

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

HEARD BEFORE THE INQUIRY PANEL  
ON WEDNESDAY, 26TH APRIL 2023 - DAY 37

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1 THE INQUIRY RESUMED at 10:00 A.M. ON WEDNESDAY, 26TH  
2 APRIL 2023, AS FOLLOWS:

3  
4 CHAIRPERSON: Yes. Good morning.

5 MS. BRIGGS: Yes, good morning, Chair, and good 10:06  
6 morning, members of the Panel. Today you will be  
7 hearing evidence from Mr. Alistair Finlay on behalf of  
8 Queen's University, Belfast. He is the acting  
9 university secretary and he has provided a statement  
10 regarding module 4, that's staffing. The reference for 10:06  
11 the record is FTM-095-1. It's an 11-page statement  
12 with five exhibits. The total length is 170 seven  
13 pages. Unless there is anything further at this stage,  
14 I propose to call the witness.

15  
16 ALISTAIR FINLAY, HAVING BEEN SWORN, WAS EXAMINED BY  
17 MS. BRIGGS AS FOLLOWS:

18  
19 CHAIRPERSON: Mr. Finlay, thank you very much for  
20 coming to assist the Inquiry and thank you for your 10:07  
21 statement and exhibits. We haven't met, I don't think?

22 A. No, I don't think we have.

23 CHAIRPERSON: My apologies. I normally come and see  
24 the witness. I will hand you over to Ms. Briggs.

25 MS. BRIGGS: Mr. Finlay, we've met earlier this 10:07  
26 morning, my name is Sophie Briggs. I am one of the  
27 counsel team to the Inquiry. I am going to start with  
28 some very straightforward questions, okay?

1           You've provided a statement on behalf of Queen's for  
2           the Inquiry, isn't that right? It's dated 3rd February  
3           2023.

4           A.    That's correct.

5        1    Q.    You have a copy of that statement in front of you?           10:08

6           A.    I do.

7        2    Q.    It's 11 pages with five exhibits; isn't that right?

8           A.    That's correct.

9        3    Q.    Are you content to adopt the contents of that statement  
10           as the basis of your evidence to the Inquiry?           10:08

11           A.    I am.

12        4    Q.    You will recall that you were asked to give evidence on  
13           four areas related to module 4. That's the staffing  
14           element. I am going to go into those in turn. I'm not  
15           going to read your statement into evidence. I have           10:08

16           explained that to you this morning. The Panel and Core  
17           Participants have copies of that statement. I will  
18           take you to parts of it as we go along.

19           A.    Thank you.

20        5    Q.    I am going to start with Section 1 which is on internal           10:08

21           page 1, which is qualifications and position. You say  
22           there that you're currently the Acting University  
23           Secretary responsible for the legal, governance and  
24           compliance matters of the university. How long have  
25           you held that role for, Mr. Finlay?           10:09

26           A.    I have been in that position since September last year.

27        6    Q.    You say later on in that paragraph 1.1 that you have  
28           worked at Queen's University, Belfast, since 2016 in  
29           several roles. Very briefly, could you outline to the

1 Panel what those roles have been?

2 A. Yes, certainly. My initial role is Faculty Director of  
3 Operations for Medicine, Health and Life Sciences.  
4 That was effectively running the business of the  
5 faculty. Then I left there, and I have been the Acting 10:09  
6 Human Resources Director for just over two years prior  
7 to moving to this role.

8 7 Q. Thank you very much, Mr. Finlay. At paragraph 1.2 you  
9 say there that Professor Michael Brown, School of  
10 Nursing and Midwifery, and Professor Aidan Feeney, 10:09  
11 School of Psychology, have provided and coordinated the  
12 provision of information to provide this statement to  
13 the Inquiry. Can I ask very generally what type of  
14 assistance taps they have provided in relation to  
15 compiling your statement? 10:10

16 A. Yes. So, when we received the request from the Inquiry  
17 for this information, I gathered together appropriate  
18 members from the two schools, and the schools nominated  
19 had Michael Brown and Aidan Feeney as the most  
20 appropriate members of staff. We worked through the 10:10  
21 questions of the Inquiry, and they provided had the  
22 relevant components that we pooled together  
23 subsequently to form this statement from the  
24 university. I would say that, you know, the university  
25 stands ready to support the Inquiry in any way 10:10  
26 whatsoever. If there are matters of a more  
27 technicality nature that require deeper understanding  
28 of, for example, placements and education, it may well  
29 be that they would be better placed to come to the

1 Inquiry in due course, but we are very happy to support  
2 the Inquiry in that way.

3 8 Q. Thank you very much, Mr. Finlay. I am going to turn to  
4 the first of the four areas that you were asked to  
5 address. If we pull up page 2 Section 3 of the 10:11  
6 statement, please. That topic is Module 4B, it's the  
7 training and recruitment of learning disability nurses.

8  
9 At paragraph 3.1 there, Mr. Finlay, you say:

10 10:11  
11 "Queen's University Belfast (Queen's) is the sole  
12 provider of learning disability preregistration  
13 programme in Northern Ireland. There have been no  
14 other providers".

15 10:11  
16 The Inquiry have received a statement from the Open  
17 University and a representative will attend tomorrow to  
18 give evidence on their behalf. They say that they have  
19 also provided the Learning Disability course, the  
20 preregistration course, since October 2020. Are you 10:11  
21 aware of that?

22 A. No, I'm not. It has always been my understanding since  
23 operating -- when I was operating in the faculty, that  
24 Queen's was so sole provider of that programme. That  
25 and Midwifery were understood to be exclusive to 10:12  
26 Queen's. Clearly, the providers of nurse training in  
27 Northern Ireland are Queen's, Ulster University and the  
28 Open University, but I am not aware that they were  
29 undertaking that training.



1 9 Q. Okay. Thank you very much, Mr. Finlay. You say at  
2 paragraph 3.3 that the course:  
3  
4 "Commences annually in September with places  
5 commissioned directly by the Department of Health in 10:12  
6 response to workforce planning requirements".  
7  
8 Can I ask what is meant by that in reality? Is it that  
9 the Department of Health set the amount of places on  
10 the course? 10:12  
11 A. Yes, it does. Nursing, undergraduate nursing is  
12 delivered on behalf of the Department of Health because  
13 the Department of Health pays the fees for that course,  
14 and it also pays a bursary to the students. So, we  
15 are, in effect, a supplier to the Department of Health 10:13  
16 and they commission the numbers for each of the  
17 programmes of the different types of nursing training  
18 that we deliver.  
19 CHAIRPERSON: So, in Northern Ireland the bursary  
20 continued when I think it was stopped in England, 10:13  
21 wasn't it?  
22 A. That's correct. Northern Ireland is distinct in that  
23 facility but it's only open to students from Northern  
24 Ireland. Even if we have applicants that come from  
25 Great Britain, for example, they are not eligible for 10:13  
26 the bursary.  
27 CHAIRPERSON: otherwise you would be flooded?  
28 A. Exactly.  
29 10 Q. MS. BRIGGS: Okay. Mr. Finlay, at paragraph 3.5, if we

1 could scroll down, you say there are 120 students on  
2 the three-year learning disability programme. Is that  
3 120 overall, as in 40 in each year group?  
4 A. Yes. 40 is about the norm for a number of commissioned  
5 learning disability places per year. 10:14  
6 DR. MAXWELL: Can I clarify is that the number of  
7 places or the number of filled places? I understood  
8 there was some difficulty in recruiting to all the  
9 places available.  
10 A. That being the number -- that generally is the number 10:14  
11 of places and we generally fill our places. We can get  
12 detailed data in relation to the numbers that have come  
13 on to each.  
14 DR. MAXWELL: I think it would be interesting to know  
15 because certainly across the UK in general, a number of 10:14  
16 universities are unable to fill their commissioned  
17 places.  
18 A. There is very high demand for nursing in general.  
19 DR. MAXWELL: Yes but not LD nursing.  
20 A. Not necessarily learning disability. We do have 10:14  
21 potentially some applicants who move from their first  
22 choice of pathway into learning disability, but we can  
23 get data on all of that.  
24 DR. MAXWELL: Thank you.  
25 11 Q. MS. BRIGGS: Mr. Finlay, your evidence was that 10:15  
26 generally there is about 40 in each year group. Can I  
27 ask has that been the case over previous years as well?  
28 A. It has, yes.  
29 12 Q. When did the preregistration Learning Disability course

1           actually begin?

2           A.    I don't have that detail immediately to hand but I  
3           can -- we can get that.

4    13   Q.    would your evidence to the Inquiry be that it's been  
5           around 40 places since that course commenced, or has       10:15  
6           that varied?

7           A.    I think it's been about 40 but I would have to verify  
8           that.

9    14   Q.    How does that 40 figure compare with the other  
10          preregistration nursing programmes?                               10:15

11          A.    It's by some way the smallest of the other programmes  
12          between Adult, Children's, Young People, Mental Health  
13          and Midwifery.

14   15   Q.    You say by some way the smallest; could you give us a  
15          bit more detail on that?   10:15

16          A.    Adult nursing will have hundreds.

17   16   Q.    would it then be that the highest number of places is  
18          in adult nursing?

19          A.    In adult nursing.

20   17   Q.    Okay. I want to ask you more generally about workforce       10:16  
21          planning because you've mentioned it at paragraph 3.3  
22          and I read it into the record earlier. The Inquiry has  
23          heard some evidence regarding workforce planning by the  
24          Department of Health. It specifically heard that in  
25          2009, there were a number of recommendations made in a       10:16  
26          workforce planning report that was commissioned by the  
27          Department of Health and it was produced by Deloitte.  
28          Are you aware at all of that report, Mr. Finlay?

29          A.    No, I'm not.

1 18 Q. Okay. I appreciate you may not be able to assist the  
2 Inquiry in relation to that. The Inquiry also  
3 appreciates that you have been in Queen's since 2016.  
4 I am going to ask you a number of questions just to see  
5 if we can make any progress in relation to that Mr. 10:16  
6 Finlay?

7 A. Yes.

8 19 Q. The first recommendation is that the Department of  
9 Health were asked to liaise with Queen's and the  
10 University of Ulster to explore aspects of initial 10:16  
11 professional training that could be amended to support  
12 any staff wishing to specialise in mental health or  
13 learning disability to do so in a timelier manner. Are  
14 you aware of that recommendation in the past and  
15 whether there has been any action in relation to it? 10:17

16 A. No, I'm not.

17 DR. MAXWELL: Can I just ask, do you a conversion  
18 course? If you have a first registration with the NMC,  
19 a number of universities will do a shortened course for  
20 a second registration. Do you offer shortened courses? 10:17

21 A. Not for transferring between different pathways. We  
22 offer a graduate entry, which is a shortened course if  
23 you've got a previous degree of an appropriate...

24 DR. MAXWELL: If, for example, I was registered as an  
25 adult nurse, you wouldn't offer a shortened course to 10:17  
26 get a second registration as a learning disability  
27 nurse?

28 A. Not that I have any awareness of at all, no.

29 CHAIRPERSON: Sorry, Ms. Briggs. Going back to the

1 question that you were asked about the recommendation  
2 and the liaison. who would the liaison have been with  
3 if not with you? The recommendation that Ms. Briggs  
4 spoke about was that Department of Health were asked to  
5 liaise with Queen's University and University of Ulster 10:18  
6 to explore aspects of initial professional training  
7 that could be amended. So, if there was any liaison,  
8 would you know about it?

9 A. We could find out about it. At that time the  
10 university has restructured since that time, and at 10:18  
11 that time the school of Nursing and Midwifery was a  
12 standalone unit as opposed to being part of Faculty of  
13 Medicine, Health and Life Sciences, but we will have  
14 information held. The head of school has changed since  
15 that time as well but we should be able to pull from 10:18  
16 our records any --

17 CHAIRPERSON: Is there a Dean of Nursing?

18 A. No.

19 CHAIRPERSON: Right.

20 A. There was a head of school of nursing. It's currently 10:19  
21 Professor Donna Fitzsimmons.

22 CHAIRPERSON: How long has she been in place?

23 A. Donna has been in place since 2017.

24 CHAIRPERSON: Sorry, is that a woman?

25 A. Yes. 10:19

26 CHAIRPERSON: I beg your pardon.

27 A. 2017. Donna since 2017.

28 CHAIRPERSON: Right, okay.

29 DR. MAXWELL: Can I just clarify about 2009. Nurse

1 education didn't move wholesale into universities until  
2 quite late compared with other professions. Had the  
3 school transitioned into the university by 2009?

4 A. I think it had but we could verify that, yeah.

5 MS. BRIGGS: Mr. Finlay, I appreciate you have already 10:19  
6 given evidence that you don't know about the report but  
7 I am going to refer to a number of recommendations that  
8 were in that report. I appreciate you may not be able  
9 to assist but it might be that the Inquiry will ask you  
10 to follow these matters up. 10:20

11 A. Absolutely.

12 20 Q. A second recommendation in the report was the Trust's  
13 work with the Department of Health and Education  
14 providers to develop training or employment programmes  
15 that provide job offers to HSC professionals upon 10:20  
16 completion of their training. Do you have any  
17 awareness of that at all?

18 A. No, I don't.

19 21 Q. Is there such a system in place?

20 A. Not that I am aware of. 10:20

21 22 Q. A third recommendation was that the Department of  
22 Health commission additional training places for all  
23 professional programmes to support the expansion of the  
24 mental health and learning disability workforce.  
25 Specifically, it was said that training places for 10:20  
26 mental health and learning disability nursing were to  
27 be increased by 50% from 2010/2011. Again, do you have  
28 any awareness of that, Mr. Finlay?

29 A. I don't.

1 23 Q. Would you know whether roughly that was achieved at the  
2 time?  
3 A. I couldn't say. I was unaware that there was any sort  
4 of recommendation to double that. We would have to go  
5 back and find what the flow of students was prior and 10:21  
6 thereafter. We could find that out, though.

7 24 Q. Thank you very much, Mr. Finlay.  
8  
9 There was also a recommendation that action should be  
10 taken to reduce the attrition rates on the mental 10:21  
11 health and learning disability courses. Again, are you  
12 aware of that?

13 A. Not aware of the specific recommendation. However,  
14 it's an ongoing piece of work across the university to  
15 reduce the number of what might be called leavers or 10:21  
16 dropouts from university courses. It is certainly a  
17 hallmark of university performance that you want to  
18 retain your students, and a lot of work is put in to  
19 supporting students in order to retain them.

20 25 Q. Are there any issues in relation specifically to the 10:21  
21 Learning Disability Nurse programme?

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

23 26 Q. So you wouldn't be aware, for example, if the attrition  
24 rates are any higher on that particular course?

25 A. No. We can get data on that. 10:22

26 27 Q. The final question in this series is there was a  
27 recommendation of promotional campaign to attract  
28 people into learning disability and mental health  
29 nursing courses. Do you have any awareness of that

1 campaign or if it was carried out?

2 A. No, I have not. No. My limited recollection from the  
3 time that I was there, when we were engaging with  
4 Nursing and Midwifery Council, actually was whether  
5 that pathway of learning disability would continue or 10:22  
6 whether indeed it would be absorbed into a sort of  
7 broader spectrum mental health nursing approach. That  
8 hasn't happened but that was, I understand, part of a  
9 discussion that was ongoing some years ago.

10 28 Q. Can you tell us a bit more about that discussion. What 10:22  
11 caused that to come about?

12 A. I think that was happening across the profession. We  
13 had quite a bit of engagement with the Nursing and  
14 Midwifery Council in 2017. The Nursing and Midwifery  
15 Council, they validate a provider in terms that we are 10:23  
16 meeting their professional objectives and such like,  
17 and they have regular inspections, as all professional  
18 bodies do. They had made a number of observations in  
19 relation to staffing and such like that. So, we were  
20 working with them to resolve their observations. It 10:23  
21 was during that time I was aware of a conversation  
22 about the future, what was going to be the future of  
23 Learning Disability Nursing. It didn't get to any  
24 particular real substance but it was part of a  
25 conversation that was going on at that time. 10:23

26 29 Q. Can I take it from your evidence then that that  
27 conversation has come to an end?

28 A. Yes. As far as I was aware, yeah. I think it was a  
29 conceptual discussion that was maybe going on within



1 the profession and between the NMC as to whether this  
2 should continue. I wasn't privy to those.

3 CHAIRPERSON: Do you mean this being the separation of  
4 learning and separation of the lists presumably,  
5 because it was a separate list on the NMC?

10:24

6 A. It was a suggestion maybe that learning disability as a  
7 pathway might be discontinued.

8 DR. MAXWELL: So actually there was a discussion about  
9 whether there would be two separate registrations  
10 because universities were saying they couldn't fill the  
11 places and it was not economic to run the courses with  
12 such low numbers of students. So, it was a suggestion  
13 that a pragmatic solution might be to combine them with  
14 mental health. However, the NMC has listened and  
15 decided not to go down that path and maintain a  
16 separate register.

10:24

10:24

17 CHAIRPERSON: We will be hearing more, I expect, about  
18 that. Thank you.

19 MS. BRIGGS: Mr. Finlay, I am going to move on and ask  
20 you at this stage about placements. If we can go down  
21 to paragraph 3.7. It is the start of internal page 3.  
22 You describe there how students undertake placements.  
23 You say it is across care settings in Northern Ireland.

10:25

24  
25 How many placements does each Learning Disability  
26 undergraduate nursing student actually do while on the  
27 course?

10:25

28 A. I can get you the full sequence of that, I don't have  
29 that included as to how we do that. Predominantly the

1 split is approximately 50% university education and 50%  
2 education on placement and the placements occur at  
3 different times of the year. But we can provide the  
4 programme of placements.

5 30 Q. Thank you very much. Mr. Finlay. Is that to say then 10:25  
6 that there are a number of placements that students  
7 will undertake; it is not just in one setting, for  
8 example?

9 A. No. The placement part of the placement development 10:26  
10 means you will generally not be doing placements in a  
11 same place. There are a number of different -- both  
12 the type of setting but also just it might be the same  
13 unit, type of unit, but a different unit to get  
14 different experiences in different places. That  
15 broadens the experience for the student. 10:26

16 31 Q. Thank you very much. At the end of that paragraph you  
17 say:

18  
19 "Some students may undertake a practice placement at  
20 Muckamore Abbey Hospital". 10:26

21  
22 Can you tell the Inquiry how many Learning Disability  
23 preregistration nurses have undertaken placements at  
24 Muckamore Abbey?

25 A. No. We can get that information for the Inquiry. I am 10:26  
26 advised that it was a relatively small number but we  
27 will get the specific numbers to help the Inquiry.

28 32 Q. That would be very helpful, Mr. Finlay. Can you say,  
29 for example, what the typical duration of a placement

1 might have been Muckamore Abbey Hospital?

2 A. The placement, it wouldn't be specific to Muckamore  
3 Abbey Hospital. The placements would normally be  
4 three, four, five weeks. They have different durations  
5 depending on what the topic is they are being applied 10:27  
6 at that particular time. We will provide further  
7 information about both the placement programme and  
8 about the number of students who would have been placed  
9 at Muckamore Abbey Hospital.

10 33 Q. Thank you. In the Inquiry's terms of reference, the 10:27  
11 timeframe goes back to 1999. Are you able to tell the  
12 Inquiry whether Muckamore has been an approved  
13 placement setting since then, for example?

14 A. No, I can't but I will -- we can find out.

15 34 Q. I presume then you might not know when it first began 10:27  
16 to become a placement setting for students?

17 A. No, I don't know that at the moment but we can find  
18 out.

19 35 Q. Thank you very much. At paragraph 3.8 you say:  
20  
21 "All students, while on practice placement, are 10:27  
22 allocated a Link Lecturer from Queen's and have access  
23 to a personal tutor. All are allocated a practice  
24 assessor for each placement".

25  
26 Is the practice assessor an individual from within 10:28  
27 Queen's or are they from the placement setting?

28 A. The practice assessor is within the placement setting.  
29 The personal tutor is personal to that student and

1 follows them through their university time. The Link  
2 lecturer is the link between the university and the  
3 placement provider.

4 36 Q. Okay. So, the personal tutor, they are from within  
5 Queen's? 10:28

6 A. The personal tutor is from within Queen's. The Link  
7 lecturer is from Queen's and provides the link between  
8 a placement provider and Queen's. The practice  
9 assessor is in the actual institution.

10 37 Q. Thank you very much. Focusing on the Link lecturers 10:28  
11 then, would it be fair to say do they visit Muckamore?

12 A. Yes.

13 38 Q. Would they have relationships with the staff?

14 A. I don't know if -- they would have a professional  
15 relationship on contact back and forward. Then there 10:29  
16 is, as touched on later on, there are the audit  
17 mechanisms that go on in auditing the placement  
18 provider. They would have certainly a professional  
19 relationship and understand who each other was in that  
20 relationship in their respective roles. 10:29

21 39 Q. Okay. A very general question: You've touched on the  
22 audit process but can I ask how would the Link lecturer  
23 assure and record the quality of care in a placement  
24 setting such as Muckamore?

25 A. The link lecturer's role is really to form a link 10:29  
26 between the university and placement setting. They are  
27 there for the student to go to if they have particular  
28 issues in relation how they are being received and how  
29 they are dealing with issues on that placement. They

1 will generally visit a student during their placement  
2 just to be on the ground, and come and be part both of  
3 a professional care but a pastoral care element to  
4 ensure that everything is going all right with the  
5 student. It means that the university is not divorcing 10:30  
6 itself from a student while they are on placement. It  
7 maintains that contact that they will have, and the  
8 bridge between placement and the academic studies at  
9 the university.

10 40 Q. Is there any role then for the link lecturer in 10:30  
11 assuring the quality of care received in a placement  
12 centre?

13 A. The quality of care of the student or the quality of  
14 care provided?

15 41 Q. The quality of care provided within the hospital 10:30  
16 setting such as Muckamore.

17 A. Unless they saw something, I think, which -- unless  
18 they saw practices which they saw or heard of practices  
19 which were adverse to their professional standards, I  
20 would say no, but we can verify that. 10:31

21 DR. MAXWELL: Can I just add that obviously you are  
22 accredited the NMC to provide this education. Part of  
23 part of that is to provide high quality placements.  
24 Surely the responsibility is not just about the  
25 student, it is to make sure that the placement is high 10:31  
26 quality and they are getting a good learning experience  
27 about good practice?

28 A. Yes, absolutely. They are getting educational  
29 opportunities that are anticipated by the placement.

1 DR. MAXWELL: And they are learning good practice from  
2 the placement?

3 A. Yes, absolutely.

4 DR. MAXWELL: So, surely there must be some  
5 responsibility -- 10:31

6 A. Yes.

7 DR. MAXWELL: -- to think that the practice is good.

8 A. Yes. No, absolutely. When you describe it in that  
9 way, yes, that's an inbuilt thread of part ensuring  
10 that the student is getting the right experiences and 10:32  
11 what they see, so the quality of that. In that way,  
12 yes, it is. I think I was distinguishing was it a  
13 specific task. I think it's part of the overall thread  
14 of engagement with the practice and the student and the  
15 professional development. 10:32

16 DR. MAXWELL: So, you would expect a link lecturer to  
17 be giving feedback in the university if they thought  
18 the standard of practice --

19 A. Yep.

20 DR. MAXWELL: -- was less than ideal? 10:32

21 PROFESSOR MURPHY: Can I ask is it someone other than  
22 the link lecturer who initially looks at placements and  
23 says yes, this is a suitable placement? Divorced from  
24 the particular students that's in there, presumably  
25 somebody has the responsibility to go and look at a 10:32  
26 placement and say in general this looks like a suitable  
27 placement?

28 A. Well, placement settings have been used continuously  
29 for a long period of time. There has been a long

1 history of using the placement setting as opposed to  
2 bringing it on from year to year. But the audit would  
3 be -- the joint audit would be the place where that  
4 would particularly happen. The link lecturer maintains  
5 the relationship with the placement setting. 10:33

6 DR. MAXWELL: So the link lecturer is always the same?  
7 It's not associated with the student, it is associated  
8 with the placement?

9 A. Associated with the, placement, yes.

10 DR. MAXWELL: So, will have lots of different students. 10:33  
11 The personal tutor is associated with the student.

12 A. Yes.

13 DR. MAXWELL: The link lecturer is dedicated to this  
14 individual placement, in this case Muckamore?

15 A. Yes. 10:33

16 DR. MAXWELL: Over a period of time?

17 A. Yes.

18 DR. MAXWELL: That could be years?

19 A. Yes. They could have, and are likely to have, more  
20 than one placement provided that they are responsible 10:33  
21 for.

22 42 Q. MS. BRIGGS: Okay. Mr. Finlay, you mentioned the  
23 different types of individuals and you have been  
24 talking about it for some time. We have the link  
25 lecturer, the practice assessor, and the personal 10:34  
26 tutor. Of those three, your evidence is that the  
27 practice assessor is the only of those three that are  
28 based in the placement setting?

29 A. Yep.

1 43 Q. Can I ask are there any other types of personnel or  
2 role appointed within the placement setting to support  
3 a student through the course of their placement?  
4 A. The practice assessor. Part of the approach that will  
5 be taken during the time the student is on placement is 10:34  
6 they have to fill their learning log so they have  
7 learning outcomes, and they will be discussing with the  
8 practice assessor how they meet those, so where they  
9 get the opportunities to meet all of the learning  
10 outcomes that they can put back into their log, their 10:34  
11 portfolio as they build their portfolio evidence of  
12 practice. Predominantly it will be with the practice  
13 assessor. In practice, the student actually becomes  
14 one of a part of the team. That's at any placement  
15 setting. They will have relationships with the team 10:35  
16 informally by virtue of working there.  
17 DR. MAXWELL: The practice assessor is an employee of  
18 the placement provider, not the university?  
19 A. No, no, but has accreditation to undertake --  
20 DR. MAXWELL: Yes. 10:35  
21 A. -- training development.  
22 DR. MAXWELL: So in the case of Muckamore, it is likely  
23 to be a staff nurse --  
24 A. Yes.  
25 DR. MAXWELL: -- in Muckamore who is completing the 10:35  
26 practice assessment document?  
27 A. And working in partnership with the student giving  
28 feedback, and the student also looking, working to see  
29 how, over the time they are on placement, they achieve



1 all the learning objectives that are for that  
2 placement.

3 CHAIRPERSON: Sorry. Can I ask where would that  
4 feedback go to? would it go to Muckamore or would it  
5 come to the university? 10:36

6 A. The feedback from?

7 CHAIRPERSON: The student.

8 A. The feedback from the student, well, the student is  
9 having a relationship building their portfolio of  
10 evidence. If there was an issue, it would be raised 10:36  
11 with the link lecturer and then into the Head of School  
12 of Nursing potentially. There would be a meeting to  
13 resolve or seek to resolve any particular issue. Or,  
14 in extreme circumstances, a reporting links back to the  
15 Department of Health, the Trust concerned, potentially 10:36  
16 the NMC. It would depend on each circumstance as it  
17 emerged as to what that was and what needed to be  
18 resolved or reported.

19 CHAIRPERSON: Thank you.

20 44 Q. MS. BRIGGS: Can I ask which individual then is 10:36  
21 responsible for assessing the performance of the  
22 student while on placement? Is that the practice  
23 assessor --

24 A. Yes.

25 45 Q. -- or is that another individual? 10:37

26 A. It is the practice assessor who does that in  
27 partnership back to the link lecturer and to the  
28 personal tutor in Queens.

29 46 Q. Okay. would a student have, for example, a practice

1 supervisor? The Inquiry does have some statements from  
2 other universities that would suggest that that was the  
3 case.

4 A. A practice supervisor in the university?

5 47 Q. From within the placement setting? 10:37

6 A. That would probably be the practice assessor. There  
7 may be other roles that are involved in that but that  
8 would be the practice assessor.

9 48 Q. Thank you very much, Mr. Finlay. Paragraph 3.9, the  
10 second sentence. There, you say: 10:37

11

12 "Upon successful completion of all theory and practice  
13 learning components of the programme, students are  
14 eligible for the degree of Bachelor of Science Hons in  
15 Professional Nursing, Learning Disability Nursing and 10:37  
16 registration with the NMC as a registered nurse  
17 learning disabilities".

18

19 You have touched on the topic of registers earlier in  
20 your evidence but just to make it very clear, is the 10:38  
21 registered nursing in learning disability a separate  
22 register from the general nursing register?

23 A. It's a specialism, it's a strand. So, you're not  
24 registered -- nurses are registered as per their  
25 professional discipline - adult, children and learning, 10:38  
26 young people, mental health.

27 49 Q. But is that all kept within one register, so to speak?

28 A. The register -- there is one register, I suppose, of  
29 nurses but it then tells you within that your

1 registration is particular to the discipline that  
2 you've trained in.

3 50 Q. Okay.

4 CHAIRPERSON: we will be getting direct evidence  
5 presumably about this. 10:38

6 MS. BRIGGS: Yes. Thank you, Chair.

7 51 Q. Can I ask the success rate would be on the course?

8 A. It's high but I need to find you the specific details.

9 52 Q. Okay. If we move on then. Actually, I'll ask you a  
10 general question at this stage. Your evidence has been 10:39  
11 about the Learning Disability course as it is now. I  
12 did ask you earlier when the Learning Disability course  
13 began; you weren't sure about that?

14 A. No.

15 53 Q. When did the general nursing degree begin? Can you 10:39  
16 give evidence as to that?

17 A. No. There was a transference of the sort of  
18 professionalisation of nursing and moving it into  
19 universities. I would have to get you the history of  
20 that. 10:39

21 54 Q. Before the Learning Disability course came in, do you  
22 know how a nurse became specialised in learning  
23 disability, for example?

24 A. No.

25 DR. MAXWELL: I think you will find there has always 10:39  
26 been a specialist learning disability going back to  
27 1940s.

28 55 Q. MS. BRIGGS: Yes. If we move on then at this point  
29 you've provided some documents in relation to your

1 statement. You've included the course overview and the  
2 course content at exhibit AF1. I am going to turn to  
3 that at this stage.

4  
5 Can we go to internal page 13, please. If we could go 10:40  
6 down the page towards the second last paragraph, this  
7 is the course overview, Panel. Now, I appreciate,  
8 Mr. Finlay, that you may not have the knowledge to  
9 answer these questions but they are very  
10 straightforward questions for those who might be within 10:40  
11 the nursing field. Can I ask you about a number of  
12 phrases that are used in that second last paragraph.  
13 It says there it describes a successful completion of  
14 programme of study. Towards the end, it uses the  
15 phrase "person-centered care". Is that a phrase you 10:40  
16 could assist the Inquiry with? I appreciate you may  
17 not be able to, Mr. Finlay.

18 A. As to specifically what person-centered care meant?

19 56 Q. Yes.

20 A. Yeah. I think focused on the individual. 10:41

21 57 Q. Yes.

22 A. Focused on the individual's needs, requirements.

23 58 Q. Okay. "Co-production" is the other phrase. Do you  
24 know what that means?

25 A. Working with partners. 10:41

26 59 Q. Thank you very much. I am going to move on to the  
27 second area of your statement. It's at internal page  
28 3. It starts at the very bottom of internal page 3.  
29 It should be on your screen now, Mr. Finlay. It's

1 Leadership Education of Ward Managers and Senior Nurses  
2 Key Performance Indicators. At paragraph 4.1 you  
3 describe the postgraduate module in Leadership and  
4 Management. You say:

5  
6 "This can be taken as a stand alone module or as part of  
7 the Masters of Science in Advanced Professional  
8 Practice".

10:42

9  
10 How many postgraduate nursing students undertake the  
11 Masters in Advanced Professional Practice each year?

10:42

12 A. I would have to get you the numbers for that.

13 60 Q. Okay. You say at paragraph 4.2, it's just over the  
14 page:

15  
16 "The modules have been commissioned in the past by the  
17 Department of Health Education Commissioning Group with  
18 no charge to HSC Trust employees enrolled on the  
19 module".

10:42

20  
21 You say commissioned in the past; does the Department  
22 of Health still fund these places?

10:42

23 A. The Department funds places. It doesn't provide a  
24 consistent flow but it will provide a flow of funding,  
25 which is variable, from time to time over the years.

10:43

26 61 Q. Okay. If it isn't totally funded by Department of  
27 Health, where else does the money come from, if I ask  
28 it that way?

29 A. That would be a matter for the student. Some students

1 will be self-funding.

2 62 Q. Okay.

3 DR. MAXWELL: Do any Trusts fund from their revenue?

4 A. Yes. My recollection is few. I think the Belfast  
5 Trust does provide some. 10:43

6 MS. BRIGGS: At paragraph 4.3, you say:

7

8 "The module is open to registered nurses, including  
9 ward managers and senior nurses working with people  
10 with learning disabilities". 10:43

11

12 The Department of Health, or indeed the Trusts, do they  
13 recommend specific individual postgraduate nurses for  
14 the course?

15 A. No. They provide the funding and they also internally, 10:44  
16 I think, provide the Trusts. The knowledge of that  
17 funding is for -- there is then an application  
18 procedure, and it would be for the Trust, as part of an  
19 individual's professional development, to maybe decide  
20 who they were selecting or supporting. If the Trust, 10:44  
21 for example, is doing it, the Trust will have a greater  
22 influence on who they are putting forward.

23 63 Q. Okay. How long has the Advanced Professional Practice  
24 course been in place?

25 A. I will find you the specific details of that. I would 10:44  
26 be guessing.

27 64 Q. What about the postgraduate module in Leadership and  
28 Management?

29 A. It is an integrated part of that, so we will combine

1           that information together.

2   65   Q.    Could you say what came before to provide education in  
3           leadership and management?

4           A.    No, I couldn't.

5   66   Q.    Paragraph 4.4. You say: 10:45  
6  
7           "From September 2022 a leadership and management  
8           pathway commenced as an integral option within the  
9           Masters of Science Advance Professional programme".  
10 10:45  
11          what is meant by a pathway?

12          A.    It's a programme where you can follow to a conclusion.  
13                So you will have a number -- modules are put together.  
14                A pathway would be the route through a connected series  
15                of modules to reach an agreed outcome in a postgraduate 10:45  
16                degree.

17   67   Q.    Integral option then, does that mean students have to  
18           take it? Can you give us a little bit more information  
19           about what that means?

20          A.    It's an option. Leadership and management is a 10:46  
21                specific pathway that you can take, but Leadership and  
22                Management would be a module that is taken in other  
23                pathways. I think we list some of the pathways that  
24                are available. Page 87. The specialist pathways are,  
25                and it lists them as critical and acute care, cancer 10:46  
26                nursing, leadership and management, mental health, care  
27                of the older people, midwifery care, care of children  
28                and young people, intellectual disabilities, and  
29                practice education.

1 68 Q. what does integral option mean, just in your evidence?

2 A. The integral is probably an additional word that is  
3 probably a bit redundant. It is an option. It would  
4 be a requirement if you're doing the Leadership and  
5 Management pathway but not necessarily a requirement  
6 for some of the others. 10:47

7 69 Q. Okay. Can we turn to internal page 91. I think it  
8 might be at or near or at the page you were at  
9 yourself, Mr. Finlay.

10 CHAIRPERSON: So, 91? 10:47

11 70 Q. MS. BRIGGS: 91. This is the course overview of the  
12 Masters in Advanced Professional Practice. We can see  
13 there we've got the first pathway at the bottom of the  
14 page. It says in the second sentence under the first  
15 heading there; the heading is Advanced Professional  
16 Practice Specialist Pathways: 10:47

17  
18 "We have developed nine pathways in supporting modules,  
19 some of which require the student to be working in a  
20 relevant area of practice". 10:48

21  
22 Pathway 1 is leadership and management. Can I ask,  
23 Mr. Finlay, is that available to all students or do  
24 students have to be working within a certain area of  
25 practice to do that? 10:48

26 A. No, that would be open.

27 71 Q. Over the page then is Pathway 4, it's the mental health  
28 care pathway. Can I ask the same question; is that  
29 open to all students or just those working within



1 mental health?

2 A. My understanding - and I would have to verify that - is  
3 it's mental health, those that are working in a mental  
4 health setting and have previous mental health  
5 qualifications. 10:48

6 72 Q. Pathway 7 is further down the page then. It's the  
7 intellectual disabilities pathway. Again the same  
8 question; is that open to all students or just those  
9 working within intellectual disabilities?

10 A. Yeah. That would be open, for example, to both mental 10:48  
11 health and learning disability nurses.

12 73 Q. Okay. But not, for example, general adult nurses?

13 A. Not unless there was maybe some other evidence of the  
14 setting they had worked, or other experience that they  
15 had gained, or other qualifications. Because these are 10:49  
16 the specific pathways which are regarded as specialist  
17 in terms of being a specialist practitioner effectively  
18 in those fields.

19 74 Q. Okay.

20 A. So it's building on their professionalism, their 10:49  
21 experience, and their previous qualifications.

22 75 Q. Okay. Thank you very much. I am going to move back to  
23 the main statement. It's internal page 4, Section 5.  
24 This relates to the training, recruitment and  
25 deployment of learning disability psychiatrists, 10:50  
26 psychologists, and language therapists, occupational  
27 therapists and physiotherapists. You confirm in your  
28 evidence that of all those categories, Queen's provides  
29 a doctorate in clinical psychology; isn't that right?

1 A. That's correct.

2 76 Q. Can you tell the Inquiry how many clinical psychology  
3 students there are in each year?

4 A. I can check the number but we are approximately 80.

5 77 Q. And when did that course begin? 10:50

6 A. Oh, it's been longstanding for many years.

7 78 Q. Have the numbers, approximately 80, stayed similar over  
8 the years or has there been variation?

9 A. No. There has been a variation, predominantly due for  
10 demand. There is high demand and has been for the past 10:50  
11 three or four years for psychology. Before that there  
12 was more limited demand for it and we wouldn't have  
13 filled all the necessary places that were available.  
14 In recent years, psychology has become a high demand  
15 course. 10:51

16 PROFESSOR MURPHY: Could I just check do you mean 80  
17 per year?

18 A. Yes.

19 PROFESSOR MURPHY: Or do you mean --

20 A. 80 places a year. 10:51

21 PROFESSOR MURPHY: That's very large?

22 A. Yep.

23 PROFESSOR MURPHY: Okay. Thanks.

24 MS. BRIGGS: At paragraph 5.4, you say:  
25 10:51  
26 "Intellectual disability teaching accounts for 33  
27 teaching hours across the module".  
28  
29 Am I right in saying that that's the Year 2 module on

1 the course?

2 A. Yes. In 5.3, intellectual disability is a core element

3 of the Year 2 academic module in clinical psychology.

4 79 Q. How does the 33 hours teaching given to intellectual

5 disability compare to teaching hours given to other 10:51

6 areas?

7 A. I don't know but I can find out.

8 80 Q. Paragraph 5.8, please. It's just further down page 5.

9 The second sentence there, you say:

10 10:52

11 "Ongoing approval of placements is chiefly informed

12 through student feedback, discussion and observations

13 related to placement visits. See below". And we will

14 come to that element of your evidence. "And through

15 the annual placement audit as a second check 10:52

16 procedure".

17

18 I want to ask a very general question at this stage.

19 If a clinical psychology student saw abusive behaviour

20 on any given placement, what are they taught to do? 10:52

21 A. They would report that. I think they would, first of

22 all, report it internally but they would definitely

23 report it back to their tutor at the university. But

24 there is -- professional standards is a core element

25 right at the beginning of these courses and there are 10:53

26 instructions in how to deal with all of that. We can

27 provide that.

28 81 Q. Can you tell us a bit more about what those

29 instructions are?

1 A. No, we can provide them. That would be an early part  
2 of the education where it details professional  
3 responsibilities and about managing a placement; how  
4 you operate in placement and what to do if you are  
5 concerned about anything. 10:53

6 82 Q. Is there similar information given to the learning  
7 disability preregistration nurses?

8 A. Yep. Similar information is given to all students who  
9 are in nursing, given the professional obligations that  
10 they are operating under. That would be whether you're 10:53  
11 nursing, medicine; pharmacy as well.

12 83 Q. So they would be written down advices effectively to  
13 the student?

14 A. They would be certainly an element either of course  
15 handbooks or of early teaching, with materials provided 10:54  
16 at teaching.

17 84 Q. Can you give any information as to the process for the  
18 learning disability nurses that would be within, for  
19 example, the handbook?

20 A. No, not specifically but we can provide that. 10:54

21 85 Q. Okay. If we go on to section 6, it's internal page 6.  
22 It's the program at MAH for clinical audits, university  
23 placement audits and NIMDTA placement audits. In the  
24 first five paragraphs there, you address the topic of  
25 university placement audits relating to the 10:54  
26 undergraduate degree in Learning Disability. At  
27 paragraph 6.2, you say:  
28  
29 "Placement audits are completed by the university link

1           lecturer and the ward manager or senior nurse and an  
2           NHS Trust practice education facilitator".

3

4           You've said earlier in your evidence that the link  
5           lecturer is from Queen's? 10:55

6           A.    Mhm-mhm.

7    86    Q.    Can I ask about the practice education facilitator?

8           A.    That's the Trust.

9    87    Q.    They are from within the Trust?

10          A.    Yep. 10:55

11   88    Q.    So they would have links to the placement?

12          A.    Yes, yes.

13   89    Q.    They would work in the placement?

14          A.    Not necessarily. The Trust can have practice education  
15          facilitators who are operating at Trust level as 10:55  
16          opposed to individual facilitator.

17   90    Q.    Paragraph 6.3:

18

19           "All practice audits are completed every two years and  
20           coordinated between the three nurse education providers 10:55  
21           in Northern Ireland - Queen's, University of Ulster and  
22           the Open University".

23

24           I am going to ask you a few questions about the audit  
25           process. Can I take from paragraph 6.3 that the three 10:56  
26           universities share the same audit system?

27          A.    They do.

28   91    Q.    How exactly is it shared or divided between the  
29          universities?

1 A. They coordinate together and agree who is doing what  
2 over the course the period of time of the institutions  
3 that needs to be audited, because that cycle continues  
4 with placements being audited on a regular basis to  
5 meet the requirements. It's an integrated approach. 10:56  
6 Queen's holds the database in terms of all the  
7 information related to that and when, in future  
8 planning, the cycle comes up. It's agreed between the  
9 institutions who is taking the lead on what particular  
10 placement provider. 10:57

11 92 Q. So, does one university take the lead on one given  
12 placement setting, for example?

13 A. Generally.

14 DR. MAXWELL: Can I just clarify, you keep a central  
15 database for placements in Northern Ireland? 10:57

16 A. Yep.

17 DR. MAXWELL: And that would include placements in care  
18 homes and anywhere?

19 A. Yes, yeah.

20 DR. MAXWELL: How long do you keep that data on that 10:57  
21 database for?

22 A. I don't know but we can confirm. We hold it on behalf  
23 of the three universities working together.

24 DR. MAXWELL: Potentially, you've got placement audits  
25 from 2010 on the database? 10:57

26 A. Potentially. Potentially. We would have to look back  
27 in terms of the data retention policy as to how long  
28 things have been held.

29 93 Q. MS. BRIGGS: Just to clarify on that then. The

1 database would have the audit sitting behind it then?

2 A. It should do, yes.

3 94 Q. And the past audits, is your evidence?

4 A. Yes.

5 95 Q. You say there in your evidence at paragraph 6.3 that 10:58  
6 the audits are held every two years. Is there a review  
7 system in place between audits?

8 A. Is there a review if the...

9 96 Q. For any reason?

10 A. So, if there is an issue arising, are you asking is 10:58  
11 there a follow-up?

12 97 Q. Yes, that's right.

13 A. Yes, there would be.

14 98 Q. Can you tell us a little bit more about that process.

15 A. If there was issues, areas of some concern that 10:58  
16 required to be fixed and such like, then there would  
17 have to be a process. When those are identified, there  
18 is a follow-up process to ensure those have been  
19 addressed.

20 99 Q. Okay. You've provided the Inquiry very helpfully with 10:58  
21 the audit tool. It's in your exhibit AF5. It starts  
22 at internal page 173. If we could go there, please.  
23 If we could scroll down the page just a little bit.  
24 So, this is a blank pro forma that you have provided  
25 the Inquiry with. Presumably there are ones in 10:59  
26 relation to Muckamore, for example?

27 A. There will be.

28 100 Q. Okay. How long has this tool been in existence?

29 A. I don't know. I couldn't be certain about how long

1 that particular tool has been used.

2 101 Q. Were there different variations of a tool used before  
3 that?

4 A. I would believe so but I couldn't be certain as to...  
5 PROFESSOR MURPHY: Just to be clear, is this just for 10:59  
6 the nursing placements, it doesn't cover clinical  
7 psychology as well?

8 A. It only covers nurses and midwives.  
9 CHAIRPERSON: out of interest, did you look to see if  
10 you do retain the audits for Muckamore? 11:00

11 A. Yes.  
12 CHAIRPERSON: Do you have audits for Muckamore?

13 A. We will have to go back and look and see what the  
14 situation is. But if we had placements there, there  
15 would be a placement audit and it should be retained. 11:00

16 CHAIRPERSON: Right.

17 102 Q. MS. BRIGGS: I want to scroll down the page just a  
18 little bit and ask you about some of the individuals  
19 that are named on the audit. The practice area  
20 manager, registered home manager, who would that be? 11:00

21 A. Practice area, registered home. The practice area  
22 manager or registered, this would be for who is the  
23 registered manager of, for example, a care home or a  
24 facility; who is the registered manager of that  
25 facility. The form is designed to cover a wide variety 11:01  
26 of different types of placement settings.

27 103 Q. Okay. The nominated person, who is that?

28 A. Nominated person probably would be the nominated person  
29 from the institution to link back with the



1 Universities. That would be the point of contact.

2 104 Q. How do they differ then from a link lecturer?

3 A. The link lecturer is in the university. The nominated  
4 person for this is the person that's nominated by the  
5 placement setting as the coordinator from their side. 11:01

6 105 Q. would they have any links to individual students in  
7 terms of their learning or is it --

8 A. Not necessarily.

9 106 Q. Okay. Practice education facilitator?

10 A. Yes. It would be the person inside the placement 11:02  
11 setting who is predominantly responsible for the  
12 allocation, the placement of students within that  
13 setting.

14 107 Q. It says "where applicable". Are they not always  
15 involved? 11:02

16 A. Depending on the setting, you may not have one. It may  
17 be a combined role or for a smaller care home facility.  
18 DR. MAXWELL: I think this tends to be an NHS post,  
19 doesn't it?

20 A. Yes. 11:02

21 DR. MAXWELL: So it wouldn't be applicable in care  
22 homes.

23 A. Yes, thank you.

24 108 Q. MS. BRIGGS: The link lecturer/practice tutor. You've  
25 already said the link lecturer is from Queens. I don't 11:02  
26 think we have covered practice tutor.

27 A. Similar. I think it is a similar designation.

28 109 Q. To the link lecturer?

29 A. Yep.

1 DR. MAXWELL: This is a form for all universities so  
2 they might use different titles.

3 A. Yes, different terminology.

4 110 Q. MS. BRIGGS: I'd like to go down to section 4A of the  
5 audit tool. It is internal page 175, just a little bit 11:03  
6 further down. That's it there. It's titled "Quality  
7 Assurance of PLE", practice learning environment. The  
8 question 4A asks:  
9

10 "Have students evaluation of PLE been reviewed and 11:03  
11 action taken where required"?  
12

13 Now, there is an answer there but I assume there  
14 shouldn't be an answer there, it is meant to be a blank  
15 audit? 11:03

16 A. This is... PLE, I think you're right. Underneath that:  
17

18 "The PLE was closed and no students attended for over  
19 six years".  
20 11:04

21 Yes, I think that's right. I think this apparently  
22 blank document or template document does have something  
23 in it that shouldn't have been provided.

24 111 Q. Can I ask a bit more information about the students'  
25 evaluation of PLE. How is the student's evaluation 11:04  
26 carried out?  
27

28 A. We have a pro forma approach that allows the students  
29 to evaluate and feed back on what their experience was  
in the setting.

1 112 Q. So presumably there would be pro formas filled out by  
2 students who had undertaken placements at Muckamore?  
3 A. There are likely to be.  
4 113 Q. why do you say "likely"?  
5 A. Because I can't assure you about what is the data 11:04  
6 retention of all of that information.  
7 114 Q. would they be held within the Queen's database?  
8 A. Yeah, if we've got them.  
9 115 Q. Are you aware of any instances where students have  
10 reported in relation to Muckamore incidents or concerns 11:05  
11 within their evaluations?  
12 A. No, I'm not.  
13 116 Q. Has there been a review process carried out in relation  
14 to those evaluations?  
15 A. In relation to Muckamore? 11:05  
16 117 Q. Yes.  
17 A. No.  
18 CHAIRPERSON: So you're not saying there haven't been;  
19 just no one has looked at it?  
20 A. We haven't gone back and looked over -- as far as I am 11:05  
21 aware, we haven't reviewed our information in relation  
22 to Muckamore, but we can do that and provide that.  
23 CHAIRPERSON: Thank you.  
24 118 Q. MS. BRIGGS: Other than the pro forma evaluation, are  
25 there any other mechanisms by which students can 11:05  
26 provide feedback about their placement setting?  
27 A. Predominantly they would do it through this route which  
28 records it. Otherwise, they would be doing it in  
29 conversation potentially with a personal tutor, which

1           might capture it.

2 119 Q.    would those types of conversations be documented or  
3           written down?

4           A.    There would be a record.  There'd be quite often a  
5           record of meeting with your personal tutor.  We would 11:06  
6           have to go back and actually investigate, if there was  
7           something of concern, how that was recorded and where  
8           that went.

9 120 Q.    Question 4C asks:  
10  
11           "Are there any significant complaints or incidents that  
12           could impact on student's learning experience?  If yes,  
13           please elaborate and detail in action plan to address  
14           issues".

15  
16           Can I firstly ask what is meant by complaints or  
17           incidents? 11:06

18           A.    Complaints or incidents may well refer to how the  
19           student felt they were treated in the placement  
20           setting.  Has it been welcoming, supportive, or has it 11:07  
21           -- in some cases has the relationship been more  
22           difficult, and that they haven't experienced the  
23           supportive learning environment that they would  
24           anticipate.

25           DR. MAXWELL:  So, this is complaints by students? 11:07

26           A.    Yes.

27           DR. MAXWELL:  Not complaints received about the setting  
28           in general?

29           A.    No, this is more about students.  Equally it goes the

1 other way, that we will receive from time to time  
2 complaints from placements about the conduct of  
3 students or attitude of students.

4 121 Q. MS. BRIGGS: would they be recorded in section 4C?  
5 A. Not complaints that are coming from the institution. 11:07  
6 They would be about the individual student.

7 122 Q. So, if both 4A and 4C are related to student feedback,  
8 how do they differ from each other? Is one not  
9 effectively redundant?

10 A. So, the student's evaluation is a feedback look that's 11:08  
11 coming as a requirement at the end of each placement.  
12 That would be an evaluation of whether it was good,  
13 bad, indifferent. That would give their feedback.  
14 Significant complaints and incidents would be  
15 individual episodes that were reported separately. 11:08

16 123 Q. Okay. Are you aware of any such complaints or  
17 incidents in relation to Muckamore?

18 A. I'm not.

19 124 Q. Question 4E:  
20  
21 "Are there any quality initiatives ongoing in the PLE".  
22  
23 Can I ask what's meant by quality initiatives?

24 A. I would have to get that verified. It's the quality  
25 improvement, continuous improvement cycle, which might 11:08  
26 be a trial of a particular approach of support in the  
27 settings. Something that makes it distinctive, or  
28 might provide -- might mean that the setting is less  
29 than ideal for placements because of a trial of a

1 particular nature of approach or something different.  
2 125 Q. Okay. Just a couple more questions on this audit tool.  
3 If we could go down to Section 6, internal page 176.  
4 It should be on the screen now. It's titled  
5 "Declaration of Approval. Outcome of audit". It says 11:09  
6 there:  
7  
8 "We declare that this PLE" green box to tick has, red  
9 box to tick does not have, "the capacity facilities and  
10 resources in place to deliver safe and effective 11:09  
11 learning opportunities and practical experience for  
12 students".  
13  
14 Presumably only one of those two boxes would be ticked?  
15 A. Yes. There's also other things here where these names 11:10  
16 shouldn't be in the form. There should be a blank  
17 form. These names and also these dates shouldn't be in  
18 this. This form obviously, I am afraid, has been  
19 cleaned rather than blanked from the start and these  
20 elements have been left in. We should probably provide 11:10  
21 a fresh blank document."  
22 126 Q. Okay. Has Muckamore or any of its wards ever been  
23 deemed not to have the capacity, facilities and  
24 resources in place?  
25 A. Not that I am aware of. 11:10  
26 127 Q. What would happen if the practice learning environment  
27 was to - this is my term - fail the audit, i.e. the  
28 does not have box is ticked?  
29 A. I think that would depend on what that looked and felt

1 like in terms of why did it fail, and is it an issue  
2 that requires further escalation in some way that's  
3 just wrong. Or is this not where we would place  
4 students because it can't provide the appropriate  
5 environment for learning and development. 11:11

6 128 Q. Okay. when would an action plan be required?  
7 A. when? Further up in the form, if there was a discovery  
8 of issues which require to be addressed to meet the  
9 overall standards, an action plan would be required.

10 129 Q. You've referred to it earlier up in the form. Don't be 11:11  
11 hesitant to tell us, Mr. Finlay, if you want to look at  
12 the papers where the section is you're talking about.  
13 A. I think it does. When you go through some of this, the  
14 answers to say the quality assurance of PLE that we  
15 talked about, that may give rise to action, an action 11:12  
16 plan being required of things that require improvement.  
17 That would be where an action plan would come into  
18 place. The action plan would be agreed and then the  
19 placement provider, we would see what had been achieved  
20 and we would check that. 11:12

21 CHAIRPERSON: How long do you think you've got to go?  
22 MS. BRIGGS: I think we will be a short time longer,  
23 Chair. It might be an opportune time to take a break,  
24 subject to the Panel and witness.

25 CHAIRPERSON: I just think I ought to say this, Mr. 11:12  
26 Finlay, in fairness to you, we have asked you on a  
27 number of occasions about, for instance, the audits and  
28 the records and whether any complaints have come in,  
29 but in fact the letter to you makes it clear that what

1 you are being asked to focus on at this stage is the  
2 legal and regulatory framework and the structures and  
3 policies. Specifically, there is a line in the letter,  
4 as I think there is to all evidence providers at this  
5 stage, that it is anticipated that the Inquiry will 11:13  
6 wish to hear further evidence at a later junction to  
7 address the adequacy and effectiveness of the systems  
8 and processes. If you have been in any way embarrassed  
9 not to be able to answer questions, you shouldn't be.  
10 I just thought it was important to say that. But we 11:13  
11 may be coming back to you, as you appreciate.

12 A. Thank you and I appreciate that. It's said it was our  
13 kind of best stab of providing a starter for the  
14 Inquiry. As I've said at the outset, we envisaged  
15 there may be particular parts that require the detailed 11:13  
16 knowledge of people who have been working in that field  
17 to actually fill in more of a richer picture for the  
18 Inquiry.

19 CHAIRPERSON: well, that's understood but thank you.  
20 what we'll do is we will take 15 minutes now and we 11:13  
21 will try and sit again at 11.30.

22  
23 THE INQUIRY BRIEFLY ADJOURNED AND RESUMED AS FOLLOWS:

24  
25 CHAIRPERSON: Thank you. 11:35

26 MS. BRIGGS: Chair, members of the Panel, we are just  
27 bringing the witness back into the room at this stage.

28  
29 Mr. Finlay, I'm going to ask a very general question to



1 start off with at this stage. Does the university have  
2 any meetings with the Belfast Trust regarding a  
3 placement setting or a practice learning environment  
4 that you're aware of?

5 A. Yes. There are routine meetings with the Trusts. 11:35

6 130 Q. Can you tell us a bit more about those meetings? What  
7 would be discussed at them, for example?

8 A. No. I can get you the detail of the agenda of those  
9 meetings that would take place.

10 131 Q. Would they be minuted, for example, or notes taken of 11:36  
11 the meeting?

12 A. I would expect so.

13 132 Q. Could those minutes be provided to the Inquiry if they  
14 are a matter of interest?

15 A. If we've got those, if we have those minutes, yes, 11:36  
16 absolutely.

17 133 Q. Your evidence is you aren't sure what they would  
18 consist of exactly in terms of the meetings. Would you  
19 know whether they would include the likes of  
20 safeguarding incidents or serious adverse incidents and 11:36  
21 the like?

22 A. I would imagine they would but I couldn't be sure. We  
23 have a meeting with the Trusts at a variety of  
24 different levels and covering a range of different  
25 topics, and also with the Chief Nursing Officer, for 11:36  
26 example, as well. We will take that away and I can  
27 provide that.

28 CHAIRPERSON: Can we just pause for one second. We  
29 will carry on. Thank you.

1 134 Q. MS. BRIGGS: Thank you, Chair. Would any information  
2 that is gleaned from a PLE such as the quality of care  
3 in a learning environment, the information from an  
4 audit for example, would that be shared with the likes  
5 of the Chief Nursing Officer? 11:37

6 A. It could be. It's likely to be if there was concerns.  
7 Certainly it appeared with the Trust and feedback with  
8 the Trust, but we can confirm that.

9 135 Q. Okay. Would the universities share information in any  
10 way about practice learning environment other than 11:38  
11 through the audit process?

12 A. The three universities, the three universities are in  
13 close contact, so if there was any issues of common  
14 interest, they would be -- they would discuss those.

15 136 Q. And when you say discuss, would that be in a formalised 11:38  
16 meeting setting or an informal setting?

17 A. Probably both.

18 137 Q. Would the likes of those meetings ever be minuted?

19 A. There could be. I can verify there is likely to be a  
20 sort of coordination group which will have a more 11:38  
21 formal approach, and I can find out about that.

22 138 Q. Are you aware of any such discussions or meetings in  
23 relation to Muckamore?

24 A. No, I'm not.

25 139 Q. Okay. If we go back to the statement then. We are at 11:38  
26 internal page 6 please. Paragraph 6.6. This last part  
27 of your statement addresses the auditing of placements  
28 on the Doctorate of Clinical Psychology course. We've  
29 really been dealing with the nursing audits previously.

1 In your statement you give evidence as to the various  
2 types of placement meetings that take place for the  
3 clinical psychology students. At paragraph 6.8 - it's  
4 at the bottom of internal page 7 - you say there:

11:39

5  
6 "All placements will have a mid placement meeting  
7 between the clinical tutor, the supervisor and the  
8 trainee".

9  
10 I am going to ask you about those individuals. The  
11 clinical tutor, are they from within the university or  
12 the placement setting?

11:39

13 A. The clinical tutor is in a clinical setting.

14 140 Q. So, would they be in the placement?

15 A. Yep.

11:39

16 141 Q. Okay. The supervisor, where do they come from?

17 A. The supervisor is from the university and the trainee,  
18 and probably here -- maybe it would be appropriate,  
19 just I reflected at the break. I was asked about the  
20 numbers that come into that, and I reflected I have  
21 given you numbers for undergraduate psychology, not  
22 doctorates of psychology which is, of course, a much  
23 smaller number. We will get the exact details of that.

11:40

24 142 Q. Okay. That's very helpful, Mr. Finlay. Thank you very  
25 much. In relation then back to the statement, you've  
26 said that all placements will have a mid placement  
27 meeting. Is there just one or does there tend to be  
28 more in any given circumstance?

11:40

29 A. My understanding is predominantly one meeting mid

1 placement.

2 143 Q. If we go down to paragraph 6.9.

3

4 "If no particular problems or concerns have been

5 identified at mid placement, then the usual format is a 11:40

6 three-way meeting, i.e. no separate meetings unless

7 either the trainee or supervisor requests this".

8

9 what do you mean, a three-way meeting?

10 A. We talked earlier about the three components that were 11:41

11 in that meeting, where we have the trainee, the

12 supervisor from the university, and the clinical tutor

13 from the setting. That's the three-way setting in a

14 round table setting, as opposed to a more bilateral

15 meeting. 11:41

16 144 Q. So, three-way really means the individuals that are

17 present?

18 A. Yeah, the three individuals.

19 145 Q. Okay. If we can go to page 8, the last bullet point.

20 I think it's just up the page from where we are at the 11:41

21 moment. It's the last bullet point there at paragraph

22 6.8.

23

24 "Should any problems, difficulties, concerns be raised

25 at this meeting, or previously notified, these should 11:41

26 be documented and forms should contain a written plan

27 of targets and plans for remedial action written onto

28 the placement form".

29

1 Can you tell us generally what type of problems,  
2 difficulties or concerns you're referring to there,  
3 generally speaking?

4 A. I can't specifically but probably -- it is certainly a  
5 very open process that anyone experiencing difficulty, 11:42  
6 predominantly the trainee, the problem may well be that  
7 they don't feel they are getting access to appropriate  
8 clinical challenges or settings, or are not getting  
9 maybe support. It would be anything of that nature  
10 which is to develop the rounded development of the 11:42  
11 trainee.

12 146 Q. Okay. If there were concerns raised, for example about  
13 staff at the placement, would that be escalated?

14 A. It depended what those concerns were. If you're  
15 talking about like an individual making a complaint of 11:43  
16 bullying or harassment or something of that nature,  
17 that would be escalated. If we're talking about  
18 personality differences or something of a lower nature  
19 that someone isn't making a specific complaint about,  
20 then it's probably dealt with and resolved through 11:43  
21 conversation.

22 147 Q. What about the likes of concerns about the quality of  
23 care that staff were providing?

24 A. If there's concern about the quality of care and it was  
25 brought up at that meeting, that would be certainly 11:43  
26 part of that but that's more likely to be an escalation  
27 procedure internal with the -- us understanding what  
28 the placement provider is doing to escalate that  
29 concern, and how that would then be reported through

1 the professional bodies.

2 148 Q. Would it be escalated within the university setting?

3 A. It would be escalated in so much as probably to the

4 head of school so that we are discharging our

5 obligations in any reporting requirements. 11:44

6 149 Q. Okay. Other than through the meetings which you have

7 described in detail in your statement, is there any

8 other method by which students can report difficulties

9 at or with their placement to the university?

10 A. The trainee and students can always have access to 11:44

11 staff to raise any concerns, whether that be their

12 personal tutor, supervisor or the head of school, or

13 any particular person in the school. There is always

14 recourse back if anyone has any particular concerns

15 about anything of any particular nature. 11:44

16 150 Q. If we can go to paragraph 6.9, I've read the first two

17 sentences already, I think. You say:

18

19 "This meeting should take place as close as possible to

20 the actual end of the placement". 11:45

21

22 Am I right in saying that that's an end of placement

23 meeting then?

24 A. Yeah.

25 151 Q. Okay. So your evidence is unless there are particular 11:45

26 problems or concerns, there is a mid placement meeting

27 and then an end of placement meeting?

28 A. End of placement meeting, yes, that's correct.

29 152 Q. At paragraph 6.12, internal page 9, you go on to talk

1 about placement audits. You say:  
2  
3 "Placement audits are timed to coincide with placement  
4 completion. The audit examines standards", and you go  
5 on to list those standards. 11:45  
6  
7 who carries out that audit process?  
8 A. The representative of the school.  
9 153 Q. who is the representative of the school?  
10 A. That will be the supervisor, generally. 11:46  
11 154 Q. Is there one audit per each placement or is there one  
12 audit, for example, per student?  
13 A. No. For these type of placements, because we are  
14 talking about a smaller number, I think it is per  
15 student and placement that would generally take place. 11:46  
16 If it's a number of students in one placement, then it  
17 will be one audit.  
18 155 Q. Is there an audit tool such as the one you have given  
19 evidence about already in relation to the nursing  
20 course? 11:46  
21 A. No, there isn't.  
22 156 Q. So would the audit itself be written down anywhere?  
23 A. Yes.  
24 157 Q. would that be on a pro forma or how would that be  
25 carried out? 11:47  
26 A. Yeah. It would certainly be -- if it is not on a pro  
27 forma, there is certainly a record kept of it and it  
28 can be provided.  
29 158 Q. Okay. If we go back to paragraph 5.8. It's on

1 internal page 5. The second sentence is:  
2  
3 "Ongoing approval of placements is chiefly informed  
4 through student feedback, discussion and observation  
5 related to placement visits (see below) and through the 11:47  
6 annual placement audit as a second check procedure".  
7  
8 Is the annual placement audit separate to the placement  
9 audits that are conducted at the end of a placement  
10 completion; the ones we have just discussed? 11:47  
11 A. No, the same thing.  
12 159 Q. The same thing, okay. Are you aware of any of these  
13 audits having been carried out in relation to  
14 Muckamore?  
15 A. I am not aware specifically, but I do know - and I 11:48  
16 think at 6 and 7 - that the school provides that we've  
17 only had two placements, and the dates in 2016 and  
18 2018. So, any audit would be related to those two  
19 placements if we still retain the information to them.  
20 160 Q. Okay. Has there been a check carried out of the 11:48  
21 documentation held in relation to those two students?  
22 A. No, not as yet.  
23 161 Q. Okay. You wouldn't be aware, for example, if there  
24 were problems reported in those audits or in the  
25 feedback provided by students, the two students? 11:48  
26 A. No. I'm not aware, on working with colleagues to pull  
27 this together, of them raising any issues. Of course,  
28 we will verify that and can provide, if it is still  
29 retained, just based on retention schedule, if we have



1 documentation in relation to those clinical psychology  
2 placements.

3 162 Q. Your evidence was that this course has been going on  
4 for quite some time, is what you said earlier in your  
5 evidence. Were you referring at this stage to the 11:49  
6 Doctorate in Clinical Psychology because I know you've  
7 corrected your evidence that earlier you were talking  
8 about the undergraduate psychology course. Is this  
9 course, the doctorate, been going on for some time  
10 also? 11:49

11 A. It has.

12 163 Q. Your evidence at Section 7 is that there are only two  
13 students who have undertaken placements during that  
14 time?

15 A. Yes. 11:49

16 164 Q. why is it so rare for clinical psychology students to  
17 have undertaken a placement in Muckamore; only two?

18 A. I can't specifically say why that is quite a low  
19 number. The numbers, as I corrected, are small. In  
20 terms of the preference settings, I think there are 11:50  
21 other settings which would be more preferable in terms  
22 of the rounded experience and education provided during  
23 placements. But we can provide more information to  
24 clarify that.

25 165 Q. Can you provide any more information at this stage as 11:50  
26 to why other settings would be more preferable?

27 A. No, I can't. I would be speculating.

28 166 Q. Okay. That is all the questions I have for you, Mr.  
29 Finlay. The Panel might have some further questions

1 arising, if you just sit tight.

2 CHAIRPERSON: No. I think we've asked the questions  
3 that we wanted to ask as we've gone along.

4  
5 Can I just thank you very much for attending the 11:50  
6 Inquiry and assisting. It is obvious that there will  
7 need to be some follow-up in relation to the questions  
8 you haven't been able to ask, but that is no fault of  
9 yours. Can I thank you very much for coming along.

10  
11  
12 I know that we have, indeed I think Professor Owen Barr  
13 is sitting in the public gallery. What we will try and  
14 do is just take 10 minutes to switch around counsel and  
15 indeed switch around the witnesses, and then we will 11:51  
16 start Professor Barr and see how far we can get. I  
17 think it is Ms. Tang who is calling him. All right.  
18 We'll stop now, take 10 minutes and then we'll start  
19 again. Thank you very much indeed.

20  
21 THE INQUIRY BRIEFLY ADJOURNED AND RESUMED AS FOLLOWS:

22  
23 MS. TANG: Thank you, Chair.

24  
25 Good afternoon, Chair, members of the Panel. You'll 12:09  
26 shortly be hearing evidence from Professor Owen Barr on  
27 behalf of the University of Ulster. His statement is  
28 in relation to Module 4 and it covers several topics in  
29 that module, including the training and recruitment of

1 learning disability nurses, leadership education for  
2 ward managers and senior nurses; key performance  
3 indicators as well. He also addresses training,  
4 recruitment and deployment of learning psychiatrists,  
5 psychologists, speech and language therapists, 12:10  
6 occupational therapists and physiotherapists. The  
7 statement covers the program for MAH for clinical  
8 audits, university placements audits et cetera. The  
9 reference for the statement is --

10 CHAIRPERSON: Can you speak up a little. 12:10

11 MS. TANG: Of course. Apologies. The page number of  
12 the statement begins at 0981. There are no exhibits to  
13 that statement, Chair, and unless there is anything  
14 further at this stage, we can call the witness.

15 CHAIRPERSON: Yes. 12:10

16 MS. TANG: Professor Barr, please.

17  
18 PROFESSOR OWEN BARR, HAVING BEEN SWORN, WAS QUESTIONED  
19 BY MS. TANG BL AS FOLLOWS:

20  
21 CHAIRPERSON: Professor Barr, welcome to the Inquiry. 12:11  
22 Thank you very much for coming to assist us and thank  
23 you for your statement. I know that you were sitting  
24 at the back of the room earlier so you know how this  
25 works. I am going to hand you over to Ms. Tang. 12:11

26 167 Q. MS. TANG: Hello, Professor Barr. We met earlier. My  
27 shame is Shirley Tang and one of the counsel team on  
28 the Inquiry.

29

1            You've provided a statement to the Inquiry on behalf of  
2            the University of Ulster and it is dated 9th March  
3            2023; isn't that correct?  
4            A.    Yes.  
5    168    Q.    You have a copy of the statement in front of you?            12:12  
6            A.    I do.  
7    169    Q.    It's four pages long and it has no exhibits; isn't that  
8            correct?  
9            A.    Yes.  
10   170    Q.    Are you content to adopt the contents of that statement    12:12  
11            as the basis of your evidence to the Inquiry?  
12            A.    Yep.  
13   171    Q.    I am not going to read through the statement in its  
14            entirety but I will take you to certain places in it.  
15            I will started by reminding you of the main topics that    12:12  
16            we asked you to address in that statement. They relate  
17            to Module 4 and they included training and recruitment  
18            of learning disability nurses, leadership education for  
19            ward managers and senior nurses, training, recruitment  
20            and deployment of learning disability psychiatrists,    12:12  
21            psychologists, speech and language therapists and  
22            occupational therapists and physiotherapists. We also  
23            asked you to cover the programme for MAH, the clinical  
24            audits, placement audits, et cetera.  
25             
26            Now, I understand that you have been involved in the  
27            production of some reports in relation to MAH also. Is  
28            there anything you wish to make the Panel aware of in  
29            relation to those?

1 A. I'd take your advice on it. I have been involved in  
2 part of my role as Professor of Nursing and Learning  
3 Disabilities. I have produced a report for Belfast  
4 Trust, which was an independent insurance approach in  
5 relation to decisions they had taken after they had 12:13  
6 become aware when there was issues at Muckamore. I  
7 have been involved in the production of the report of  
8 Department of Health, which was a review in  
9 safeguarding files at Muckamore, two years ago now.  
10 One report went to Belfast Trust, the other report went 12:13  
11 to the Department of Health. I have informed the  
12 Inquiry through your processes that both of those  
13 reports exist.

14 CHAIRPERSON: I think those were commissioned by those  
15 two bodies? 12:14

16 A. They were.

17 CHAIRPERSON: So, does the ownership of those reports  
18 lie with them?

19 A. I would see it as with them, yes.

20 172 Q. MS. TANG: Thank you, Professor Barr. We won't be 12:14  
21 dealing with reports of that or any other nature today  
22 but we will focus entirely on the contents of your  
23 statement. We will be considering reports, et cetera,  
24 at some point later in the Inquiry's work.

25 CHAIRPERSON: Can I just ask did you also do a report on 12:14  
26 resettlement? There is something hovering around  
27 YouTube.

28 A. I was involved -- I tend to forget how many bits of  
29 stuff. Yes, I was involved with Professor McConaghy on

1           some work around resettlement. We worked together for  
2           quite a few years.

3           CHAIRPERSON: Thank you.

4 173 Q.    MS. TANG: If we can go to page 1 of your statement and  
5           just looking at Section 1. Just a general question I   12:14  
6           have. I can see that you have the Registered Nursing  
7           Learning Disability qualification. Where did you do  
8           your training?

9           A.    I done my registered adult nurse training at  
10          Altnagelvin Hospital in Derry. I done my registered   12:15  
11          Nursing Learning Disability training in Exeter. I did  
12          apply to Muckamore but I didn't get a place. That's  
13          where I went to teach after I done my teacher's course.

14          CHAIRPERSON: we had better not say anything about  
15          that.   12:15

16          A.    My registered Nursing Learning Disability Training was  
17          Exeter School of Nursing.

18 174 Q.    Have you ever worked at Muckamore?

19          A.    I have taught in the Northern Area College which was  
20          associated with Muckamore in 1990 to 1992. At that   12:15  
21          stage I taught the preregistration learning disability  
22          programme.

23 175 Q.    Have you ever worked in Muckamore as a nurse, for  
24          instance?

25          A.    I have never worked in Muckamore as a member of the   12:15  
26          nursing staff.

27          CHAIRPERSON: what was the name of the college?

28          A.    The Northern Area College of Nursing.

29          MS. TANG: Thinking about the process of training to

1 become a learning disability nurse, can you just  
2 describe what actually happens. How does someone  
3 become a learning disability nurse?

4 A. Normally it's a three-year programme. It is an  
5 NMC-approved programme. You are being educated to be a 12:16  
6 registered nurse with a particular area in practice in  
7 learning disability. My programme, because I was a  
8 registered adult nurse, was about 20 months where I was  
9 able to go to Exeter. I got credit for having what I  
10 already done so I done a shortened process. I sat the 12:16  
11 same exams at the end and then obtained the same  
12 qualification. So my programme was from October,  
13 October '84 if I remember back, to May '86.

14 176 Q. For a student going to study nursing now, would they go  
15 straight in to study mental health nursing and 12:17  
16 potentially specialise in learning disability, or do  
17 they all do a more general physical and mental health  
18 nursing-based course?

19 A. No. All -- well, within the UK and Republic of  
20 Ireland, there is separation at a preregistration 12:17  
21 undergraduate level, and that doesn't exist in most  
22 other countries. So, students applying to do nursing  
23 in learning disability in Northern Ireland and  
24 elsewhere in the UK would state their intention and  
25 apply for a place on a program for nursing in learning 12:17  
26 disability. They would have some shared classes with  
27 nurses from other fields of practice, but their  
28 practice learning would largely be focused in working  
29 with people with learning disability. They would have

1 specific modules around working with people with  
2 learning disabilities. Those would increase as their  
3 course would go on.

4 177 Q. If I can go down to paragraph 2B on page 2 of the  
5 statement. I can note from that paragraph, the first 12:18  
6 section of it, that Ulster University doesn't provide  
7 training for the registered Nursing Learning Disability  
8 qualification at UU itself, but it does provide the  
9 adult mental health nursing training.

10 12:18

11 Can you tell me what other programmes UU does provide  
12 for nurses and OTs and physios, et cetera?

13 A. We provide nursing, we provide preregistration adult.  
14 We look after (inaudible) as you say. We provide  
15 allied health profession courses in relation to 12:18  
16 physiotherapy, occupational therapy, speech and  
17 language therapy. We also do the radiotherapy  
18 programmes. We provide undergraduate psychology. We  
19 have in 2021 opened the residential medical school.  
20 They are the main ones I can think of. 12:19

21 178 Q. Prior to 2021 there was no doctors educated in UU?

22 A. None.

23 179 Q. In terms of the allied health professional training  
24 that you referred to, is there a learning disability  
25 module or component of those or how does that -- 12:19

26 A. There would be classes in relation to people with  
27 learning disability and working with people with  
28 learning disability, but there isn't a pathway in  
29 learning disability. So, the qualification obtained by



1 allied health professionals would be a core  
2 qualification. They may then go on to work with people  
3 with learning disability. There would be some theory  
4 classes around people with learning disability in those  
5 programmes.

12:19

6 180 Q. With each of those programmes, for all of the AHPs that  
7 you listed there, there would be classes; am I  
8 understanding correctly?

9 A. I would need to clarify to what extent but I expect  
10 there are. I have in the past done some work with  
11 colleagues with colleagues in allied health, and  
12 learning disability tends to be well represented among  
13 their staff.

12:19

14 181 Q. Okay. Can I ask following on from that, have you ever  
15 participated in any strategic groups via, for instance  
16 the Chief Nursing Officer or other organisations, to  
17 consider the numbers of training places for learning  
18 disability nurses in Northern Ireland?

12:20

19 A. Yes. In my career at the university from 2007 until  
20 2017 I was the Head of School for Nursing. I at that  
21 stage sat on the Central Nursing and Midwifery Advisory  
22 Group at the Department of Health. In 2006 I was the  
23 nursing officer on secondment to the Department of  
24 Health for mental health and learning disabilities in  
25 older people. I am currently sitting on the strategic  
26 group for registered nurses and learning disabilities  
27 in Northern Ireland, and have been seconded to the  
28 Department - well, two days week - to help with that.

12:20

12:21

29 182 Q. Would you have had involvement in the questions around



1 over the last number of years. Many people don't fully  
2 understand what RNLD does so it doesn't get the same  
3 profile as adult nurses, which is why for one of the  
4 reasons in our statement -- my statement, I have  
5 outlined within the programmes at Ulster, all of the 12:23  
6 adult nursing students and all of the mental health  
7 students undertake two weeks practice working with  
8 people with learning disabilities.

9  
10 A small number of courses across the UK do that. It 12:23  
11 used to be they all had to. We do it very much because  
12 they will meet people with learning disabilities in  
13 their role as registered nurses. So yes, the numbers  
14 are small, it is not always a first choice, but we have  
15 some. We have some very good nurses in learning 12:23  
16 disabilities but it can be a challenge. You're often  
17 trying to recruit people who are coming from some  
18 family connection or some previous links with learning  
19 disability.

20 184 Q. How many places for learning disability for nurses are 12:23  
21 there in Northern Ireland, to your knowledge?

22 A. I'm not sure of the latest figures. I know that  
23 Queen's had been in around 40. I think those numbers  
24 had increased but I know there has been some challenges  
25 in filling them. There is a poster campaign going on. 12:24

26 185 Q. I was going to come on to ask you. I appreciate you an  
27 Ulster University person but how easy is it for Queen's  
28 to get their places all filled? By the sound of it,  
29 not easy.

1 A. I think it's a challenge; it's been increasingly a  
2 challenge. But there has also been a challenge in  
3 funding places in other programmes in nursing at  
4 present as the numbers have been increased by the  
5 Department. You're trying to -- I know at Ulster we 12:24  
6 are trying to attract almost twice the number of  
7 students that we were trying to attract five years ago.  
8 There comes a point where it starts to top out as to  
9 how many people you can attract.

10 CHAIRPERSON: Could I just ask are you aware, since 12:24  
11 2017 and the revelations about Muckamore, whether that  
12 has actually grown harder, as it were, for learning  
13 disability students?

14 A. It would be hard to put a definite cause and effect but 12:25  
15 it is a big part of discussion when you're trying to  
16 recruit students, and it has made it more difficult to  
17 talk about registered nurses in learning disability. I  
18 would very much talk about it in the broadest sense but  
19 as soon as you do, Muckamore gets brought up.

20 12:25  
21 There was an inquiry into services in the Republic of  
22 Ireland a number of years ago that I had some role in,  
23 and it experienced a similar situation. Shortly after  
24 that it was trying to attract people into, because of  
25 the amount of profile it gets. What we have been 12:25  
26 trying to do at Ulster and what I have been trying to  
27 do in other work I have been involved in is showcase  
28 good practice that our RNLDS are involved in.  
29

1 But yes, if you are talking about people undertaking a  
2 job as a registered nurse in learning disabilities,  
3 then Muckamore comes up very quickly in the  
4 conversation.

5 186 Q. MS. TANG: Following on from that, the Inquiry has seen 12:25  
6 evidence from other sources that have included  
7 recommendations to increase the attractiveness of  
8 learning disability nursing as a career. Have you been  
9 aware of any specific campaigns, perhaps from the  
10 Department of Health or other regional bodies, to try 12:26  
11 and increase the attractiveness of it?

12 A. In my time at the Department of Health, I led a  
13 recruitment campaign to increase the numbers of  
14 students in mental health and learning disabilities.  
15 That involved posters on bus shelters, it involved 12:26  
16 radio interviews, it involved advertisements. Last  
17 year there were some new posters which started to  
18 appear that Queen's were putting up in public displays  
19 to increase the numbers of nurses in learning  
20 disability. So, there has been attempts on a few 12:26  
21 occasions.

22 DR. MAXWELL: Can I ask you, you mentioned that you  
23 trained as an adult nurse first and then did a  
24 shortened course for learning disability registration.  
25 We heard this morning that Queen's, who are the 12:27  
26 provider of preregistration training, don't do a  
27 shortened course for people in other parts of the NMC  
28 register. Does that mean in Northern Ireland it's not  
29 possible to do a shortened course?

1 A. It was possible at one stage and Queen's did offer a  
2 shortened course. I don't think that shortened course  
3 has been commissioned in recent years. Actually across  
4 the UK now, it is difficult to get a shortened course.  
5 DR. MAXWELL: Do you know specifically in Northern 12:27  
6 Ireland why it was decided to stop running the  
7 shortened course?

8 A. No.

9 187 Q. MS. TANG: Can I ask you, were you aware of any  
10 attempts to increase the number of funded places for 12:27  
11 nurse training in learning disability?

12 A. There has been discussions at strategic groups I have  
13 been involved with to increase the number of students.  
14 There has been discussions, I know in the commissioning  
15 group, to increase the numbers. 12:28

16 188 Q. Can I ask if you are aware of any similar discussions  
17 around the numbers of OTs, psychology or other AHP  
18 places? Have there been attempts to try and increase  
19 the number of those?

20 A. That I am not aware of. I haven't been involved in 12:28  
21 that.

22 189 Q. Thank you. Returning to your statement then on page 2,  
23 paragraph 2B, can I ask if you know how many learning  
24 disability nurses Northern Ireland needs, or does  
25 anyone know that number? 12:28

26 A. I don't know how many they need. There is work being  
27 undertaken in relation to delivering care which would  
28 attempt to estimate those numbers, but the learning  
29 disability part of that hasn't been done. There is a

1 strategic group for the development of registered  
2 nurses in learning disabilities at present in Northern  
3 Ireland. It is one of the questions that we have been  
4 asking and are asking. We haven't, across the UK, been  
5 able to get any figures from anyone. At present, there 12:29  
6 isn't a formula that says you need X number of RNLDs  
7 for the population.

8 DR. MAXWELL: Can I ask, you will be aware that in  
9 adult nursing there is a lot of international research  
10 determining the relationship between the number of 12:29  
11 registered nurses and various patient outcomes. Do you  
12 know if there has been any similar research for  
13 learning disability nursing and patient outcomes?

14 A. I'm not aware that there has.

15 CHAIRPERSON: Can I just ask in terms of the students. 12:29  
16 The decision was made here not to stop the stipend and  
17 the bursary, so nursing students still get their fees  
18 paid in Northern Ireland. There is a bar -- it is not  
19 a bar but there is a much higher hurdle if, for  
20 instance, you come from England to try and get trained 12:30  
21 here, as I understand it?

22 A. Yes.

23 CHAIRPERSON: But can you recruit from outside Northern  
24 Ireland at all? Can you recruit from the Republic of  
25 Ireland? 12:30

26 A. Yes.

27 CHAIRPERSON: And will those students' fees be paid?

28 A. Yes.

29 CHAIRPERSON: What about the rest of Europe?

1 A. No.

2 CHAIRPERSON: Right. Okay. So, it's Republic of  
3 Ireland but nowhere else in the British Isles. Nowhere  
4 in, I should say, nowhere in the British Isles.

5 A. We as a university will recruit, can recruit up to 10% 12:30  
6 international students over and above our commissioned  
7 number from the Department of Health. We can choose to  
8 do that. We don't always do that but we have that  
9 opportunity.

10 CHAIRPERSON: Even, including Republic of Ireland, you 12:31  
11 still struggle to fill the posts, as it were?

12 A. Yes. The universities at present are finding there are  
13 many other careers that are more attractive and pay  
14 much better. The recent disputes about salaries in  
15 nursing, and particularly the differential with nurses 12:31  
16 in Northern Ireland getting paid less than elsewhere in  
17 the UK, has had an effect, I have no doubt.

18 CHAIRPERSON: Right. Thank you.

19 MS. TANG: I just want to finish off on the question we  
20 were starting to touch on about workforce planning 12:31  
21 effectively for learning disability nurses. Can you  
22 explain to me why is it difficult to try and achieve a  
23 formula for working out how many learning disabilities  
24 nurses we need?

25 A. I don't have a definitive answer. I think that many, 12:31  
26 many people with learning disabilities will not have or  
27 require the services of a registered nurse in learning  
28 disabilities, so you are trying to estimate how many of  
29 the people with learning disabilities will require



1 nursing by an RNLD. There has been a move from the  
2 live to very much support the inclusion of people with  
3 learning disabilities in health services. So, ,how  
4 many need an RNLD as opposed to support from general  
5 health services is a factor that needs to be 12:32  
6 considered. Those to me are two of the particular  
7 difficulties.

8  
9 Also, I think it is not a question that has been  
10 seriously asked over the years as to how many do we 12:32  
11 need. It tended to be discussed in the context of how  
12 many people do you need to staff what were then our  
13 three hospitals. There hasn't been the same  
14 conversation about how many community nurses do you  
15 need. 12:32

16 190 Q. So going back to the first part of what you told me, it  
17 makes me wonder do we know about the overall prevalence  
18 of learning disability and the different levels of  
19 severity within our community? Do we have that  
20 clinical information, in your experience? 12:33

21 A. We have those projected numbers, yes.

22 191 Q. Projected numbers?

23 A. They are projected numbers. We have information in the  
24 2021 consensus where the question was asked, but we  
25 have projected numbers. 12:33

26 192 Q. Matching the needs of that population to what staff  
27 skills, for instance, that it would take, is that the  
28 difficult bit then? It's not that we don't know how  
29 many people might need some degree of input, we haven't

1           figured out how to match that across to the numbers of  
2           staff we would have to put in place?

3           A.    I think part of the challenge is the overall service  
4           model has been changing, so until there is an agreed  
5           service model as to how we should support people with  
6           learning disabilities, right from those people with  
7           learning disabilities that are living at home, those  
8           people who are living independently, to those people  
9           who need inpatient services, then that would be  
10          difficult to do.

12:33

12:34

11 193 Q.    As an academic in this field, is the design of that  
12           service model something that you would have any  
13           participation in, or who does that?

14          A.    There is a service model which is being developed  
15           within Northern Ireland at present, I think, which is  
16           being internally consulted on in the Department of  
17           Health, or SPPG I think maybe it is with them. The  
18           work that I have been asked to undertake is proposing  
19           the question that we were asked - how would you best  
20           use your RNLDs to have an impact on the health of  
21           people with learning disability. So, we have  
22           recommendations coming forward as to where you would  
23           put your RNLDs to have the biggest impact. Part of  
24           that would be that you would actually use a lot of them  
25           outside of your services, outside of your traditional  
26           learning disability services, and start to use them  
27           more within general hospitals as liaison nurses within  
28           mental health services. So, there is a whole  
29           discussion going on now that is very much around RNLDs

12:34

12:34

1 are very important in supporting people with learning  
2 disabilities but traditionally they have been  
3 associated with hospitals, and there is a role beyond  
4 the hospitals that actually is the key role.

5 DR. MAXWELL: Can I ask about people with learning 12:35  
6 disabilities with mental health needs, because we heard  
7 a lot about the move towards community-based  
8 settlement, but there will presumably always be a need  
9 for some inpatient facility for people with mental  
10 health issues as well as learning disability? 12:35

11 A. Yes.

12 DR. MAXWELL: Have there been discussions about the  
13 nursing skill set required for those patients who have  
14 to be admitted to an inpatient setting?

15 A. So, at present -- or until the discussions as to 12:35  
16 Muckamore, the inpatient setting was essentially  
17 Muckamore or Lakeview in Derry or the units in Armagh.  
18 There have been discussions now about actually -- and I  
19 would be of the view that the majority of people with  
20 learning disability who manage very well, who develop 12:36  
21 acute mental health needs probably should be looked  
22 after by acute mental health services, but RNLDs should  
23 be employed in those services to make that possible and  
24 work alongside their colleagues in mental health.

25  
26 I think that we are moving to a model where we will see  
27 a more inclusive approach supporting people with  
28 learning disabilities with mental health problems.

29 DR. MAXWELL: we have heard some evidence that actually 12:36

1 perhaps what this very small group with very complex  
2 needs is nurses with both an LD and mental health  
3 qualification. Do you think that that is necessary;  
4 dually qualified?

5 A. I think it would be useful. The other option is those 12:37  
6 nurses could undertake a specialist practice  
7 qualification in mental health as a specialist  
8 practitioner. I do think that if you are supporting  
9 people with learning disabilities with acute mental  
10 health needs, you should have education in mental 12:37  
11 health.

12 DR. MAXWELL: Do you know if there is a plan for that?  
13 Has that been commissioned?

14 A. The Ulster did, a number of years ago, provide a 12:37  
15 specialist practice course on the mental health needs  
16 of people with learning disabilities. It was requested  
17 by the Department that it was written and approved by  
18 the university, and approved by the Nursing and  
19 Midwifery Council. But it was only ever commissioned  
20 twice, and that course has gone out of commission and 12:37  
21 is no longer validated. It did exist.

22 DR. MAXWELL: You had it but it wasn't commissioned?

23 A. It did exist and we put people through it, yes.

24 194 Q. MS. TANG: Still on page 2 and paragraph 2B. You've 12:38  
25 made reference to practice learning and three post  
26 registration nurses who had long placements in  
27 Muckamore. Can you tell me what inspections or visits  
28 to the placement would have been undertaken by Ulster  
29 University staff to ensure the suitability of the

1 placements?

2 A. Okay. Just to clarify these three students, and maybe  
3 I should have been clear in my statement; you look at  
4 all of these after you write them. We provide -- at  
5 Ulster we provide specialist practice qualifications 12:38  
6 for registered nurses in learning disability. These  
7 are people who are already registered nurses in  
8 learning disability and undertaking an NMC-approved  
9 specialist practice course. So, these students would  
10 have been on those programmes. I lead those 12:38  
11 programmes, and had done for many years. We would have  
12 undertaken an audit of the practice learning area. We  
13 would have identified when the student was sent on the  
14 programme who was going to be their practice  
15 supervisor, who was going to be their practice 12:39  
16 educator, where they were going to undertake their  
17 practice. We would have undertaken a practice learning  
18 audit of that area at the time. Then as link lecturer,  
19 I would have undertaken three visits with that student;  
20 one a few weeks into their programme, one halfway 12:39  
21 through their programme, and then one at the end of  
22 their programme in relation to their learning and their  
23 portfolio.

24 195 Q. What kind of issues were you following up with the  
25 student in those visits? What would you have been 12:39  
26 checking?

27 A. The majority of those discussions would have been in  
28 relation to the achievement of the outcomes in their  
29 portfolio, but I also would have spoken separately to

1 the practice supervisor who would have been supporting  
2 the student to ask if they had anything that they  
3 needed to discuss. I would have spoken separately to  
4 the student.

5  
6 when I am in clinical areas, I am also very aware of  
7 seeing what goes on. So we don't -- my main focus is  
8 on the learning environment for the student but if  
9 there are aspects of care that are not suitable, then I  
10 would see them as impacting on the learning  
11 environment. I tend to be quite proactive about  
12 raising any questions.

13 196 Q. Does that mean you might have had a walk around the  
14 clinical areas that the student was in?

15 A. Yes.

16 197 Q. In your recollection, would you ever have touched on  
17 safeguarding issues or any specific concerns in those  
18 visits with students?

19 A. Not with these students, no.

20 198 Q. Can I ask you then, looking at paragraph 2D which is on  
21 page 3, essentially a similar line of question for OTs  
22 and physios. would you have been involved in any  
23 visits to placements for those staff or was that  
24 conducted by someone else?

25 A. No. That would have been my colleagues in the School  
26 of Health Sciences.

27 199 Q. Okay. were students, your nursing students, taught  
28 what to do if they witnessed any abusive practice  
29 whenever they were on placement?

1 A. Yes.

2 200 Q. Who taught them that?

3 A. We would have covered that in class in first year, and  
4 also in our programme handbooks or practice learning  
5 hand books with the students, we have taken the NMC 12:41  
6 diagram for escalating concerns that's on the NMC  
7 website. We have put the names of the staff and roles  
8 of the staff in the university they should contact if  
9 they have any concerns. We also try to reassure our  
10 students that any time we have had to raise issues, the 12:41  
11 ones I have been involved with - and primarily outside  
12 of learning disability - that the services that we  
13 speak to value the fact that they are getting feedback.  
14

15 We have had a number of students across our programmes, 12:42  
16 and over the years that I have been involved, have  
17 raised issues and we have dealt with them. They come  
18 to us. Then some of those are safeguarding, it goes  
19 directly to the safeguarding team, sometimes it goes to  
20 RQIA. We will inform the care environment that we've 12:42  
21 had a feedback from a student and that we are sending  
22 this to RQIA. We don't get into a discussion as to  
23 whether we should or what it was, but we tend to do it  
24 that way. Any time that we have done it, it has  
25 been... The areas have known that we have needed to do 12:42  
26 it and there isn't really a problem with us.

27 CHAIRPERSON: Can I just ask about the level. One  
28 could understand a student being put into an  
29 environment where they simply don't have the background

1 or the knowledge to know what is right or wrong but  
2 perhaps feeling uncomfortable.

3 A. Yes.

4 CHAIRPERSON: One can imagine that there could be a  
5 level of concern which wouldn't trigger report to the  
6 NMC or through the NMC but might come back to the  
7 university?

12:43

8 A. Yes.

9 CHAIRPERSON: Do you retain those reports if there is  
10 that sort of...

12:43

11 A. So if we have escalated something, we will have the  
12 audit trail for that having been escalated, if it's  
13 gone through the channels to RQIA or to the  
14 safeguarding teams.

15

12:43

16 The other areas where a student might initially feel a  
17 bit overwhelmed, or misinterpret the way they have seen  
18 maybe someone spoken to that they felt was unhelpful or  
19 they felt was uncaring, we would often have discussions  
20 with the student and explore the situation with them.

12:44

21 Sometimes the student hasn't perceived that the  
22 person's behaviour is escalating and a member of staff  
23 has spoken to them in a particular way because that is  
24 what was necessary at the time.

25

12:44

26 When I would be working with students, one of the first  
27 thing I will do is say, okay, let's have a look at the  
28 person's files and let's have a look at the care plan,  
29 what's in the care plan and what's been agreed. If it



1 stepped outside of that, then we have a question about  
2 why was something that was not in the care plan done.  
3 That tends to be my threshold.

4 CHAIRPERSON: Do I take it there wouldn't necessarily  
5 be a record of that sort of conversation?

12:44

6 A. That is likely to have been captured in the student's  
7 portfolio as a reflection the student has looked at and  
8 thought about it.

9 CHAIRPERSON: So it might be sitting there.

10 A. Yes.

12:45

11 201 Q. MS. TANG: You've mentioned the word "portfolio" and I  
12 have some questions relating to student portfolios.  
13 Looking at paragraph 2H on page 3, I can see there the  
14 mention of portfolios. The university, you have  
15 advised, doesn't keep the student portfolios beyond a  
16 certain period of time?

12:45

17 A. The student portfolio is a piece of assessed work, the  
18 same as any of their other coursework. We keep it  
19 until the student has completed their course, has gone  
20 through an exam board and has been officially passed.  
21 We keep it for six months after that, at which stage  
22 the students are advised the portfolios, they can come  
23 and collect them because they may want to keep them for  
24 their own purposes. If they don't come and collect  
25 them, they are normally disposed of within a year  
26 confidentially.

12:45

12:46

27 202 Q. Theoretically if a student reports something in their  
28 portfolio that the academic assessor reading it, looked  
29 at and thought this is a safeguarding issue, what would

1           happen in that scenario?

2           A.    That would then be escalated beyond the portfolio. We  
3           have a person in the role of an academic lead for  
4           practice learning, so it would go directly to the  
5           person who is in that role. They would then instigate 12:46  
6           our procedures for we have a safeguarding concern. We  
7           would escalate it. We would speak directly to the  
8           practice learning area. We would speak whether that  
9           was in a Trust or outside of the Trusts. We would be  
10          likely, if we had clear information from the student, 12:46  
11          that there was a safeguarding issue, we would be  
12          obliged to stop all practice learning in that area at  
13          that time and not send any further students until the  
14          service had undertaken its own investigation. We would  
15          have told RQIA or the safeguarding team, depending on 12:47  
16          which was appropriate in our timeframe to do that.  
17          Then, after the investigation in the service had been  
18          completed, then we would undertake a further audit and  
19          see if the area had then got to a stage. Maybe for  
20          example, not in learning disabilities but one recently 12:47  
21          occurred in one of the nursing homes. There was an  
22          issue, the students raised it, it led to the suspension  
23          and then dismissal of a member of staff. The unit  
24          referred that to RQIA. They confirmed they had done  
25          that and they followed their own procedures. But a 12:47  
26          year later they were still keen to have students, so we  
27          went back and re-audited the area and put students back  
28          into that area. That would be an action plan. You'd  
29          say okay, these are some things we want to be sure

1 about.

2 203 Q. You mentioned the audit trail earlier on. Is that the  
3 process that you mean would be caught by that audit  
4 trail?

5 A. If we escalate material through our processes for 12:48  
6 safeguarding, then we would have a record of having  
7 done that.

8 204 Q. How long does that audit information get kept, in your  
9 knowledge?

10 A. That I would need to confirm. It's a very small number 12:48  
11 so we tend to know which ones.

12 205 Q. Can I just clarify have you ever had any incidents of  
13 that nature in relation to Muckamore that you know of?

14 A. Not in my role in Ulster University but in my former 12:48  
15 role as teaching in Muckamore, yes, I had some learning  
16 environment areas where I took some action to have them  
17 improved and withdrew students from. We are back in  
18 1990.

19 206 Q. 1990, okay.

20 A. They've never had to withdraw students from a learning 12:48  
21 disability practice area.

22 207 Q. Thinking about the role of a link lecturer, can you  
23 just explain to me what that role is?

24 A. Each practice learning area that we would allocate 12:49  
25 students in would have a named link lecturer. The  
26 student going into that area will have the name of a  
27 person that will be somebody who has taught them in  
28 university. The area in which the student is going  
29 into will have a named person that will be on their

1 audit form. If the student has any concerns or the  
2 clinical area has any concerns, then they are the first  
3 person they contact. So, they are the point of  
4 contact.

5  
6 The link lecturer, depending on the length of the  
7 practice learning. The adult students and mental  
8 health students at Ulster are only there for two weeks.  
9 We have an intake of 400 and something students at  
10 present, so it's not practical to visit all 400  
11 students when they are only there for two weeks. But  
12 we would have telephone contact with those if  
13 necessary, and or if a student was to contact me and  
14 was unhappy or uncertain about some aspect of their  
15 practice, then I will go and visit them in that area.  
16 So, we keep close contact.

17  
18 There are a small team of staff at Ulster who have  
19 qualifications in learning disabilities so we tend to  
20 have the same areas over a period of time.

21 DR. MAXWELL: Can I just clarify are you the link  
22 lecturer for Muckamore for Ulster University?

23 A. I am well -- so, I am the link lecturer when we would  
24 put a student in there for specialist practice if they  
25 were coming from my programme. The last two students  
26 that were in from the specialist programme, I was their  
27 link lecturer. The student who was there from return  
28 to practice, I was their link lecturer, yes.

29 208 Q. MS. TANG: Can I ask you also then, does Ulster

1 University have regular meetings with Belfast Health  
2 and Social Care Trust with regard to the learning  
3 environment for students?

4 A. We have a practice liaison meetings with all Trusts in  
5 relation to the learning environments with our 12:51  
6 students. We don't have them specifically with  
7 Belfast. Our adult programme and our mental health  
8 programme -- sorry, our adult programme, our adult  
9 nursing programme, we only place students in the  
10 Northern Trust and the Western Trust, because Northern 12:51  
11 Ireland is zoned, and then Queen's place students in  
12 the other three Health and Social Care Trusts.

13  
14 In our mental health programme, we would place students  
15 across Northern Ireland. In our paramedic programme, 12:51  
16 which is a new one, we would also place students across  
17 Northern Ireland. So for nursing we would have  
18 practice liaison meetings. Belfast would not always be  
19 there because they take very few students from Ulster.

20 209 Q. But were there is a practice liaison meeting, would 12:52  
21 things like safeguarding or significant adverse  
22 incidents ever come up at those meetings?

23 A. The learning from them would. The detail of them would  
24 be dealt with through the channels for escalation.  
25 Confidential information wouldn't be shared at those 12:52  
26 meetings, but if there was learning, if there was  
27 things we had to change in our processes then, yes,  
28 they would be communicated at those meetings.

29 210 Q. Thank you. Professor Barr, those are all my questions

1 but if you remain seated, the Panel may have some  
2 further.

3  
4 PROFESSOR BARR WAS QUESTIONED BY THE PANEL AS FOLLOWS:

5  
6 DR. MAXWELL: Can I ask, are there any sort of  
7 communities of practice of LD nurses across Northern  
8 Ireland where registered learning disability nurses come  
9 together to talk about practice, education, research?

10 A. There has been - I need to double check, I think from 12:52  
11 2016 - there has been what was referred to as a  
12 regional collaborative. There was a report that came  
13 out in England about the future of nursing in learning  
14 disability, and we implemented a recent collaborative.  
15 I have been the Chair of that for the last four or five 12:53  
16 years.

17  
18 In the work that we are doing strategically now, there  
19 has been two groups set up. One is the regional  
20 collaborative has essentially evolved into an expert 12:53  
21 reference group, so it is a registered nurse learning  
22 disability expert reference group, which will have the  
23 consultant nurses in learning disabilities, people from  
24 the universities; some people from the independent  
25 sector on it. On Friday we will have -- we used to 12:53  
26 have what we call the Professional Development Forum  
27 which was supported by the regional collaborative.  
28 That has now become a community practice in learning  
29 disability and will have its first meeting on Friday.

- 1 211 Q. what sort of things will that community of practice be  
2 covering?
- 3 A. In its first meeting, it will really be getting an  
4 overview of what is the strategic project that's going  
5 on at the minute, and what do we see could happen with 12:54  
6 RNLDs in the future. In its previous incarnation as a  
7 professional development forum, it tended to be very  
8 clinically focused. So, it would have had  
9 presentations -- we could have had presentations on  
10 safeguarding where we would have had safeguarding 12:54  
11 nurses from learning disabilities and beyond learning  
12 disabilities along. We have run sessions of supporting  
13 people with epilepsy, we have run sessions on people  
14 with mental health problems. We have done sessions,  
15 and they tend to be half day or full day events, 12:54  
16 working with children, working with people with  
17 dementia, so they are practical focused. The people  
18 presenting on those days are people that are in  
19 clinical practice and carrying out those roles.
- 20 212 Q. We know that a lot of care delivered actually across 12:54  
21 all fields but specifically in Muckamore is delivered  
22 by health care assistants rather than registered  
23 practitioners. Is there anybody responsible for  
24 overseeing the training and updating of health care  
25 assistants working in inpatient LD services? 12:55
- 26 A. The Trust would have their responsibility. Many of  
27 those people will be registered with the Northern  
28 Ireland Social Care Council.
- 29 213 Q. In Muckamore?

1 A. My understanding is if you're working as a care  
2 assistant in Northern Ireland, many people will be  
3 registered with NISCC, particularly if they are in a  
4 social care type environment, but the definition of  
5 social care is not always clear. Many people have -- I 12:55  
6 have come across people who are working in inpatient  
7 settings but have NISCC registration. The preparation  
8 they would do would be done at our further education  
9 colleagues and would have an overview from NISCC a lot  
10 of the time. 12:55

11 214 Q. Are there any national standards for health care  
12 assistants working in an NHS inpatient facility for  
13 people with LD?

14 A. Not that I am aware of.

15 215 Q. And that isn't being covered by the collaborative? 12:56

16 A. No, the collaborative, the work that we are doing in  
17 the collaborative at the minute is very much focused on  
18 registered nurses. Although we have, for the  
19 communities in practice said it is for nurses  
20 interested in supporting people with learning 12:56  
21 disabilities so we are going to take a much wider  
22 approach than that. But we haven't publicised it to  
23 nursing assistants.

24 216 Q. Thank you.

25 CHAIRPERSON: Can I just ask a bit more about Social 12:56  
26 Care Council, and I am sure we will be hearing more  
27 about this. Do you know if they do they register  
28 health care assistants?

29 A. I don't think they use the term "health care



1 assistants". I think there are levels of registration  
2 in relation to social care so I think the language  
3 would be slightly different. I don't think they  
4 register health care assistants but many people  
5 particularly in community roles and community  
6 domiciliary roles will be registered with the Northern  
7 Ireland Social Care Council. I think they may use the  
8 term "social care" as opposed to health care.

12:57

9 CHAIRPERSON: Does it depend on the role that they are  
10 performing, as it were, as to whether they have to  
11 register or not?

12:57

12 A. I'm not sure of the detail of it so I would really be  
13 the go to the NISCC website to check.

14 CHAIRPERSON: You are the wrong witness to ask.

15 MS. TANG: Chair, thank you. That concludes the  
16 evidence of the Inquiry for today. Tomorrow morning,  
17 we resume with the Open University.

12:57

18 CHAIRPERSON: Yes. Fine. All right. Well, Professor  
19 Barr, can I thank you very much for assisting. It is  
20 not impossible that we will not invite you back on  
21 another occasion, as you probably understand.

12:58

22 A. I am happy to support, yes. I think I have different  
23 hats on at different times.

24 CHAIRPERSON: Indeed. All right. Thank you very much  
25 for today's evidence.

12:58

26  
27 we will stop until 10 o'clock tomorrow. Thank you.

28  
29 THE INQUIRY ADJOURNED UNTIL 10:00A.M. ON THURSDAY, 27

APRIL 2023

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