

**MUCKAMORE ABBEY HOSPITAL INQUIRY  
WITNESS STATEMENT**

**Statement of Louis Burns**

**Date: 26 January 2023.**

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- 1) I, Louis Burns, make the following statement for the purpose of the Muckamore Abbey Hospital (MAH) Inquiry.
- 2) The statement is made on behalf of The Health and Safety Executive for Northern Ireland (HSENI) in response to a request for evidence by the Inquiry Panel. This is my first statement to the Inquiry. There are no documents produced with my statement.
- 3) Qualifications and position: – I am a deputy chief executive of HSENI.
- 4) HSENI History:
  - a. The inspection of health and safety at work stretches back to the Factories Acts. The Factories Act (NI) 1965 consolidated a number of Factories Acts. As the title suggests the reach of these Acts only extended to ‘factories’ as defined. There were some specified premises beyond factories to which the provisions of the Acts applied. These included docks, engineering or construction works. The Factories Acts did not extend to hospitals.
  - b. The Health and Safety at Work (Northern Ireland) Order 1978 (Order) established the Health and Safety Agency in NI. It allowed for the appointment of inspectors to enforce the provisions of the Order and relevant statutory provisions. Of note, the Order extended the protections of health and safety legislation more widely. The provisions of the Order were engaged where there was a person was ‘at work’. It set out specific duties for employers, employees and the self-employed. This is the first time hospitals came in scope.

- c. Following a review of health and safety arrangements in NI, HSENI was established as an executive Non Departmental Public Body (NDPB) of the Department of Enterprise, Trade and Investment NI with Crown status on 1 April 1999.
- d. HSENI currently has 10 principal inspectors, 24 inspectors and 16 trainee inspectors. At times these numbers have been significantly lower in the period since 1999.

5) HSENI statutory remit:

- a. HSENI is the regulatory body for health and safety at work legislation in a range of sectors including manufacturing; schools and universities; chemical plants; hospitals and nursing homes; construction; disciplined services; transport; district councils; gas supply and distribution; government departments; agriculture; fairgrounds; market compliance in respect of chemicals and products used at work; mines and quarries.
- b. HSENI is statutorily required to:
  - i. Do such things and make such arrangements as it considers appropriate for the general purposes of the Order which includes our enforcement and compliance work;
  - ii. Provide an information and advisory service;
  - iii. Submit to the Department for the Economy (NI) proposals for the making of regulations under any of the relevant statutory provisions;
  - iv. Prepare and issue codes of practice;
  - v. Approve codes of practice prepared by others; and
  - vi. Submit to the Department particulars of what it proposes to do for the purpose of performing its functions (Corporate Plan and annual operating plans).
- c. HSENI objectives are:
  - i. To prevent the most serious workplace health and safety issues;
  - ii. Focus our work on high risk industries and activities;

- iii. Promote sensible and proportionate risk management;
- iv. Provide effective regulation; and
- v. Support businesses and the economy.

6) HSENI procedures and methodology:

- a. As a regulator, a significant proportion of our resources are directed towards ensuring compliance with the relevant health and safety at work statutory provisions. This is achieved through a combination of workplace inspection and investigation activities which are underpinned by an inspector's enforcement powers.
- b. We also play a role in educating, informing, communicating with and supporting businesses to comply with, and improve, standards of health and safety at work in Northern Ireland.
- c. Given our limited resources and the breadth of our remit of premises we have to prioritise our activities. Generally, this has always meant that we concentrate our efforts more in the high risk industries and activities known to be associated with serious injuries and fatalities.
- d. Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 (RIDDOR), employers have a duty to inform HSENI of certain types of injuries and diseases suffered at work. The most common type would be injuries which result in the employee being unavailable for work for more than three days. Others include specified injuries and fatalities etc.
- e. There is a duty to report occurrences where any person not at work suffers an injury as a result of an accident arising out of or in connection with work and that person is taken from the site of the accident to a hospital for treatment in respect of that injury.
- f. In addition a report must be made where any person not at work suffers a major injury as a result of an accident arising out of or in connection with

work at a hospital but this is qualified insofar that where the accident causing death or injury to a person arising out of the conduct of any operation on, or any examination or other medical treatment of, that person which is administered by, or conducted under the supervision of, a registered medical practitioner is not reportable.

7) HSENI roles and responsibilities re MAH:

- a. In the period April 2016 to February 2022, HSENI received some 306 RIDDOR reports. These included 234 categorised as 'Assault/Violence - Physical assault or violence. - result of a deliberate criminal act'. All 234 related to injuries sustained by 'employees'.
- b. Other categories of injuries included 'handling' 'spills' 'trips and falls' etc.
- c. Out of the 306 accidents reported, 302 related to injuries sustained by employees. Of the 4 which resulted to injuries to non-employees (patients) the breakdown was: falls (2); slip/trip (1); and injury to a finger following de-escalation event (1).
- d. HSENI did not carry out any investigations into the above reports. Based on the information provided, HSENI was aware that the working environment was difficult and that staff were subject to physical attack. The causes can include: inherent aggression or mental instability; impatience (due to waiting, lack of information or boredom); frustration (due to lack of information or boredom); anxiety (lack of choice, lack of space); resentment (lack of rights); alcohol and drugs; and, poor design of premises.
- e. Institutions such as MAH utilise a number of strategies to mitigate the risks of physical assault on staff. These include: risk assessment; instruction; staff training such as Management of Actual or Potential Aggression (MAPA); staff numbers; de-escalation techniques; care plans; and building layout etc. Whilst it is not possible in all situations to eliminate the risks, HSENI accepts that employers take sufficient reasonably practical measures to implement safe systems of work.

- f. In the period April 2016 to February 2022, HSENI received two complaints.
  - i. On 10 January 2019 a member of the public made a complaint about the care of a relative at Cranfield 2 ward, Muckamore Abbey Hospital. Specifically, he found his relative standing alone in the car park at the front of the building. The complaint was investigated and upheld. The Trust revised its risk assessment for managing patients leaving Cranfield 2, provided a copy of the Trust Adult Mental Health and Learning Disability Absent without Leave Procedure (AWOL), and reviewed the Trust incident reporting system (DATIX).
  - ii. On 9 December 2020, a complaint was received in relation to a building layout issue and how it inconvenienced staff who needed to exit a care situation quickly. The complaint was partially upheld and was resolved by the Trust.

8) Other relevant information:

None.

9) Conclusion:

None.

10) Declaration of Truth:

The contents of this witness statement are true to the best of my knowledge and belief.

11) Signed:



LOUIS BURNS.

12) Date:

26 January 2023.