

Muckamore Abbey Hospital Inquiry

Organisational Module 7 – MAH Operational Management

WITNESS STATEMENT OF MARIE MALLON

I, Marie Mallon, Associate with the HSC Leadership Centre and part time Non-Executive Director, make the following statement for the purposes of the Muckamore Abbey Hospital Inquiry (“the MAH Inquiry”):

1. This statement is made on my own behalf in response to a request for evidence from the MAH Inquiry Panel dated 7 March 2024. The statement addresses a set of questions posed to me concerning MAH Organisational Module 7 relating to MAH Operational Management.
2. This is my first witness statement to the MAH Inquiry.
3. The documents that I refer to in this witness statement can be found in the exhibit bundle marked “MM1”.
4. The 7 March 2024 MAH Inquiry request for evidence, with the accompanying questions, can be found at Tab 1 in the exhibit bundle.

Qualification, Experience and Position of the Statement Maker

5. I am a Fellow of the Chartered Institute of Personnel and Development (a Member from 1984, a Fellow from 2011). I hold a Master’s degree in HR Leadership, which I completed in 2008.
6. I held the position of Director of Human Resources (“HR”) in the Belfast Health and Social Care Trust (Belfast Trust) between 2007 and 2014. Between 2011 and 2014 I also held the role of Deputy Chief Executive of the Belfast Trust. Prior to

becoming Director of HR of the Belfast Trust, I had previously been the Director of HR in one of the legacy trusts, the Royal Group of Hospitals Trust.

7. I retired from full time work in 2014, after which I became an Associate with the HSC Leadership Centre. I have also held posts as a part-time Non-Executive Director of various different bodies and companies.
8. Given the length of time that has passed since I retired, in preparing to make this statement, I engaged with some former Belfast Trust HR Directors, a HR Co-Director and a senior manager to assist with my recollection of the systems and processes which were in place during my time in post. These were:
 - a. Mrs Jacqui Kennedy, former Belfast Trust HR Director.
 - b. Mr Damien McAllister, former Belfast Trust HR Director.
 - c. Mrs Joan Peden, former Belfast Trust Co-Director of HR.
 - d. Mrs Monica Molloy, former senior manager of HR in the Belfast Trust.
9. I have been asked to address a number of questions/issues for the purpose of my statement. I will address these questions/issues in turn.

Questions for witnesses working in a senior HR position at MAH

Question 1

Please explain your role and the responsibilities which you held in respect of MAH (including details of when you held such role/ responsibilities).

10. During my time as HR Director in the Belfast Trust (2007-2014) I had responsibility for HR strategies, policies and services right across the Belfast Trust. This therefore included Muckamore Abbey Hospital (MAH).
11. HR services included recruitment and selection, learning and development, pay and reward, employment and industrial relations, workforce planning and information as well as equality and improving working lives.

12. In 2007, when the Belfast Trust was created, it took time to reorganise the HR function into one centralised department. However, in around a year or so, Human Resource services were centralised and a business partnership arrangement was implemented whereby a HR business partner was allocated to assist each directorate with HR issues. Each business partner remained in their role within central HR for the majority of their time, while also giving part of their time providing advice and support to their allocated service directorate.
13. As Director, I had responsibility for ensuring the development of a HR strategy which aligned to the objectives of the Belfast Trust. I also attended Executive Team and Trust Board meetings to provide HR input.
14. I also had responsibility for the Health and Social inequalities function and, for a period, the regional interpreting service. In addition to HR staff, the secretarial staff within Belfast Trust headquarters and the Trust Board Secretariat also came under my remit.
15. As Deputy Chief Executive (2011-2014) I, at times, deputised for the Chief Executive, and undertook tasks of strategic or operational importance as directed by him.

Question 2

What training was provided for new line managers at MAH on staff management processes?

16. In answering this question, it is important to understand that HR itself did not manage the approximately 22,000 staff across the Belfast Trust. Rather it provided services and advice to managers in directorates who were required to manage the staff. HR was responsible for ensuring adequate training on general management responsibilities, including appraisal, recruitment and selection, disciplinary and grievance procedures as well as absence management.

17. When staff applied for a post in a directorate, the job description of the post for which they were applying would set out the duties of the post, and the criteria to be eligible to apply. The criteria would usually include the requirement to meet certain qualifications, e.g. degree, registered nurse or whatever professional qualification that was relevant to the role.
18. An appointment panel would then consider if the applicant met the criteria and had the necessary qualifications and experience and other competencies relevant to the role. Panels consisted of people qualified to undertake assessment of an applicant's suitability, e.g. doctors, nurses or social workers.
19. Relevant managers in the directorate/department would then provide local induction to orientate the member of staff to their new role and surroundings. They would also identify any further training or assistance necessary, and where they could access same.
20. New starts to the organisation were also required to attend an organisational induction to both welcome them into the Belfast Trust and acquaint them with knowledge about the organisation that they might find helpful.
21. In addition to any of the training or assistance identified during induction, staff could also avail of HR services, including learning and development opportunities that were provided centrally. Managers and staff across the Belfast Trust were able to avail of training events provided by HR or the HSC Leadership Centre, as well as internal or external training organised or recommended by professional Directors of the different corporate areas, e.g. nursing, social work, medical staff etc. There was also management development training available for staff, provided by the Belfast Trust, HSC Leadership Centre and other external organisation. The Belfast Trust was able to deliver accredited leadership training and developed a leadership and management strategy to promote leadership and good management in the organisation.

Question 3

Please explain the performance management arrangements for all staff, including managers, at MAH.

22. There were two elements to performance management: performance management of Directorates and of Individuals.
23. The performance of Directorates was managed by way of accountability reviews which assessed the performance of a Directorate against the Directorate's annual plan and objectives, as well as the Belfast Trust's Corporate and Management Plans and objectives.
24. Directorates had to set out annually their plans and objectives under the heading of the 5 pillars (Quality and Safety, Modernisation, Partnerships, People and Resources). In doing so they had to take into account the Corporate and annual Trust Management Plan.
25. Formal Accountability Reviews were held at least once, and often twice, a year in relation to each Directorate. These Reviews were usually chaired by the Chief Executive and two other executive Directors. In this way, Directorates were held to account for their performance and were also given an opportunity to raise challenges they were facing. The Corporate Plan, the annual Management Plans, and these accountability processes were, during my tenure, managed by the Director of Planning and Performance.
26. The second element of performance management relates to individual performance review. An appraisal process was developed to cover staff at all levels who were not covered by other formal processes (e.g. medical staff had a separate process.) It was a Personal Contribution Framework (PCF). Managers and staff were trained on how to undertake discussion and feedback between the appraiser and the appraisee, including agreeing any personal development needs.

27. At the beginning of each year appraiser and appraisee met to agree objectives and development needs. Midyear reviews and one to one meetings helped to ensure progress was made, or challenges to making progress were identified.
28. Before an end of year appraisal meeting took place, the appraisee would review the personal objectives that had been set by their manager and prepare their thoughts on how they had met their objectives or the challenges that hindered progress on meeting them. They were also asked to consider any development or training needs that would be helpful in order to discharge their responsibilities. Likewise, the appraiser would prepare for the meeting; assessing progress made or objectives met, and any learning or development needs that would be helpful. A meeting would take place, an agreement on performance would be reached and any support needed was identified.
29. As part of the Investors in People (IIP) process, which the Belfast Trust entered into early in its existence, local representatives from Service Areas and Directorates worked with HR to ensure Learning and Development appraisal and communications with staff were embedded.
30. Where performance was an issue throughout the year, line managers could and did seek advice from HR. Managers would seek to identify why performance was not satisfactory and could offer support including training, occupational health or whatever was felt to be helpful.
31. Where, despite help and assistance, performance did not improve, this could be considered under the disciplinary procedure. It had various stages that could be used to try to seek improvement in performance. These stages included formal or informal warnings, downgrading, final warning or dismissal.
32. If a manager was contemplating invoking the disciplinary procedure then guidance on its application, and advice on the appropriate approach, was available from the employment relations section in HR. Managers frequently made use of this service when required.

Question 4

Were line managers required to seek HR advice and/or inform HR if they undertook performance management meetings?

33. Managers were not required to seek advice or inform HR if they undertook performance management meetings, including appraisal. However, training and advice was available.
34. Training on appraisal, using the Personal Contribution Framework, was made available to staff engaging in the appraisal process, including how appraisal meetings should be conducted and how to complete the appraisal documentation. The aim was to get a mutual understanding and agreement on what was expected of the staff member and what would assist them in carrying out their role, including any development needs. Advice outside of the training was readily available from the relevant HR section.
35. If a manager was contemplating invoking the disciplinary procedure, guidance on its application and advice on the appropriate approach was available from the relevant section in HR. Managers frequently made use of this service when required.

Question 5

What processes were in place to provide career development opportunities to staff at MAH, to ensure that staff had the required specialist skills to deliver care in a learning disability facility?

36. HR did not itself provide training in specialist skills to deliver care. This was the responsibility of the various professional heads and Directors of Service and was outside of the expertise of HR staff. However, HR worked closely with professional heads to enable staff to gain NVQ qualifications in different types of care.

37. In terms of career development opportunities generally, training in leadership and management was offered both by HR and through the HSC Leadership Centre, which the Belfast Trust contracted through a service level agreement to provide training in this area. HR also provided training relevant to first line management steps, e.g. disciplinary, grievance, absence management, appraisal processes etc. This training was open to and attended by staff from all disciplines.
38. Professional training, in areas such as nursing, medicine and social work, was organised by those in the specific professional area, and provided either by professionals within the Belfast Trust or external professional bodies. The HSC Leadership Centre, for example, has a unit within it dedicated to providing clinical education to nurses, midwives and allied health professionals.
39. The availability to staff of this level of training and development gave them the opportunity for career development and the ability to apply for posts both inside and outside of the Belfast Trust.

Question 6

Please describe the role of Human Resources in workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix (and thereby to ensure safe care) at MAH? Please also explain how any concerns about such matters were escalated.

The role of Human Resources in workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix

40. Workforce monitoring, planning and implementation to ensure appropriate staffing levels and skill mix in a particular hospital was generally the responsibility of the relevant Director of service, obtaining whatever assistance they required from the Directors of the various professions in the Belfast Trust, such as the Director of Nursing, Social Work or the Medical Director. It was not an issue for which HR was directly responsible.

41. The calculation of staffing levels and skill mix was a matter within the responsibility of individual service directorates. Directorates set staffing levels taking account of professional advice, regulation and budget available. Budgets for staffing were the responsibility of the relevant Director.
42. In carrying out those functions, the directorate would take account of professional advice in ensuring the appropriate skill mix, for example nursing ratios of registered to non-registered staff.
43. Directors were assisted in maintaining and monitoring staffing levels by the information on staffing numbers in post and funding available which was provided routinely to them by finance.
44. Once it was known which posts were required or were vacant, HR would advertise posts and subsequently provide the Finance Directorate with information for new starts and changes in staffing, including promotions, in order to affect the change on payroll and extant staffing numbers, thus ensuring monthly figures on staff in posts and budgets were available to directorates.
45. The role of HR was to provide efficient recruitment processes, including trying to devise ways of filling hard to fill posts. Ways of achieving this could have included advertising more or less widely, for example nationally or more locally depending on the nature of the post. HR sets standards relating to the time taken to fill a post and this was one of the HR KPI's that were looked at a user group set up by HR which included managers and users from the directorates.
46. By way of example, HR worked closely with Central Nursing in recruiting large numbers of nursing staff across the Belfast Trust. Where posts were hard to fill, innovative ways were established for recruitment, e.g. targeting recruitment to new graduates and attending job fairs. HR also worked closely with Central Nursing to set up an internal nurse bank to ensure that service areas had access to appropriately trained staff who could fill temporary vacancies created by issues such as sickness absence. Directors of the relevant Directorate also would work

with HR in recruiting specific posts required and could avail of the workforce information that was held in HR.

47. Workforce planning and anticipation of turnover and or service developments meant that waiting lists were frequently drawn up to meet anticipated demand. An essential element of ensuring the availability of trained nurses was engagement between the Department of Health and Directors of Nursing from across the region to try to ensure that sufficient training places in nursing at undergraduate level were commissioned each year in order to provide a sufficient pool of appropriately qualified staff. Staffing shortages in directorates would frequently be discussed at accountability reviews chaired by the Chief Executive, and, depending on the subject matter and extent of the issue, could come up in discussion at various levels and fora.

The escalation of concerns relating to workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix

48. Generally concerns about staffing levels, skill mix etc. would be escalated up the various managements lines through to Directors of the relevant service as necessary. Any concern was not itself a matter directly for HR to address, but HR worked closely with directorates to assist them to address recruitment, either through the work of the HR business partner or directly with the relevant HR section.

Question 7

Do you wish to draw to the attention of the Panel any other matters not covered by the above questions that may assist in the Panel's consideration of the Terms of Reference?

49. There is nothing further I wish to draw to the attention of the MAH Inquiry.

Declaration of Truth

50. The contents of this witness statement are true to the best of my knowledge and belief. I have either exhibited or referred to the documents that I believe are necessary to address the matters on which the MAH Inquiry Panel has requested I give evidence.

Signed: Marie Mallon

Dated: 13 June 2024

| Marie Mallon Organisational Module 7 Exhibit Bundle "MM1" | | |
|---|--|--------------|
| INDEX | | PAGES |
| Tab 1 – Inquiry Request of 7 March 2024 | | |
| T01.01 | MAH Inquiry Letter to Marie Mallon | 13 |
| T01.02 | Enclosure: “Module 7: MAH Operational Management Questions to be Addressed in Witness Statement Questions for witnesses working in a senior HR position at MAH” | 15 |

MAHI Muckamore Abbey Hospital Inquiry

MAHI Team
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07 March 2024

By Email Only

Ms Marie Mallon

Dear Ms Mallon

Re MAHI Organisational Modules 2024: Request for Witness Statement

The Inquiry is currently preparing for the final phase of evidence. Please see enclosed a document summarising the ten organisational modules to be heard in this phase: [Organisational Modules 2024.pdf \(mahinquiry.org.uk\)](https://mahinquiry.org.uk/organisational-modules-2024.pdf).

It is anticipated that the Inquiry will hear evidence in respect of these modules in September and October 2024.

The purpose of this correspondence is to issue a request, in the first instance, for a statement from you that will assist the Inquiry in this phase of evidence. It should be regarded as a request by the Inquiry Panel for the purposes of Rule 9 of the Inquiry Rules 2006.

The Inquiry understands that you were a Human Resources Director with responsibility for Muckamore Abbey Hospital (MAH) from 2007 to 2014.

You are asked to make a statement for the following module:

M7: MAH Operational Management

I have also enclosed for your attention a copy of the Inquiry's [Terms of Reference](#). You will note that the module in respect of which you are asked to make a statement, spans across the Terms of Reference.

Please find enclosed a set of questions that the Panel wish to be addressed in your statement ("Questions for witnesses working in a senior HR position at MAH"). It would be helpful if you could address those questions in sequence in your statement. If you do not feel that you are in a position to assist with a particular question, you should indicate accordingly and explain why that is so.

Please note that, while the Inquiry has received and heard a considerable body of evidence about the relevant systems and processes that were in place during the timeframe of the Terms of Reference, the Inquiry will now be focusing primarily on the *adequacy and effectiveness* of those systems and processes.

Please see enclosed a Statement Format Guide that will assist with the presentation of your statement. It is important that statements made for Inquiry purposes should be consistent in format. It is appreciated that the number of required sections will depend on the range and breadth of issues to be covered and that some flexibility will be needed to ensure the most effective presentation, but you are asked to adhere to the Guide to the extent that is possible.

You are requested to furnish the Inquiry with your completed statement by 27 April 2024. Your statement should be uploaded to the Inquiry's document management platform BOX via the following link:

<https://mahinquiry.app.box.com/s/x4cxa0tupy0pfekalvp2a1gzd5j003t8>

Should you have any issues accessing BOX please email info@mahinquiry.org.uk and a member of the team will assist you.

Statements made for the purpose of the organisational modules will be published on the Inquiry's website.

As noted above, it is anticipated that evidence in these modules will be heard by the Inquiry in September and October 2024. If there are any dates in those months on which you will be unavailable to attend the Inquiry to give evidence, please inform the Inquiry as soon as possible by emailing the Inquiry Secretary jaclyn.richardson@mahinquiry.org.uk.

If you have any queries about this correspondence, please do not hesitate to contact me.

Yours faithfully,



Lorraine Keown
Solicitor to the Inquiry

Encs:

1. Outline of Organisational Modules April – June 2024. [Organisational Modules 2024.pdf \(mahinquiry.org.uk\)](#)
2. [MAHI Terms of Reference](#).
3. OM2024 Statement Format Guide.
4. Questions for witnesses working in a senior HR position at MAH.



**Module 7: MAH Operational Management
Questions to be Addressed in Witness Statement**

Questions for witnesses working in a senior HR position at MAH

1. Please explain your role and the responsibilities which you held in respect of MAH (including details of when you held such role/ responsibilities).
2. What training was provided for new line managers at MAH on staff management processes?
3. Please explain the performance management arrangements for all staff, including managers, at MAH.
4. Were line managers required to seek HR advice and/or inform HR if they undertook performance management meetings?
5. What processes were in place to provide career development opportunities to staff at MAH, to ensure that staff had the required specialist skills to deliver care in a learning disability facility?
6. Please describe the role of Human Resources in workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix (and thereby to ensure safe care) at MAH? Please also explain how any concerns about such matters were escalated.
7. Do you wish to draw to the attention of the Panel any other matters not covered by the above questions that may assist in the Panel's consideration of the Terms of Reference?