

Muckamore Abbey Hospital Inquiry

Organisational Module 9 – Trust Board

WITNESS STATEMENT OF JACQUELINE KENNEDY

I, Jacqueline Kennedy, former Director of Human Resources and Organisational Development within the Belfast Health and Social Care Trust (the Belfast Trust), 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 13 March 2024. The statement addresses a series of questions addressed to me concerning my former role in Human Resources and Organisational Development within the Belfast Trust.
2. This is my first witness statement to the MAH Inquiry. I did contribute with information for the Belfast Trust witness statements dealing with Evidence Modules 3 and 4.
3. The documents that I refer to in this statement can be found in the exhibit bundle attached to this statement marked “JK1”.
4. The 13 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 held the post of Interim Director of Human Resources and Organisational Development within the Belfast Trust from February to November 2018 at which time I was appointed to the role on a permanent basis until leaving the Belfast Trust

in May 2023. Prior to my appointment as Director, I was the Co-Director of Human Resources and Organisational Development in the Belfast Trust from December 2014 to February 2018.

6. As the Director of Human Resources, I had responsibility for the development and implementation of HR strategies, policies, procedures and for the delivery of HR services across the Belfast Trust. This included responsibility for Employee Relations, Recruitment and Selection, Workforce Planning, Workforce Modernisation, Job Evaluation, Pay and Terms & Conditions, Attendance Management, Occupational Health Services, Learning and Development and Organisational Development. I was a member of the Belfast Trust's Executive Team and attended Trust Board meetings.

7. I commenced my professional career as a HR Manager in the private sector, working in the Manufacturing and Telecommunications sectors for approximately 11 years until I joined the Royal Group of Hospitals as the Deputy Director of Human Resources in April 2003. I held the post for 18 months before becoming the Director of Human Resources for the Central Services Agency in September 2004. I held this post until the Review of the Public Administration in 2009, when the Central Services Agency ceased to exist and the Business Services Organisation was created. I was appointed Assistant Director of Human Resources for the Business Services Organisation in June 2009 and held the post until December 2014 when I took up the role of Co-Director of Human Resources and Organisational Development with the Belfast Trust.

Questions

Question 1

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

8. I held the role of Director of Human Resources and Organisational Development for the Belfast Trust from February 2018 to May 2023. The role of Director of

Human Resources was a corporate Trust-wide role. I had responsibility for the development and implementation of HR strategies, policies, procedures and for the delivery of HR services across the entire Belfast Trust, including Muckamore Abbey Hospital (MAH).

9. This included responsibility for Employee Relations, Recruitment and Selection, Workforce Planning and Modernisation, Job Evaluation, Pay and Terms & Conditions, Attendance Management, Occupational Health Services, Learning and Development and Organisational Development.
10. As my role was a corporate role, involving HR policies throughout the entire Belfast Trust, my work would not have involved dealing with individual service areas, but involved dealing with policies and strategies that applied throughout the entire organisation.

Question 2

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

11. There were formal performance management arrangements in place at 3 different levels in the Belfast Trust.
12. At a business unit level, referred to as Directorates in the Belfast Trust, there were Accountability Review meetings held with the Chief Executive and two other Directors to review each Directorate's performance. During these meetings, each of the Directors, together with members of the Directorate senior management team, had to report progress against their annual management plans, providing both quantitative and qualitative information relating to the services they delivered. The Accountability Review meetings were a way for the Chief Executive to hold Directorates to account for their performance and they also provided Directorates with the opportunity to highlight key successes or to raise any issues or areas of

concern. The Directorate Management Plans were developed annually in line with the Belfast Trust's key strategic corporate objectives.

13. At an individual level, the Belfast Trust had a well-developed annual appraisal process which applied to all staff with the exception of Medical and Dental staff, who were subject to separate appraisal and revalidation processes in line with their professional regulatory requirements. The appraisal process was intended to allow line managers to review the performance objectives of each staff member, provide feedback on performance and agree development plans for the incoming year. The HR Directorate developed the appraisal procedures and templates, provided appraisal training and reported on appraisal rates. In addition to the appraisal process, professionally regulated staff groups in the Belfast Trust, such as Doctors, Nurses, Allied Health Professionals and Social Workers were also required to comply with the relevant professional requirements relating to revalidation, supervision and Continuous Professional Development.
14. Thirdly, the Belfast Trust had Disciplinary and Capability policies and procedures in place to manage individual performance issues due to either capability or conduct. The HSC (Health and Social Care) in Northern Ireland developed regional Disciplinary and Capability procedures which were implemented and applied in the Belfast Trust where individuals were not meeting the required standards of performance. Each of these policies made provision for dealing with individuals who were not performing in accordance with required standards, whether by providing them with additional support, training, supervision, or other interventions such as disciplinary action as the case may require.
15. Beyond these means of managing performance, regulated professional staff members such as Nursing and Social Work staff working within the Belfast Trust would be subject to professional supervision arrangements as determined by their professional bodies. The nature of this supervision is profession-specific and was a means by which clinical and professional practices could be supported and developed.

Question 3

What training was provided for new line managers at MAH, including but not limited to training on performance management procedures?

16. The Belfast Trust has a mandatory training policy which requires all new staff, regardless of staff group or professional status, to undertake training on certain key areas. This is part of the induction or 'onboarding' process as it's known. Some training programmes are required under this policy regardless of the service area the member of staff is working in, whereas other training programmes are specific to staff working in certain areas. The focus of the 'onboarding' process is to introduce new employees into the Belfast Trust and to familiarise them with certain key policies, as well as to undergo mandatory training such as fire safety.
17. There is no single training programme for new line managers. Line management responsibilities are carried out by a wide range of people performing a wide range of functions at various levels of seniority across the Belfast Trust. Taking a single service area such as MAH as an example, the training needs of line managers would differ across areas such as Nursing, Social Work, Administration, Patient & Client Support Services, Estate Services and so on. To reflect the varying training needs of individuals throughout the Belfast Trust, the HR Learning and Development team developed an annual portfolio of learning and development programmes each year which was offered to all staff in the Belfast Trust, including staff in Muckamore Abbey Hospital.
18. Whilst there was no one single training programme for new line managers within the Belfast Trust, there was a wide range of training made available which included training for line managers on a range of subjects including appraisals, recruitment and selection, communications training as well as management and leadership development programmes.
19. All staff in the Belfast Trust were able to undertake training courses, as agreed by their line managers, including e-learning training as well as in-person training events and they were able to avail of training opportunities offered by the HSC

Leadership Centre. In addition to this, staff undertook clinical skills and profession-specific training as required to fulfil professional and regulatory requirements. As well as the HR Learning and Development team which developed or commissioned Trust-wide training initiatives, there were a range of other training providers across the Belfast Trust who developed and delivered specific training on areas such as Health and Safety.

Question 4

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

20. The nature of the performance issues in question would determine whether or not line managers sought HR advice. If the line manager considered that they could deal with the performance issues informally, there was no requirement to inform HR or seek advice.
21. There were different levels of line managers across the Belfast Trust, for example, Deputy Ward Sisters, Ward Sisters, Assistant Service managers and so on, and if performance issues were identified with a staff member, line managers could escalate the issue to their line manager for advice without any involvement from HR.
22. If the performance issues related to clinical or professional practice, line managers would inform and/or seek advice from the appropriate professional leads to determine any action required. If the line manager determined that the performance issues required formal action under the Trust's Disciplinary or Capability Procedures, they would normally seek advice from HR on the process to be followed.

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?

23. Staff in Muckamore Abbey Hospital were able to avail of career development opportunities in the same way as any other staff groups throughout the Belfast Trust. The opportunities to undertake management & leadership development programmes and other training courses were open to all staff and vacancies were advertised in line with the Recruitment Policy and legal requirements. Staff working at Muckamore Abbey Hospital were treated the same as other staff throughout the Belfast Trust in relation to career development.

24. It was the responsibility of the relevant professional heads, i.e. the Executive Directors of Medicine, Nursing and Social Work as appropriate, together with the Service Director who had operational responsibility for Muckamore Abbey Hospital, to ensure that staff had the required specialist skills to deliver care in a learning disability facility. The Executive Directors of Nursing and Social Work in the Belfast Trust had senior staff with lead responsibility for profession-specific training.

Question 6

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

25. At a policy level, the Department of Health has a key role in determining the workforce planning strategy for Health and Social Care in Northern Ireland, for the commissioning of training places for Medicine, Nursing, Social Work and Allied Health Professionals and for determining staffing levels such as the framework set out in 'Delivering Care'. The detail of this is set out more extensively in the Belfast

Trust's Module 4 Witness Statements, particularly that of Brona Shaw. The Belfast Trust's Human Resources and Organisational Development Directorate does not set staffing levels, nor does it monitor the staffing levels of individual services within the Belfast Trust. That is principally the responsibility for the Directorate in which any individual service is located.

26. Specialty-specific nurse staffing ratios were in place across the Belfast Trust and the wider HSC and were determined using agreed staffing frameworks such as 'Delivering Care'. The same approach did not apply in relation to social work staffing levels. These were determined taking into account caseload, operational requirements and existing staffing levels. Permanent staff in Muckamore Abbey Hospital were supported by temporary staff and staff engaged through recruitment agencies. The engagement of agency staff was managed locally within Directorates.
27. The Human Resources and Organisational Development Directorate did not have responsibility for ensuring appropriate staffing levels and skills mix in Muckamore Abbey Hospital; the professional responsibility for this was held by the Executive Directors of Nursing and Social Work with the Service Director and the collective leadership team having operational responsibility.
28. Where those who had responsibility for managing staffing levels identified a need for additional staff, the role of HR was to support the recruitment and redeployment of staff to MAH to meet the identified staffing requirements. HR was also involved in liaising with other Trusts in relation to temporary staff transfers to MAH, advising on issues relating to pay and terms & conditions for staff, providing HR reports relating to headcount, turnover and absence levels as requested and for organising the 'onboarding' or induction processes for new starts.
29. There were, and continue to be, shortages of nursing and social work staff, not just in the Belfast Trust, but across the whole of the HSC. The difficulties in recruiting and retaining sufficient numbers of learning disability nurses and social workers in MAH was further exacerbated following the reported abuse of patients in 2017 and

the subsequent criminal investigation. The concerns regarding staffing levels in MAH were escalated by the Executive Directors and the Service Director on a regular basis both within the Trust to the Executive Team and also regionally to colleagues in the Department of Health, the Health and Social Care Board and the Regulation Quality Improvement Authority. The numbers of doctors, nurses and social workers trained in Northern Ireland is determined at a regional level by the Department of Health, which is responsible for commissioning medical, nursing and social work training places depending on the available funding.

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?

30. The Human Resources and Organisational Development Directorate was a small corporate function with approximately 116 staff (excluding Occupational Health Services) to support the 22,000 employees of the Belfast Trust. In the main, each Directorate within the Belfast Trust had an assigned HR Business Partner from the HR Directorate whose role was to advise and support the Directorate on strategic HR issues. The role of the HR Business Partner was not to carry out line management responsibilities, but to support the alignment of HR initiatives with the Directorate's management plan and operational requirements. The HR Business Partners were not fulltime business partners, they also had responsibility for specific areas of HR service delivery, for example, Recruitment.

Other Matters

31. None

Declaration of Truth

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

Signed: Jacqueline Kennedy

Dated: 14 June 2024

Jacqueline Kennedy Organisational Module 9 Exhibit Bundle "JK1"		
INDEX		PAGES
Tab 1 - Inquiry Request of 13 March 2024		
T01.01	MAH Inquiry Letter to Jacqueline Kennedy	12

MAHI Muckamore Abbey Hospital Inquiry

MAHI Team
1st Floor
The Corn Exchange
31 Gordon Street
Belfast
BT1 2LG

13 March 2024

By Email Only

Ms Jacqui Kennedy

Dear Ms Kennedy

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 \(mahinquiry.org.uk\)](#).

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 the Director of Human Resources and Organisational Development in Belfast Health and Social Care Trust (BHSC).

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

M9: Trust Board

I have also enclosed for your attention a copy of the Inquiry's [Terms of Reference](#). You are asked to give particular consideration to paragraphs 6-7, 9 and 17 of the Terms of Reference.

Given your role in Human Resources and Organisational Development, the Panel would be assisted if you would address the following matters specifically in your statement:

1. Please describe your role and the responsibilities you held in respect of MAH

(including details of when you held such role/responsibilities).

2. Please explain the performance management arrangements for all staff, including managers, at MAH.
3. What training was provided for new line managers at MAH, including but not limited to training on performance management procedures?
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 monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix (and thereby 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?

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.box.com/s/m031sv7j0agjw25svdr5t7o9u4v03gdr>

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,

A handwritten signature in black ink, appearing to be 'Lorraine Keown', written in a cursive style.

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.