26 164 Q. Thank you. Thinking then to whenever trainees do
27 typically come to the end of their training placement,
28 they are I am guessing rated by their consultants who
29 have supervised them and by yourselves, is that

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1 correct?
2 A. As they work through their placement they will complete
3 a number of work-based assessments, a certain
4 proportion of which are usually completed by
5 consultants. At the end of a placement there will be 13:18
6 completion of an educational supervisor's report which
7 may be a consultant that they have been working with,
8 but will certainly take account of perhaps other
9 work-place based assessments that have been completed
10 by the consultants who have been providing the direct 13:18
11 clinical supervision.
12 165 Q. Are you aware, for people who are working in
13 intellectual disability, are there times whenever
14 perhaps family members or carers of the patients that
15 the trainees have looked after might be asked their 13:19
16 experience of the trainee, is that part of that
17 accreditation process?
18 A. I don't know specifically for that training programme
19 if that is part of the work-place based assessments,
20 but in general, whereas for trained doctors, such as 13:19
21 consultants who do have to complete patient feed-back
22 within a five-year revalidation cycle, I think most of
23 our trainees don't have that same expectation to
24 complete that. I don't think it is part of their
25 current work-based placed assessments, but I would need 13:19
26 to look specifically at that curriculum to be sure for
27 intellectual disability.
28 166 Q. Okay, and you mention curriculum, that brings me on to
29 certainly my last question which was: In terms of the

1 standard curriculum, is there a standard curriculum for
2 speciality training in intellectual disability
3 psychiatry?
4 A. Yes.
5 167 Q. Do you know, if you do know, would that include things 13:19
6 like coproduction with patients with intellectual
7 disability in their families or questions about
8 over-medication, et cetera?
9 A. I don't know the detail of that curriculum.
10 168 Q. Okay. As I have indicated, sorry. 13:20
11 DR. MAXWELL: Can I just ask, so at some point in this
12 process a recommendation will be made to the GMC for
13 them to be entered onto the Specialist Register. So
14 does the GMC set the standards for entry to that
15 specialist part of the Register or is it a general 13:20
16 recommendation?
17 A. No, the standards are set by the Royal Colleges who
18 write the curricula for the training programmes. But
19 then the NIMDTA as a statutory educational body is
20 responsible for checking that the doctor has met the 13:20
21 requirements of the curriculum.
22 DR. MAXWELL: So it is NIMDTA that makes the
23 recommendation to the GMC, is it?
24 A. I can't tell you the exact, I can't tell you the exact
25 way that the forms would work, but yes, the trainee 13:21
26 would have what we call an "outcome SIC" which is
27 completion of training at an assessment process, and
28 then the trainee would apply to their college to go on
29 the Speciality Register which is maintained by the

1 GMC --
2 DR. MAXWELL: So they apply to their college.
3 A. ...but in actual fact that is just the way the process
4 is.
5 DR. MAXWELL: Thank you. 13:21
6 MS. TANG: I have asked all my questions but if you
7 would remain seated in case any other members of the
8 Panel have other questions.
9
10 END OF EXAMINATION OF DR. HARRON BY MS. TANG
11
12 DR. CAMILLE HARRON WAS QUESTIONED BY THE PANEL, AS
13 FOLLOWS:
14
15 CHAIRPERSON: Could I just ask about the document. 13:21
16 Could we bring up the document at page 90 because that
17 is the 2020 visit, the educational monitoring visit
18 which I don't think we have - did you refer to that?
19 MS. TANG: I referred to it briefly but I didn't drill
20 into it in my questions. 13:22
21 CHAIRPERSON: Can I just ask a couple of questions then
22 about that. Have you got it?
23 A. Yeah.
24 169 Q. CHAIRPERSON: It says "pre-visit meeting 4th December
25 2020" and the relevant previous visit is called the 13:22
26 "cyclical visit" but I think somewhere I have seen that
27 this was a cyclical visit as well. Does that mean that
28 the 2017 revelations about Muckamore didn't trigger a
29 visit?

1 A. I'm not sure, but I do see you've got - it says
2 previous visit and subsequent Trust Action Plan. I'll
3 need to go back and check what the 2017 refers to.
4 170 Q. CHAIRPERSON: Well exactly. So there was a previous
5 visit report and subsequent Trust Action Plan, 24th May 13:22
6 '17. Then there is a Trust background information
7 template and a pre-visit smart survey, whatever that
8 is.
9
10 But I suppose my first question is: The 2017 13:23
11 revelations, which I think were quite public, don't
12 seem to have triggered a visit, is that right?
13 A. When it says previous visit report it is talking about
14 a NIMDTA visit, but they put down a date 2017 there,
15 and I didn't pick-up on that. But I'll need to check 13:23
16 why there is a 2017. But when they say "previous visit
17 report" that will be a NIMDTA visit.
18 171 Q. CHAIRPERSON: In '17?
19 A. Well it implies that there might have been a visit in
20 2017, because it has visit down there. 13:23
21 CHAIRPERSON: Because the last one we have seen was
22 2012.
23 A. Well the information I was given was that we'd had one
24 in 2011 and 2020, but I will need to go back and check
25 and see. 13:23
26 172 Q. CHAIRPERSON: Sorry 2011. Would you mind doing that?
27 I think we would quite like to see the documents that
28 are referred to there. It is unfair to ask you about
29 it now?

1 A. Just for context, the background information template
2 will be, you know, how many doctors do you have working
3 in the service, what way is the service organised. The
4 pre-visit smart survey would be just a survey sent out
5 to all the trainees so they can give anonymous 13:24
6 information about the post in advance of the visit.
7 173 Q. DR. MAXWELL: I note on that it says "type of visit"
8 and one of them is "problem-solving visit" which could
9 be requested by RQIA. So I presume you're not aware of
10 any requests from the RQIA to make a problem-solving 13:24
11 visit to Muckamore?
12 A. No. No, I'm not.
13 CHAIRPERSON: All right. Well subject to that, do you
14 have anything else?
15 174 Q. DR. MAXWELL: I just wanted to ask you, there are two 13:24
16 types of trainees at Muckamore, there is the specialist
17 training for ID, but also some GP placements. Would
18 you do one visit for the whole clinical site or would
19 you have different standards for the GP trainees than
20 for the higher specialist training? 13:25
21 A. So, sometimes we might do a visit where we were only
22 looking at a training programme and then we might only
23 speak with the psychiatry trainees on that occasion.
24 If it is a visit whereby we are visiting the site and
25 looking at all types of trainees that are working on 13:25
26 that, we would bring along a GP Trainer Representative
27 on the visit team to speak with them, usually is what
28 would happen.
29 175 Q. DR. MAXWELL: So this report that we are looking at on

1 the screen at the moment, says that was specifically
2 psychiatry of intellectual disabilities. Might it be
3 possible that there is a separate report that perhaps
4 you haven't been given of a speciality visit for GP
5 trainees? 13:26
6 A. No. No, we wouldn't do that. We wouldn't do a
7 separate report, no.
8 DR. MAXWELL: Okay thank you.
9 176 Q. CHAIRPERSON: Sorry, I said I had asked my last
10 question but I hadn't. Can we go to page 91. There is 13:26
11 a reference there "please note the following
12 recommendation from the Francis report".
13 Recommendation 160. I have got to pick that up of
14 course, but recommendation 160:
15 13:26
16 "Practice steps need to be taken to encourage openness
17 on the part of trainees and to protect them from any
18 adverse consequences.
19
20 161. Training visits should make an important 13:26
21 contribution to the protection of patients. Obtaining
22 information directly from trainees should remain a
23 valuable source of information."
24
25 Do you know if anything changed in NIMDTA's processes 13:27
26 as a result of those two recommendations?
27 A. I don't think the process as such would have changed,
28 but I think emphasis would have been given to the
29 information that you get from trainees asking specific

1 questions around patient safety, doing education with
2 trainees so that they are aware of their
3 responsibilities with regard to raising concerns and
4 also how they can raise concerns.
5 CHAIRPERSON: Thank you. 13:27
6 A. So some of the questions we would ask now would be
7 around: Are you aware of how to raise a concern if you
8 have one?
9 177 Q. CHAIRPERSON: And that new portal on your site that we
10 mentioned that nobody seemed to have used, do you know 13:27
11 if that was resurrected or erected after this?
12 A. I will need to see what the plan is for that. But
13 sometimes, sometimes it's a good idea to focus on the
14 system that we have in place and to promote those
15 rather than trying to introduce something new, which 13:28
16 may cause confusion for trainees in terms of what is
17 the best way to actually report something. So I think
18 that might have been introduced as a new initiative
19 that might be helpful, but which may be has not given
20 us a lot of additional information in practice. 13:28
21 CHAIRMAN: Subject to you having a look at the
22 documents we have just been discussing, can I thank you
23 very much indeed for coming to assist us and in fact it
24 has worked out quite well that you came early. We have
25 been able to finish you at half-past-one. So thank you 13:28
26 very much indeed.
27 A. No problem. Thank you.
28
29 END OF QUESTIONING BY THE PANEL TO DR. HARRON

1
2 (The witness withdrew)
3
4 CHAIRMAN: We are next sitting next on Wednesday at 10
5 o'clock. Can I thank everybody indeed for their 13:28
6 attendance. See you next Wednesday.
7
8 THE INQUIRY ADJOURNED UNTIL WEDNESDAY, 3RD MAY 2023, AT
9 10.00 A.M.
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