

**ORGANISATIONAL MODULES 2024 STATEMENT**

**MUCKAMORE ABBEY HOSPITAL INQUIRY  
WITNESS STATEMENT**

**Statement of Andrew McCormick  
Date: 28 June 2024**

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I, Andrew McCormick, make the following statement for the purpose of the Muckamore Abbey Hospital (MAH) Inquiry.

The statement is made by me in my capacity as the Permanent Secretary of the Department of Health, Social Services and Public Safety during the period from August 2005 – June 2014 in response to a request for evidence for the M10 Module: Department of Health by the Inquiry Panel.

This is my first statement to the Inquiry.

I will number any exhibited documents, so my first document will be “Exhibit 1”.

**Qualifications and positions**

1. I have a first degree in Geology (1<sup>st</sup> Class Honours, University of Oxford, 1978) and a PhD in Isotope Geochemistry from Queen’s University Belfast (1989). I have no professional qualifications relating to health and social care.
2. I have held the following relevant positions: I was Director (from 1998 to 2002) and then Second Permanent Secretary in Department of Finance and Personnel, Northern Ireland (and hence had a role in advising on, and monitoring the budget for health and social care in Northern Ireland); from August 2005 to June 2014, I was Permanent Secretary of the Department of Health, Social Services and Public Safety and Chief Executive of Health and Social Care, Northern Ireland. I had no involvement with health and social care after I left DHSSPS other than (in 2018-2021) minor involvement in relation to the implications of the UK’s exit from the EU for access to medications.

## Module

3. In making this statement I have received assistance from former Departmental colleagues who have provided me with information and documentation relevant to the questions posed by the Inquiry. I can indicate their identity to the Inquiry should it require this information. I have tried to indicate in this statement where information is within my own knowledge and recollection and where I have been alerted to it.
  
4. I have been asked to address a number of questions/ issues for the purpose of my statement. I will address those questions/issues in turn, in so far as I can. I have been suffering from an illness, details of which have been provided to the Inquiry, and will be undergoing further treatment in the next few months. As a result of my illness the provision of oral evidence is likely to be difficult. Further, it has impacted on my ability to prepare this statement, albeit I have done my best to familiarise myself with the documentation and information provided to me by former departmental colleagues prior to providing this statement. In preparation for making this statement, I have read the statements of Richard Pengelly, Michael McBride, Sean Holland and Charlotte McArdle so that I would not unnecessarily replicate the information contained within them.

### **Q1. Was the Department provided with the Ennis Ward Adult Safeguarding Report (2013)? If so, who received it, when and in what circumstances?**

5. I do not recall the 2013 Ennis Ward Adult Safeguarding Report being drawn to my attention prior to my transfer away from DHSSPS on 30 June 2014. I was however made aware in 2013 of allegations of abuse in the Ennis Ward, and was advised that Departmental officials had sought assurances from both the Belfast Trust and RQIA that all appropriate steps had been taken to investigate and address these. I exhibit at Exhibit/1 an e-mail alerting me to issues identified in a subsequent RQIA investigation, and a subsequent submission to the then Minister on this matter at Exhibit/2.

**Q2. If the Department was provided with the report, what action did the Department take upon receipt? Please provide dates and details of any action taken.**

6. I understand from the statement provided to the Inquiry by Richard Pengelly that the Ennis Ward Adult Safeguarding Report (2013) was not formally provided to the Department until 2019. I am not in a position to assist the Inquiry further with this question.

### **Questions for Departmental witnesses**

**Q1. Please explain what your role was and when you held that role. Please also detail any particular responsibilities you held in relation to MAH and identify any groups relating to MAH which you were a member of.**

7. As the DHSSPS Permanent Secretary and Chief Executive of the HSC as explained above, I was:
- a. The Minister's chief advisor on policy and management issues across the full range of the Department's responsibilities;
  - b. Managing the work of the Department, chairing the Departmental Board and fulfilling the responsibilities as the Principal Accounting Officer, which included oversight of all the Chief Executives of all the health and social care service bodies and other non-departmental public bodies under DHSSPS' remit. This included leadership and management roles, and communication and liaison in relation to all parts of the health and social care system, staff representative bodies, primary care contractors and other stakeholders;
  - c. A member of the NI Civil Service-wide Permanent Secretaries Group and the NICS Board, hence sharing corporate leadership of the NICS.
8. I was not a member of any groups relating to MAH.

**Q2. Please explain your understanding of the structures and processes that were in place at Departmental level for the oversight of MAH. How effective were those structures and processes in ensuring adequate oversight of MAH at Departmental level?**

9. Until 1 April 2007, MAH was part of the North and West Belfast Health and Social Services Trust (NWBHSST), which primarily provided community health services within the city of Belfast. I do not recall the historical reason for its responsibility for MAH. The merger of Trusts in 2007 (phase one of the implementation of the Review of Public Administration (RPA) as it affected the health and social care sector) saw NWBHSST become part of the new Belfast Trust. As a regional facility, its services were commissioned by all four of the sub-regional Health and Social Services Boards, until they were merged into the Health and Social Care Board on 1 April 2009 (in phase two of the RPA). I led the work on both phases of the RPA and was involved in the recruitment and appointment of Trust Chairs and Chief Executives in 2006. The Chief Executives of both the original and the new (larger) Trusts were personally accountable to me for governance and performance of their organisations, though in practice, before 1 April 2007, the Eastern Health and Social Services Board (EHSSB) led many aspects of the work of the health and social care system for its area (i.e. what is now the geographical coverage of the Belfast and South Eastern Trusts (plus, anomalously, MAH). In that context, I did not have much regular contact with the Chief Executive of NWBHSST, and as far as I recall little or no contact with others in the Trust's leadership team (except as explained at paragraph 28 below, as I met the key Trust staff responsible for MAH on the occasion explained there).
10. Hence oversight of MAH was the first line responsibility of the NWBHSST, and the operational and professional staff were integral parts of the management structure of the Trust. EHSSB, as the lead commissioner, was responsible for assurance that its "contract" with NWBHSST as the provider of services was being provided within budget and to the scale and standard it was commissioning. In turn, both the Trust and the Board were accountable to DHSSPS (specifically to the Deputy Secretary with responsibility for policy and operational issues) to provide assurance on all the dimensions of governance: I do not have any clear

recollection that would shed light on the extent or nature of interaction between the Department and EHSSB or NWBHSST in that period.

11. I have also read the response to this question in the statement of Richard Pengelly, and I have nothing further to add to this.

**Q3. Did the Department rely on incident reporting in respect of MAH?**

12. I have no specific knowledge relevant to questions 3-13, though I have provided below a few comments, more based on the key principles that informed and guided my actions in general while in DHSSPS than any specific recollections. I have read the responses to these questions in the statements from other Departmental witnesses for this module, and I agree with these and have no further evidence to offer.

**Q4. How would concerns at MAH trigger a notification to the Department? Who decided that a notification ought to be made and what guidance was there to identify when that ought to happen?**

13. I would simply note that the Trusts had a clear obligation to escalate any material concerns affecting the standard of service they were providing under their statutory duty of quality; and that the Boards (later the HSCB) as commissioners and RQIA as the regulator had responsibilities to monitor and secure assurance on standards of care.

**Q5. Did the Department receive regular data or other reports in respect of MAH? If so, please provide details, including how often they were received and who provided them.**

**Q6. Was soft intelligence triangulated with data? How were different data sources integrated (for example, staff shortages and patient outcomes)?**

**Q7. Did the Department have any role in the decision to install and operate CCTV at MAH? If so, please give details.**

**Q8. When did the Department first become aware of allegations of the abuse of patients at MAH? What action did it take in response?**

**Q9. What arrangements were in place at Departmental level for workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix (and thereby to ensure safe care) at MAH? Please also describe your recollection of any actions taken by the Department to ensure that MAH staff skills matched MAH patient needs.**

14. These issues reflect the fundamental responsibilities of Trust HR departments to ensure appropriate staffing and skills mix, and of professional registration and standards in relation to all of their facilities.

**Q10. Were concerns about ward staffing (both establishments and vacancies) at MAH raised with the Department? If so, please describe any actions taken by the Department to address those concerns.**

**Q11. The Inquiry has heard evidence regarding the Chief Nursing Officer's programme "Delivering Care: Nurse Staffing in Northern Ireland" (2014). The Inquiry has heard that Phase 9 of the programme was in relation to Learning Disability nursing. Did the Department consider accelerating this phase when concerns at MAH arose in 2017? If not, why not? If it did, what action, if any, was taken?**

15. I left DHSSPS in June 2014, not long after the publication of the CNO's programme, and hence I was not aware of the issues.

**Q12. How did the Department assure itself that Trusts had properly checked the current registration of clinical professions with the NMC, HCPC and GMC?**

16. My comment on question 9 (paragraph 14 above) applies to this point as well.

**Q13. What systems were in place at Departmental level to ensure adherence to relevant professional standards by MAH staff? What actions were available to the Department if it had any concerns in relation to the adherence to professional standards?**

17. My comment on question 9 (paragraph 14 above) applies to this point as well.

**Q14. Equal Lives (Bamford, 2005) recommended improved community services and stated that all people with a learning disability living in a hospital should be relocated to the community by June 2011. Transforming Your Care (2012) recommended the resettlement of all people with a learning disability from hospital to community living options with appropriate support by March 2015. What did the Department do to promote that pledge? What were the barriers to achieving it?**

18. As part of the response to the complete work of the Bamford Review, Minister Shaun Woodward, who I worked with in 2005-06, decided that the Department should appoint a “Northern Ireland Director for Mental Health and Learning Disability” as a leader and champion for this area of work, and to bring strong advocacy and challenge to the Department, and to the Boards and Trusts on behalf of patients, clients and relatives (this was prior to the creation of the Patient and Client Council in 2009 as part of Phase 2 of the Review of Public Administration). I played a central role in the process of seeking to make an appointment to that position, though the limited records available from May 2007 show that no appointment to that post had been made. I do not recall the details as to why that was the case. I also restructured the senior staffing of the Department to ensure that one of the Deputy Secretaries reporting directly to me had mental health and learning disability as a central element of her responsibilities.
19. The Department worked with the Boards and Trusts to take forward the work on resettlement of patients from MAH. Specific targets to complete that process were set by the Department in the period from 2007 onwards, following the Bamford Report. Targets were initially set in the Department’s annual ‘Priorities for Action’ document, in response to the Bamford Review. As an example, the Priorities for Action 2007/2008 document exhibited at MMcG/98 to Mark McGuicken’s statement of 13 February 2023 included the target: *‘by March 2008, Boards and Trusts should have resettled 40 people currently being cared for in learning disability hospitals to appropriate places in the community. In addition, Boards and Trusts should ensure that, from April 2007, all patients admitted for assessment and treatment are discharged when treatment is complete, according to the care plan created for each new patient on admission.’*

20. Following the establishment of the HSCB in 2009, targets for resettlement were set in the annual commissioning process, as evidenced for example by 'The Commissioning Plan Direction (Northern Ireland) 2011-2012' exhibited at MMcG/8 to Mark McGuicken's statement of 13 February 2023, which includes the target: *'By 31<sup>st</sup> March 2012, ensure that Trusts resettle at least an additional 45 long-stay patients from learning disability hospitals to appropriate places in the community compared to the end March 2011 figure.'*
21. These targets became part of the process of performance management of the Trusts: each of the five integrated Trusts had an obligation to act to secure community-based settings for all of the patients from their geographical area. Progress towards these targets was monitored and interrogated at the regular Trust accountability meetings which I chaired. An example of an accountability meeting from 2012 is exhibited at MMcG/296 to Mark McGuicken's statement of 26 May 2023.
22. It is well-understood that creating and financing suitable community-based settings for patients in MAH was and is a complex process, as a result of the complex needs and, in many cases, the challenging behaviours of the individuals concerned. It was essential to secure the necessary staff and other resources to ensure that the care to be provided in the new setting would be suitable and to an acceptable standard.

**Q15. In seeking to deliver the Bamford Vision, how did the Department consider the impact of bed and budget reductions on the operational running of MAH?**

23. The clear objective of the resettlement programme was that, by a defined date, no-one would have MAH (or any other HSC learning disability hospital facility) as, in effect, their permanent place of residence. Hence it was inherent in the plan that the scale of activity at MAH would diminish. However, in my time in DHSSPS, the system had not made sufficient progress to lead to the need for a detailed plan for a stage approaching closure. I do not recall any detailed analysis on the issues in



relation to operational issues at MAH, as the focus of attention was the development of community-based settings. I have read the response to this question provided in Sean Holland's statement, and I have nothing further to add to this.

**Q16. Did the Department monitor the effectiveness of the resettlement strategy? If so, please provide details.**

24. I refer to my comments on the performance management of the Trusts at paragraph 19 above. I have read the responses to this question provided in the statements of Sean Holland and Richard Pengelly, and I have nothing further to add to these.

**Q17. Were concerns about the resettlement programme ever raised with the Department, either by the Trust Board or other stakeholders? Please describe any actions taken by the Department to address those concerns.**

25. Throughout the process described above, it was well-understood that the work was challenging and complex, but I do not recall any incidence of specific concerns being raised in the sense of evidence or allegations of failures of quality or of unmanaged risk. I have read the response to this question in the statement of Sean Holland, and I have nothing further to add to this.

**Q18. Were you aware of the Winterbourne View scandal in England and the Transforming Care work undertaken by the NHS? If so, what was your view of the subsequent steps to reduce hospital beds in England, and the associated initiatives such as STOMP ("stopping over medication of people with a learning disability, autism or both")? Did you or the Department consider whether similar initiatives should be applied in Northern Ireland, and was any action taken in this regard? If not, why not?**

26. I was aware of the Winterbourne View scandal. I do not recall specific review of our approach based on the lessons from what happened there, primarily, I infer, because we were already committed to a programme of resettlement. It is likely

that there was detailed assessment of the operational lessons from Winterbourne View by the Trust. I have read the responses to this question in the statements made by Sean Holland, Charlotte McArdle and Michael McBride, and I have nothing further to add to these.

**Q19. 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?**

27. As well as the engagement on the resettlement programme covered at paragraph 11 above, I recall two specific occasions when I had direct involvement in issues in relation to MAH. In autumn 2005, the police were involved in relation to evidence of sexual activity some of which may have been illegal as minors were involved. The then Head of NI Civil Service, Nigel Hamilton, contacted me, and he and I attended a briefing by senior PSNI personnel. This was clearly a matter of grave concern. It had come to attention because of observations which had been recorded (apparently in a matter of fact way) in clinical notes. My recollection is that PSNI referred to a significant scale of activity, though I do not recall what may have been said about the duration or the time period covered by those notes. On the next working day, senior colleagues in DHSSPS explained the background to this issue and the actions they had initiated in conjunction with PSNI. I did not personally recall how this development unfolded, nor what PSNI concluded. I have now read the statement of Sean Holland, which provides more detail on the Department's response to these allegations (paragraphs 85 to 112 of the statement). Having seen the relevant exhibits to Sean Holland's statement, and reviewed the Official Report of Minister Poots' statement to the Northern Ireland Assembly on 17 November 2011 about the allegations of abuse at Lissue Hospital, it is clear from the documentary evidence that:

- a. I wrote to the Trust Chief Executives in September 2006 seeking assurance from them that appropriate procedures were in place to prevent abuse of children and vulnerable adults and to ensure that any incidents that may arise are dealt with properly and effectively. I also asked that Chief Executives

consider the need for a retrospective review of patient notes (the “retrospective sampling” work)

- b. I also wrote to RQIA in September 2006 seeking an independent assurance that appropriate procedures were in place to prevent abuse of children and vulnerable adults in mental health and learning disability hospitals on these matters.
- c. In October 2008, I wrote to the Trust Chief Executives conveying recommendations arising from work that had been taken forward on these issues and requesting the production of Trust action plans in response to the RQIA report.
- d. In January 2009, I wrote to RQIA seeking assurance that the Trust action plans were appropriate, and RQIA replied in November 2009 confirming that they were.
- e. In March 2011, I wrote to Assistant Chief Constable Will Kerr seeking a meeting to discuss the findings of the retrospective sampling exercise. That meeting took place in May 2011. In June 2011, at a meeting of the retrospective steering group, it was agreed to pass retrospective sample papers to the PSNI, and in August 2011, the departmental medical adviser and policy members met the PSNI to have the views of the retrospective sampling exercise made known.
- f. Following completion of the PSNI investigations, the Public Prosecution Service (PPS) confirmed publicly in April 2011 that the investigations at MAH did not lead to any criminal prosecutions.

These records clearly show the action taken on these issues and my clear inference is that my own judgement, and the collective judgement of the Department, the Trusts and RQIA was that we had responded proportionately and appropriately, and that there was no *prima facie* evidence of abuse of

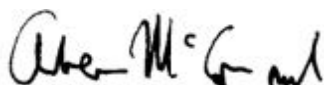
patients by staff in that period that should have prompted further or deeper investigations. I have nothing further to add to this.

28. There was serious criticism of the regime at MAH in 2007, with the press reporting that patients were being locked up: I did an interview with the Stephen Nolan show on this on Thursday 18 January 2007 (transcript at Exhibit/3). My understanding was that the aspects of the regime that had attracted criticism were seen by the management of MAH as necessary as a consequence of the challenging behaviours of some of the patients. I visited MAH privately on Saturday 20 January 2007. The Grade 7 in the policy team in DHSSPS, Conrad Kirkwood, also visited that day (he and I had not planned our visits to coincide, but he, like me, had decided that a visit would be informative, given the issues that had been highlighted publicly). I recall from direct conversations with patients the vital necessity of action to address the resettlement issues. I do not recall that there was any allegation of any inappropriate behaviour by staff at that time, though I remember being told (by whom I do not remember) that there was a material concern that some staff had become “institutionalised” as a consequence of the duration of their postings and the low expectations that positive change was possible at MAH. My recollection is that Minister Paul Goggins also visited MAH a few days later.

### **Declaration of Truth**

The contents of this witness statement are true to the best of my knowledge and belief. I have produced all the documents which I have access to and which I believe are necessary to address the matters on which the Inquiry Panel has requested me to give evidence.

Signed:



Date: **28 June 2024**

**List of Exhibits (Andrew McCormick)**

- Exhibit 1: Email from Maura Briscow to Andrew McCormick re Concerns in Ennis Ward - Dated 04/02/2013.
- Exhibit 2: Submission to health minister regarding update on Ennis Ward investigation - Dated 21/05/2013.
- Exhibit 3: Transcript of Stephen Nolan show featuring Andrew McCormick - Date of broadcast 18/01/2007

Message: MAHI - STM - 298 - 14  
DH1/14/282877

**From:** [Briscoe, Maura \[EX:/O=NIGOV/OU=EXCHANGE ADMINISTRATIVE GROUP \(FYDIBOHF23SPDLT\)/CN=RECIPIENTS /CN=1067714\]](#)

**To:** [McCormick, Andrew \(DHSSPS\) \[SMTP :Andrew.McCormick@dhsspsni.gov.uk\]](#), [Magowan, Neil \[SMTP :Neil.Magowan@dhsspsni.gov.uk\]](#), [Green, Carol \[SMTP :Carol.Green@dhsspsni.gov.uk\]](#), [Henry, Ronan \[SMTP :Ronan.Henry@dhsspsni.gov.uk\]](#)

**Cc:** [Briscoe, Maura \[SMTP:Maura.Briscoe@dhsspsni.gov.uk\]](#), [Holland, Sean \[SMTP:Sean.Holland@dhsspsni.gov.uk\]](#), [McBride, Michael \[SMTP:Michael.McBride@dhsspsni.gov.uk\]](#), [McMaster, Ian \[SMTP:Ian.McMaster@dhsspsni.gov.uk\]](#), [Taylor, Diane \(DHSSPS\) \[SMTP: Diane.Taylor@dhsspsni.gov.uk\]](#), [Smyth, Christine \(SSI\) \[SMTP:Christine.Smyth@dhsspsni.gov.uk\]](#)

**Sent:** 04/02/2013 at 12:50

**Received:** 04/02/2013 at 12:50

**Subject:** Ennis Ward Muckamore - Important

Teresa Nixon from RQIA rang to further express concern about Ennis Ward in Muckamore a□□ this is a resettlement ward with many patients having profound challenging behavioural difficulties.

I understand that through whistleblowing some time ago that concerns were raised and 3 staff were suspended. The allegations were in relation to potential mistreatment.

A

The most recent picture is that RQIA did another inspection on 29/1 and remain concerned.A This is their 3 visit.A The big issues relate to

-A A A A A A A A A Low staffing levels, safeguarding vulnerable adults, and use of bank staff.A A In addition, apparently another member of staff was suspended last week but PSNI did investigate and issues were not substantiated.

A

Now a□□ RQIA has escalated and have formally written to Colm Donaghy to highlight their continued concerns. A A A In addition, some concern was expressed regarding the impartiality of the Independent Monitors that were put in place by the trust a□□ i.e. too close to HSC staff.

A

A

Neil a□□ can we be sure that in Ministera□□s briefing for Dot Kirby that we have included A some generic LTT.A Note that she is a befriender in Muckamore

Thanks

M

From: Neil Magowan  
Learning Disability Unit

Date: 21 May 2013

1. Maura Briscoe
2. Edwin Poots

## **UPDATE ON INVESTIGATION AT ENNIS WARD MUCKAMORE HOSPITAL**

**Issue:** Update on the ongoing investigation at Ennis Ward in Muckamore Abbey Hospital.

**Timescale:** Urgent.

**FOI Implications:** May not be fully disclosable at this time.

**Presentation issues:**

**Special Adviser's Comments:**

**Recommendation:** That you note this briefing and lines to take.

### **Background**

1. In November 2012 the Department and HSC Board were notified by way of an Early Alert notice, about a case of alleged physical and verbal abuse involving four patients at Ennis Ward in Muckamore Abbey Hospital (Sub/1137/2012 refers).
2. This was subsequently converted to a Serious Adverse Incident – which remains open, pending the Trust Final Report on the incident (normally on completion of the Police Investigations). It is expected that this will be completed in early June.

3. Safeguarding action was taken in respect of the patients and three members of staff were placed on precautionary suspension pending the outcome of the investigations. It is understood that one of the staff, a junior nurse, was subsequently reinstated. All relevant organisations (PSNI, Trusts, RQIA and the Department) were notified.
4. In taking forward this investigation of allegations of abuse the Trust has adhered to the practice guidance set out in "Protocol for Joint Investigation of Alleged or Suspected Cases of Abuse of Vulnerable Adults" (2009). Additional monitoring staff have been present on the ward for every shift since last November.
5. The PSNI have been leading on the investigation of suspected criminal activity. I understand that the Police believe there is sufficient evidence to consider taking forward charges of common assault and ill treatment in relation to 2 members of Belfast Trust staff and they submitted a file for consideration by the PPS in March 2013. Any decision to prosecute rests of course, with the PPS.
6. In the meantime, the 2 members of staff concerned remain on precautionary suspension, pending the outcome of both the police investigation and the Trust investigation into the professional conduct of both staff members. One member of staff is a Registered Nurse and the NMC has been kept informed of the progress of this investigation. The other staff member is employed as a Health Care Assistant and is thus not subject to any regulatory processes.
7. The Trust continues to provide additional oversight and mentoring of staff within Ennis Ward as part of the Protection plan put in place in November 2012.
8. The PSNI has now concluded their investigation and the findings have been sent to the Director of Public Prosecutions.
9. The RQIA have sought assurances from the Trust regarding the follow-up actions in the light of the PSNI findings.



10. RQIA will continue to inspect this Ennis Ward unannounced in the forthcoming weeks.

### **Recommendation**

11. That you note this briefing and lines to take.

### **Lines to take**

- **Patient safety is my first concern. Additional safety arrangements are in place.**
- **Ennis ward is under continuous monitoring by RQIA.**
- **I understand that the matter is still subject to the processes of the law, and a full investigation under the Abuse of Vulnerable Adults Protocol. I cannot therefore make any comment on the detail of the allegations.**

**Neil Magowan**

**X 22554**

**cc Andrew McCormick  
Sean Holland  
Linda Devlin  
Ronan Henry  
Ian McMaster  
Neil Magowan  
Julie Stewart  
Carol Green**

MAHT - STM - 298 - 18  
Transcript of Stephen Nolan Show featuring Andrew McCormick  
18/01/2007

Transcript created using Microsoft 365  
(Andrew McCormick features 06:32 to 16:06)

## Audio file

[thestephenolanshow\\_20070118-1200\\_40\\_st.mp3](#)

## Transcript

00:00:00 Speaker 1

This is a download from the BBC For more information and our terms of use go to [bbc.co.uk/NL](http://bbc.co.uk/NL).

00:00:10 Stephen Nolan

The Department of Health and the beginning inquiry into the disgraceful situation at Muckamore Abbey, the treating of people with severe.

00:00:20 Stephen Nolan

Learning disabilities, it's been revealed by a BBC News Line special investigation that patients are being kept in muckamore long after their treatment has ended. In one case, a man has remained there for 10 years. Imagine if this was you or your family member.

00:00:39 Stephen Nolan

Because there are no resources to enable them to return the independent living in the Community, this society, the Department of Health and all of the politicians cannot afford to give that man the freedom he is entitled to. Can you believe this? We'll be talking to the permanent secretary of the Department of Health in in a moment.

00:00:58 Stephen Nolan

First, let's hear from Jim, who has a 14 year old son who's a patient at Muckamore. Good morning to you, Jim.

00:01:05 Jim (Guest 1)

Good morning, Steven.

00:01:06 Stephen Nolan

Tell me your story.

00:01:07 Jim (Guest 1)

MAHT - STM - 298 - 19  
Transcript of Stephen Nolan Show featuring Andrew McCormick  
18/01/2007

Transcript created using Microsoft 365  
(Andrew McCormick features 06:32 to 16:06)

Not too bad. I just want to hear that that our son is actually 27, Stephen. So yeah, he's 27.

00:01:14 Stephen Nolan

OK.

00:01:15 Stephen Nolan

Tell me your story, Jim.

00:01:17 Jim (Guest 1)

Well, our son has been in the night of Muckamore since he was 1112 year old at the minute he is in Muckamore Abbey Hospital for the last three years receiving treatment at the minute and on the delay discharge.

00:01:31 Stephen Nolan

When you when? When you say he's receiving treatment and these terms like delayed discharge, Jim, what does that mean?

00:01:37 Jim (Guest 1)

Well, they they, they mean the they're trying to get to get them more settled and they will, they come till they can come back out into the community. But even if he was settled or there, there is really nothing in the community for him.

00:01:50 Jim (Guest 1)

Or any young adult or child with alerted disability if nothing related in the community for.

00:01:55 Jim (Guest 1)

Them.

00:01:57 Stephen Nolan

And and so he's left in Muckamore.

00:01:59 Jim (Guest 1)

Left little more and now now this has been since he's 11 or 12 year old. But at the minute we can we can take our son home from a Sunday till Tuesday.

00:02:08 Stephen Nolan

Uh-huh.

MAHT - STM - 298 - 20  
Transcript of Stephen Nolan Show featuring Andrew McCormick  
18/01/2007

Transcript created using Microsoft 365  
(Andrew McCormick features 06:32 to 16:06)

00:02:09 Jim (Guest 1)

And like we have had no specialist training whatsoever, but we are expected to cope with.

00:02:14 Stephen Nolan

And so this is you. You tell me this is for a period of what?

00:02:16 Stephen Nolan

The last 15 years he's been having like this.

00:02:18 Jim (Guest 1)

Yes, we have been dealing with this, yes.

00:02:20 Jim (Guest 1)

Yeah.

00:02:21 Stephen Nolan

And when he's left at Muckamore and we, we emphasised right at the very top of this programme that this is no reflection whatsoever on the staff of of Macklemore.

00:02:31 Jim (Guest 1)

Oh no. I would like to make sorry for interrupting you, Stephen. There. I would like to make it clear from the start that my wife and I have a great affection for all the the staff in Muckamore Abbey Hospital. They are all very, very good, and the standard of care in Muckamore Abbey Hospital is fantastic.

00:02:49 Jim (Guest 1)

From all the nurses, staff and doctors, but they're in a really in a no win situation, getting the backing from the government and the trusts they're supposed to be responsible for these patients.

00:02:54 Stephen Nolan

Is your son locked up?

00:03:00 Stephen Nolan

Is your son then locked up on a Wednesday, Thursday, Friday?

00:03:01 Jim (Guest 1)

MAHT - STM - 298 - 21  
Transcript of Stephen Nolan Show featuring Andrew McCormick  
18/01/2007

Transcript created using Microsoft 365  
(Andrew McCormick features 06:32 to 16:06)

Well, well, I suppose if anybody went up to see our son, they would probably say he was locked up. But from our point of view, we can't really say he's locked up because we can still, we can still have him at home.

00:03:12 Stephen Nolan

He's in a locked unit, isn't he?

00:03:13 Jim (Guest 1)

He's in a left unit. Yes. And that's this is one of the new units that's been built.

00:03:19 Stephen Nolan

Does he need to be there?

00:03:21 Jim (Guest 1)

Well, we have been told from the doctors that the from the very start, he didn't really, he didn't really need to be there. But Steven, there's nothing in the community for them.

00:03:29 Stephen Nolan

Well, how do you feel about that?

00:03:30 Jim (Guest 1)

Well, Mr Lagani parent that has a child with a learning disability, would you class our son? He's a young adult now and it's very, very.

00:03:38 Jim (Guest 1)

Distressing. And I'd just like to thank the BBC for highlighting this on behalf of all the parents that has a child with the learning disability.

00:03:47 Jim (Guest 1)

They're just really forgotten about.

00:03:49 Stephen Nolan

Who has forgotten about you?

00:03:51 Jim (Guest 1)

When it's mostly all that well, when Kim was admitted that the Muckamore Abbey hospital that you just forgot about like.

00:03:59 Jim (Guest 1)

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From all the trust ones they're put in there for that, we get no support.

00:04:02 Jim (Guest 1)

Whatsoever in the community.

00:04:04 Stephen Nolan

Tell me about your son. I don't. I I I'm not even comfortable with the fact that, you know, not only these people hidden away from us. Not only are they not getting the rights they're entitled to, but we never. You know what? What kind of young fellow is he?

00:04:16 Jim (Guest 1)

Well, our son is 6 foot 6 inches tall.

00:04:20 Jim (Guest 1)

Big, big fellas. Thin, very thin, not heavily built. Very, very loving fella and very has challenging behaviour which can be very, very affectionate.

00:04:30 Jim (Guest 1)

He would have the mind of, I would say A5 or six year old.

00:04:33 Jim (Guest 1)

But everything is done in our family. It's all revolved around them like any other family with a lean disability.

00:04:40 Stephen Nolan

Do you talk to other families up there?

00:04:44 Jim (Guest 1)

All our families up there have probably been the same situation too. Like I would say.

00:04:48 Stephen Nolan

What do you need in place to bring him home?

00:04:50 Jim (Guest 1)

We need in place with something in the Community that our son can go to where he's loved and cared like we love him and the same would apply them to to all adults what they learn this, this.

00:05:02 Jim (Guest 1)

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Quality.

00:05:03 Jim (Guest 1)

We need something in the Community to support us while he is at home.

00:05:07 Stephen Nolan

Why? Why do?

00:05:07 Stephen Nolan

You think this hasn't been put in place a long, long time ago?

00:05:11 Jim (Guest 1)

Yeah, it's just it's put away. They forgot about this. It's not a priority. Not a priority to anybody, but it's like it is what we have been through as a family over the last 14 or 15 years. The only way I could describe it, Stephen has been like a living hell.

00:05:17 Stephen Nolan

Do you think they're?

00:05:28 Stephen Nolan

Can you?

00:05:30 Stephen Nolan

Elaborate on that while loving him.

00:05:31 Jim (Guest 1)

Well, what I mean is that sometimes when when our son, he can be very, very aggressive in the House and have very, very challenging behaviours and.

00:05:40 Jim (Guest 1)

We had to cope with.

00:05:41 Jim (Guest 1)

This.

00:05:42 Jim (Guest 1)

And then he was going to a day centre. They said they couldn't cope with it. So the only answer then was.

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00:05:47 Jim (Guest 1)

Muckamore.

00:05:48 Stephen Nolan

I really appreciate you being in the radio programme this morning and and and you said that you you felt that you're.

00:05:54 Stephen Nolan

Your voice hadn't been heard. Hopefully now after this investigation it will be. Thank.

00:05:59 Jim (Guest 1)

Steven, sorry for interrupting you, but I.

00:06:01 Jim (Guest 1)

Would like to.

00:06:02 Jim (Guest 1)

My wife and I were just watching this programme last night on BBC and we're just thank goodness this has been highlighted now.

00:06:11 Stephen Nolan

Nice to nice to talk to you this morning, Jim. Thank you very much. If you are a family member of someone up at Muckamore hospital, someone with severe learning disabilities and you feel you wanna contact this programme this morning, it's probably one of the most important times you ever do. So 08459555678. And you don't need.

00:06:11 Jim (Guest 1)

Thank goodness.

00:06:32 Stephen Nolan

To have a child with those disabilities to feed into this programme this morning because we're all part of the one society we're all part of, the one community here, and surely to goodness, this is important to every single one of us. Andrew McCormack is the permanent secretary for the Department of Health. Good morning to you.

00:06:50 Andrew McCormick

Good morning, Steven.



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(Andrew McCormick features 06:32 to 16:06)

00:06:51 Stephen Nolan

So are you responsible for putting away the most vulnerable?

00:06:54 Stephen Nolan

In this community and forgetting about them.

00:06:56 Andrew McCormick

We haven't forgotten about them. We're we're doing new things to try to make a difference. Except this is not an acceptable situation now and we need to get on urgently and address this issue. But action is happening. The Minister has asked me last night to make sure we can know exactly what's going on and.

00:07:16 Andrew McCormick

Come up with some short term options. Make some difference in the short term, but this is a very long term and expensive problem.

00:07:23 Stephen Nolan

What? What? What kind of people are you? The reason the minister is looking at this last night is because BBC News line broadcast this investigation last night.

00:07:33 Andrew McCormick

We've been on this issue from before. That time the Bamford review was commissioned because we were aware of this issue and we want to give this higher priority. We're doing that. Sean Woodward announced that there would be a new director of Mental Health and Learning disability within the department to champion this cause to beat us about the head and say you must get on and deal with this issue.

00:07:54 Andrew McCormick

So ministers have been committed. We are now taking this on the the trusts and the boards have also been seeking to do the best they can. I commend that they're doing, it's not enough.

00:08:01 Stephen Nolan

Shaun Woodward Shaun Woodward, left, Shaun Woodward, left Shaun Woodward, left Northern Ireland over a year ago. Where is the person filling this new post?

00:08:09 Andrew McCormick

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We we are about to read, advertise we we had a competition which which did not produce a person to who could do it. We we we will be out again looking for someone for this and I believe that we will have this in in in position soon it's even in the meantime even in the meantime.

00:08:24 Stephen Nolan

And that's what that's you working as fast as you can is it?

00:08:27 Andrew McCormick

And selection processes are are almost long and complicated even in the meantime, we're getting on with it anyway. We're we are giving new priority to mental health and learning disability. It's on the top of our age.

00:08:40 Andrew McCormick

Under that, we know we have have failed a very large group of people and that's an indictment, as someone said yesterday of our of our total society, this needs new attention. We accept that responsibility. The buck stops with with us to to make a difference.

00:08:54 Stephen Nolan

I'm not sure if it is an indictment on the whole society. I'm wondering if it's an indictment on the Department of Health. How long have you known about this problem?

00:09:03 Andrew McCormick

And the long term problem of inappropriate.

00:09:09 Andrew McCormick

Care for those with learning disability that's that's been been known for many years. We've known what we need to do. It's been not sufficient resources to get on with it.

00:09:19 Andrew McCormick

We.

00:09:20 Andrew McCormick

Have a lot of priorities, a lot of issues that cause pain and suffering, and and we're seeking to do all we can to address all of those.

00:09:27 Stephen Nolan

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How long have you known about this problem?

00:09:30 Andrew McCormick

Well, the Bamford review was initiated in 2002 and learning disability was a major element of that. The equaliser report, which was the the the the big part of that, came through in 2005.

00:09:40 Andrew McCormick

We are now in the business of prioritising responding to the total Branford review, making sure we address all the issues that gives rise to. It's an immensely challenging agenda, Steven. There's a lot to do here.

00:09:50 Stephen Nolan

And.

00:09:51 Stephen Nolan

And Andrew, it may be challenging if you guys are wanting to come on this programme or any other programme and suggest that you knew about this in 2002 and it's 2007 and the term you're going to use is challenging. Do you really think you should be in that job?

00:10:07 Stephen Nolan

Or not, minister, and cannot minister walk around this morning with his head held high, the most vulnerable in this society? There is no minister put in place. You advertised for it. You couldn't get someone to do the job. And meanwhile there are 20 adults in this country who should not be locked up. And you're locking them up today.

00:10:08 Andrew McCormick

Not sure how that.

00:10:27 Stephen Nolan

Today you're locking them up.

00:10:29 Andrew McCormick

The the particular issue of people, people being in a totally inappropriate environment is that's something we we only knew about in the last few days. Well, the the trust on the boards tried very hard to find a better solution. They they did not do this by any degree of choice. They did not want to do it this way that they had some very serious resource issues to manage because there are so many demands.

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00:10:36 Stephen Nolan

Why?

00:10:50 Andrew McCormick

For health and social care services that what the Minister has asked me to do is to get a clarification of the total position in the next two weeks.

00:10:58 Andrew McCormick

And then see what we can do urgently on that particular issue of people being being locked up that that is not right. One would defend that and I'm not here to defend that at all.

00:11:02 Stephen Nolan

Sure.

00:11:03 Andrew McCormick

And the.

00:11:04 Stephen Nolan

And the minister?

00:11:07 Stephen Nolan

The Minister has asked you to do this last night after a BBC News Line investigation.

00:11:15 Stephen Nolan

So there is absolutely no information flow from from, from those trusts to you to say this is wrong.

00:11:18 Andrew McCormick

We, we.

00:11:24 Stephen Nolan

Is that what you're telling me?

00:11:25 Andrew McCormick

The trust on the boards have been saying that they have had major problems. We.

00:11:30 Andrew McCormick

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We knew there was the word issues to be addressed. I didn't know of the particular issue of of locking up that that's new to me personally last night, but we need to address that quickly and and find a solution. It's it's not, it's not acceptable, but the trust are doing their best in in what is a difficult situation as as as the.

00:11:50 Andrew McCormick

As Jim said there.

00:11:51 Andrew McCormick

There's a lot of good work being done.

00:11:54 Andrew McCormick

And and I really do commend the dedication and leadership of the staff there. It's it's it's very, very important, but it isn't sufficient and we need to address this in that. I really, really want to confirm. We are committed to.

00:12:00 Stephen Nolan

Well, you, you.

00:12:02 Stephen Nolan

You.

00:12:05 Andrew McCormick

Making a difference.

00:12:06 Stephen Nolan

Yeah. You, you, you admire the staff so much that you've ignored them for many years now haven't.

00:12:11 Stephen Nolan

You.

00:12:12 Andrew McCormick

No, we did not ignore them. The department started the Bamford review because of the issues we're trying to address. The long term issues.

00:12:17 Stephen Nolan

Well.

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00:12:18 Stephen Nolan

The the buffer review was in 2002.

00:12:21 Andrew McCormick

Yes.

00:12:22 Andrew McCormick

And and of course, there have been, there's been a steady trend to do the right thing. We know the right thing to do, which is to provide the support in the Community. It's expensive. It's going to be one hundred thousand pounds a.

00:12:31 Andrew McCormick

one hundred thousand pounds a.

00:12:32 Andrew McCormick

Year for one individual. That's very, very expensive.

00:12:33 Stephen Nolan

Yeah, let's compare that. Let's compare that 100,000 lbs to give someone their right to be free in the community. That right that you take for granted and the Minister who's walking around today takes for granted. Let's compare that 100,000 lbs to the £86 million that has been spent on consultancy fees since that.

00:12:54 Stephen Nolan

Bamford report came out. You you find the money for all your consultants.

00:12:56

The.

00:12:58 Stephen Nolan

Yeah.

00:12:59 Andrew McCormick

We need advice and assistance. Managing the service is important that we we my my criterion in relation to consultancy is will it help us deliver a better outcome for patients? Well, we are making making a difference. Things are getting better.

00:13:09 Stephen Nolan

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Clearly not.

00:13:13 Stephen Nolan

Andrew £86 million that you found immediately for consultants and you're telling me this morning that you could not find 100,000 lbs to give the most vulnerable in this society. The freedom they're entitled to.

00:13:29 Andrew McCormick

Umm

00:13:31 Andrew McCormick

We have a lot of priorities in the health service, including making, including providing obligations to Parliament and accountability, including having information systems that help us manage better for the longer term. We have to balance short term and long term priorities. That's a difficult issue. We have a very strict criteria in relation to consultancy.

00:13:33 Stephen Nolan

Consultants.

00:13:51 Andrew McCormick

We don't do it lightly. We do it where it's necessary for the long term.

00:13:54 Andrew McCormick

Good.

00:13:55 Andrew McCormick

That's important. The priority for mental health and learning disability is not sufficient at the moment. We will need to review that we will need to secure resources, look at priorities very hard.

00:14:07 Stephen Nolan

Where's the minister this morning?

00:14:08 Andrew McCormick

The Minister has important engagements in Parliament.

00:14:10 Stephen Nolan

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Does he does. Does he? Does he feel like an up to muckamore and and visiting the people who he's currently incarcerating?

00:14:16 Andrew McCormick

They they are being cared for. Steven, don't, don't overdo.

00:14:20 Andrew McCormick

That that it's not, it's not the right environment, but it's it's not, it's to to, to characterise caricatured as incarceration is unfair. They're locked up. But that that's because the the the trust could not find a better alternative in the short term. We want to work with the trust and the boards to see what can be done and continue the right thing. And and it was the.

00:14:27 Stephen Nolan

Are then locked up units? Should they be?

00:14:36 Speaker 6

What?

00:14:39 Andrew McCormick

Only it was the only safe option that was available.

00:14:40 Stephen Nolan

Have you have you an appointment in your diary to go and see those people this morning that you're locking up and you shouldn't?

00:14:46 Andrew McCormick

And I I will be visiting Mcmorris at some stage. I haven't took her appointment, but that that needs to happen. We need to I I do accept responsibility for making a difference in this, Stephen. That's that's what I'm saying here. That's why I'm on your programme this morning. To say we take this very seriously. We're we're seeking to do the right thing here.

00:14:50 Stephen Nolan

Why not?

00:15:04 Stephen Nolan



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OK, so what's the time frame in this? What's the what's the bottom line? How quickly with those people be given their freedom, they're entitled to?

00:15:08 Andrew McCormick

Initial.

00:15:12 Andrew McCormick

We need to need to see what is possible. If there was an easy option, the trust and the board would have found that and done it.

00:15:19 Andrew McCormick

They they agonised long and hard before adopting this.

00:15:23 Andrew McCormick

We we will look as as quickly as we can. The Minister has asked for quick information in two weeks as soon as possible. After that we will see what's possible.

00:15:32 Stephen Nolan

Of course, the people just finally the people are we agreed, Andrew, that the people least likely to stick up for themselves have been penalised.

00:15:41 Andrew McCormick

That is true. The these people need advocacy. They need support. They need us to take responsibility for their lives, provide equal lives as the as the report said. That's that's a long term societal issue and we need to play our part in in helping that. It's a vital and important.

00:16:00 Stephen Nolan

Andrew, thank you very much. I I I, I will say this to you, you chose to come onto the programme today and I thank you very, very much for that. Thank you, Andrew. Morning to you.

00:16:06 Andrew McCormick

Thank you.

00:16:08 Stephen Nolan

Maureen Piggott is the director of Mencap for Northern Ireland morning to.

00:16:11 Stephen Nolan

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You, Maureen. Well.

00:16:12 Maureen Piggott

Good morning.

00:16:12 Stephen Nolan

Steven, what's your response to what you've heard there from the permanent secretary?

00:16:17 Maureen Piggott

Well, I'm delighted to hear the permanent secretary saying that learning disability is going to be top priority for the Department of Health. That's something we've wanted to hear for a very long time. I think hardly a month goes by that I or one of my colleagues aren't on either BBC U TV or one of the other Airways highlighting the issues of people with a learning disability.

00:16:37 Maureen Piggott

And their families.

00:16:38 Maureen Piggott

In September last year, we were talking about the families at breaking point carers who are caring for people like the father who spoke to you this morning.

00:16:49 Maureen Piggott

And and at breaking point because of not getting the support they need, we had parents telling us that they had contemplated suicide.

00:16:57 Stephen Nolan

And when you've been saying this, many ministers have you said this to now.

00:17:01 Maureen Piggott

I've been in this job for 16 years. I've been saying it to every minister since I was appointed.

00:17:07 Stephen Nolan

And and how do they sidestep you, Maureen? What do they say?

00:17:11 Maureen Piggott

Always the same story. Not enough resources. We have to balance priorities.

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00:17:16 Stephen Nolan

So they're aware of it and they and they simply say we can't afford.

00:17:18 Maureen Piggott

Certainly.

00:17:20 Stephen Nolan

It.

00:17:21 Maureen Piggott

That's right.

00:17:23 Stephen Nolan

Do you think they really?

00:17:24 Maureen Piggott

And and I think a comment that Andrew Cormick made, he was actually quoting me when he said that this is an indictment of society as a whole. And I think there's a bit of that. That's true. I think the general public don't understand learning disability and accept the old fashioned notion that people were best cared for in hospitals.

00:17:43 Maureen Piggott

And because of that, we've had real difficulty getting the public support.

00:17:48 Maureen Piggott

The public outrage at the situation of people, some of whom have died in hospital waiting for an alternative.

00:17:54 Stephen Nolan

Can you paint the picture for me? Maureen, help me to do so of the the circumstances, the environment that these people are in when they shouldn't be.

00:18:04 Maureen Piggott

In the hospital.

00:18:05 Stephen Nolan

Yeah.

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00:18:07 Maureen Piggott

Well, the the hospital situation has improved greatly over the years that there was a time where we had 36 people in a ward where people spending their lives living in a ward where 36 other people separated by two or three seat from the next bed sharing a day room.

00:18:27 Maureen Piggott

During today's services, the hospital would have provided the best facilities they could.

00:18:33 Speaker 7

But.

00:18:33 Maureen Piggott

That was how society viewed people.

00:18:36 Maureen Piggott

Now there have been improvements in the hospital. There have been there's been a recently new built units that we've heard mentioned this morning, but essentially you're talking about an institutional life, people being cared for in hospital situation when they should be living either at home with mom and dad with that family.

00:18:56 Maureen Piggott

Getting proper support or in their own homes and again with the proper support.

00:19:01 Stephen Nolan

Is this a breach of their human rights?

00:19:04 Maureen Piggott

In my mind, it's a breach of the human rights, but one of the things that has frustrated me is getting legal clarification on when something is a legal breach of human rights.

00:19:13 Stephen Nolan

I used the term for those people that they were incarcerated and the permanent secretary took exception to that this morning. Those people who should not be behind lock and key, who are, do you feel they're being incarcerated?

00:19:28 Maureen Piggott

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I certainly feel it's an abuse of their human rights and I've I've said last night I thought I had heard everything that I was.

00:19:34 Maureen Piggott

Very shocked to hear that that was.

00:19:36 Maureen Piggott

The situation this.

00:19:37 Stephen Nolan

Is true then that one man who should have been out into.

00:19:41 Stephen Nolan

Ten years ago, there's just no resources.

00:19:45 Maureen Piggott

Stephen, there are people there who should have been out 40 years ago. We're we're focusing in the last couple of days on the so-called delayed discharge patients. But that's just a proportion of the total number of people in muckamore and in the other hospitals who are there simply because they don't have a home.

00:20:05 Maureen Piggott

Elsewhere.

00:20:06 Stephen Nolan

Thank you very much for your call this morning. Paul's on too morning to you, Paul.

00:20:09 Paul (Guest)

Hi Steven, I was in walking war in 2003.

00:20:14 Paul (Guest)

I'm working more. I went in mental health problems because I wasn't taking my medication and lost weight. And I know Doctor Maria person because she's Mexican actress and I mean for the doctors and nurses.

00:20:27 Paul (Guest)

In the local ward, where I was for four months, I wouldn't be out today and I've got great respect from working more.

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00:20:35 Paul (Guest)

The dedicated staff are under resource. I listen. I try to get free to the other programme this morning. Got free to you and I've got great respect for the mocking, more the doctors, the psychiatrists. They're on their pressure. I live in the community. I live in, County Antrim. I live in my own flat.

00:20:55 Paul (Guest)

And I've been eight 3 1/2 years now, and I love being out back in my flat.

00:21:03 Paul (Guest)

I feel like crying.

00:21:05 Paul (Guest)

I've got a lot of support from the social workers, the CPM and my family and close friends.

00:21:11 Paul (Guest)

To me.

00:21:12 Paul (Guest)

Do you follow me?

00:21:13 Stephen Nolan

Absolutely, Paul. Let's let's be very, very clear indeed. There's no one questioning the care and the dedication of the staff in any of these hospitals who are doing their very, very best to look after people like you, Paul. Yeah, this this is this is systematic, isn't it? This goes to the very core of government. This goes to.

00:21:20 Paul (Guest)

No, this is fantastic.

00:21:30 Stephen Nolan

The very core.

00:21:30 Stephen Nolan

The goblins fault.

00:21:31 Stephen Nolan

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This goes to the very, very core.

00:21:33 Stephen Nolan

Of what we pay these people, these minis.

00:21:37 Stephen Nolan

These public servants, what we pay them to do, we pay them, we pay them to look after the most vulnerable in society. That's what we do and what have they done. The people who have the least voice, they have gone to the bottom of the pile. That's what they've done. And you know what?

00:21:40 Paul (Guest)

Yeah.

00:21:57 Stephen Nolan

All of the people from Mencap, they've kicked, they've screamed, they've complained. Minister, after Minister and this government and this Department of Health that is currently representing you.

00:22:08 Stephen Nolan

What do you reckon? Have they ignored it until they were shamed into it by BBC News line last night? It's not for me to say, but it.

00:22:15 Stephen Nolan

Is for you to.

00:22:17 Stephen Nolan

Good morning to you, Lisburn caller.

00:22:18 Guest

Good morning.

00:22:19 Stephen Nolan

Your son's there.

00:22:20 Guest

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Transcript of Stephen Nolan Show featuring Andrew McCormick  
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(Andrew McCormick features 06:32 to 16:06)

Yes, my son's been there 4 1/2 years. He has been in and out of locked units, open units, whatever. He's back in a locked unit at the moment where he has to share a dormitory with a number of other.

00:22:32 Guest

people.

00:22:34 Guest

Not so long ago there were something like 20-3 people on that ward, and now there's 12. In the past, he's had to sleep out of his ward in other wards because there was no sleeping accommodation, so he didn't actually own a bed in the ward he was on. That's happened during the course of four and a half years. He is 23. He was 23.

00:22:55 Guest

Last week, he I.

00:22:59 Guest

Find it very difficult to get him out of there. He has a home to go to.

00:23:04 Guest

That I've been told there's no funding that he has to go to a secure unit or not a secure unit, but.

00:23:11 Guest

Hostile type supported living accommodation, even though he has a home and I have begged to get him home. I actually had a solicitor last Monday from the law centre, met with me at Muckamore with the idea of trying to pursue the idea that he could come home and live with me at home.

00:23:27 Stephen Nolan

And what is? What is it they say to you?

00:23:29 Stephen Nolan

When you say I want my son home.

00:23:30 Guest

So just tell me there's no funding now.

00:23:33 Guest



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The week before I also had a meeting and I was told that they're going to try their their pull out all the stops to get them out of hospital this year.

00:23:43 Guest

He's 23. He goes to a day centre which he finds monotonous and boring. He is locked in that unit unless somebody goes out with him. Then this goes up there. It's 6:30 to 8:00. Once a week. I think sometimes he never gets out to Antrim to do a bit of shopping.

00:24:04 Guest

Of course, this kind of this kind of treatment makes his behaviour worse.

00:24:06 Stephen Nolan

What age is your son?

00:24:09 Stephen Nolan

Yeah. How? How old is your son?

00:24:10 Guest

Is 23.

00:24:11 Stephen Nolan

How how would you describe how he has been?

00:24:16 Stephen Nolan

Treated.

00:24:16 Guest

Well, I think I actually have made.

00:24:21 Guest

And made a a complaint to the the trust before Christmas about how my son was treated about how he's lost property.

00:24:26 Stephen Nolan

I'm not talking about.

00:24:28 Stephen Nolan

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Well, well, hold on, hold on one second. I'm not talking about being treated within within muckamore because I I think in a live radio.

00:24:34 Stephen Nolan

Programme, with all due respect to you, that wouldn't be appropriate for us to do. So I'm talking. I'm talking about the wider issue of of, of your, of your son being.

00:24:41 Guest

I think the wider issue is, I think it is incarceration and I think you know that he should be allowed to come home if he so wishes. He should be offered that choice. He as a human being, I think his human rights are not respected because he hasn't been offered a choice. He's been told in no uncertain terms, he has to go and live in supported accommodation, not come home.

00:25:02 Guest

And I think that is so wrong.

00:25:03 Stephen Nolan

What's your message to the Minister, Paul Goggins, this morning?

00:25:06 Guest

Well.

00:25:07 Guest

I think for all the poor people up there, they have been totally neglected and he needs to do something about it. I have in in my own way, trying to do something about it in the past, but I haven't been listened to.

00:25:20 Guest

There's there's more things wrong with than people being incarcerated. There's their treatment, there's opportunities, opportunities for mental health review tribunals.

00:25:27 Stephen Nolan

And and and and and again and again. I don't think any.

00:25:32 Stephen Nolan

Yeah.

00:25:32 Guest

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Which raises people's hope, and then the hopes are dashed.

00:25:35 Stephen Nolan

Sure. OK. Listen, thank you very much. OK, now, Big Brother, all over the papers, whether you actually watch this or not, it is a massive story. Jade Joe, Danielle on one side, Bollywood star Shilpa. Shilpa. Sorry, on the other. This is such a big story that it's been raised in the House of Commons.

00:25:57 Stephen Nolan

The they're burning effigies of the energies of the shows producers on the streets of India. 25,000 viewers have complain.

00:26:07 Stephen Nolan

Channel 4 denies completely any allegations of racism. Of course. Maybe this isn't a racist issue at all. Could be a class thing based between the working class girls and a famous wealthy Indian actress. Maybe it's all media hype. Channel 4 rubbing their hands in Glee.

00:26:26 Stephen Nolan

At the publicity from early this morning, you've been contacting us to the Nolan show, wanting to talk about this. We're gonna go big on it now, 08459555678. The Labour MP Keith Vaz will be raising this issue in Parliament again today. Good morning to you, Keith.

00:26:42 Keith Vaz

A good morning.

00:26:43 Stephen Nolan

What is the big concern?

00:26:45 Keith Vaz

The big concern is that you have a small group of people in a House in Hertfordshire who are clearly indulging in language that can be described as racist.

00:26:56 Stephen Nolan

What are they saying, Keith?

00:26:58 Keith Vaz

Well, I'm not going.

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00:26:59 Keith Vaz

To repeat it.

00:27:00 Stephen Nolan

No, the sentiment, the.

00:27:00 Keith Vaz

But any anyone who has watched the media over the last few days will know constant references to ethnic origin and cultural differences, real aggression, words on their own unaccompanied by facial expressions, contortions of.

00:27:01 Stephen Nolan

Gist of what they're saying.

00:27:18 Stephen Nolan

Of.

00:27:19 Keith Vaz

Faces you sheer nastiness. It's quite obvious what's going on. And last night, for those of our listeners in BBC Belfast who've watched the programme, Shilpa has said herself that she regards it as racist now for a broadcaster responsible broadcaster.

00:27:39 Keith Vaz

The duty of that broadcaster is to make sure that they uphold proper standards of decency. We know they're making a programme, they want lots of.

00:27:47 Keith Vaz

Viewers and obviously this is going to help them in the short run, but in the long run it's going to end in tears. The scar of this will really hang around the neck of Channel 4 today, the chief executive is going to go to Oxford to ask for more money from the government, the public subsidy, because there's going to be a shortfall in the financing of Channel 4.

00:28:08 Keith Vaz

Well, I can tell.

00:28:08 Keith Vaz

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This I hope there will be no public money for any broadcaster who makes a virtue of people who behave in a racist way.

00:28:18 Stephen Nolan

The bottom line is they're going to get the ratings out of this because everybody's talking about it. Everybody's gonna therefore watch it to find out more about it. And Channel 4 probably will get away with this.

00:28:28 Keith Vaz

Well, that's the short term. The bottom line for this is that the British public aren't going to tolerate.

00:28:33 Keith Vaz

Anymore. I don't know about your listeners, but I have had emails 200 emails, 90% of which are against the programme and 75% of which are from non Asian people. Ofcom have had over 20,000 complaints. There have been condemnations from the leader of the opposition, the Prime Minister, the.

00:28:56 Keith Vaz

You know, this is a this is an issue of. It's a fundamental issue for our country. Do we tolerate racism or do we say 0 tolerance? You're not allowed to do this. And I think we must be very, very clear on this. There is no standing aside and saying ohh switch off your telly is not a matter for us. It is a matter for us.

00:29:15 Stephen Nolan

What will you be calling for in Parliament today?

00:29:17 Keith Vaz

Well, I think we need to have a debate on this issue. I think we need to look at the responsibilities of broadcasters. We need to look and see why Channel 4 is doing.

00:29:27 Keith Vaz

This, and I hope very much that if there's not a debate, then at least there is a Select Committee inquiry into it.

00:29:32 Stephen Nolan

Keith, nice to talk to you this morning. Thank you very much your views then everybody talking about this story 08459555678. Kevin O'Sullivan is the Sunday mirrors TV critic.

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Morning to you, Kevin, can you sum up because I'm very aware there will be quite a few of our listeners this morning.

00:29:45 Speaker 10

Morning.

00:29:49 Stephen Nolan

That don't watch Big Brother, but they'll be interested in this issue. Sum up what's happening.

00:29:54 Speaker 11

Well.

00:29:54 Speaker 10

It's sort of come up by stealth, really. It started with the implication that there may be implicit racist undertones the way Jade and her.

00:30:05 Speaker 10

Who? Female friends Danielle Lloyd and Joe O'meara were treating shelter. Channel 4 has stuck their head in the sand like an ostrich and refused to accept there was any racism. And until this morning they were saying, until Shilpa complains of racism, we will not be doing anything about this. Well, now, Shilpa has complaints of racism.

00:30:28 Speaker 10

So we look forward to Channel 4 moving on from Luke Johnson, the Chairman of Channel 4's astonishing statement this morning that he had no comment. He is the only person in or in this whole country who has nothing to say on the issue. And I think that's a disgrace.

00:30:44 Stephen Nolan

I I've heard.

00:30:45 Stephen Nolan

Jade, while I've been watching Big Brother refer to Shilpa as the Indian.

00:30:50 Speaker 10

Well, that was her mother. But what was it last night? Danielle Lloyd told Shilpa. Mr Faz was very decorous. Been in not sort of bringing up at the actual instances of racism. But

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last night Danielle Lloyd told she'll have to go home. Now. I think we know what that means. That is beyond the pale.

00:31:10 Speaker 10

That is the most disgraceful piece of racism, she later sort of apologised for it, but we are seeing overt racism now. The real issue here is if you say, take someone like Jade.

00:31:22 Speaker 10

Is it possible for someone to be racist when they don't know what the word means and certainly couldn't spell it? And the answer to that is yes, it is. These three girls are displaying what we all we all understand it. It's a sort of.

00:31:37 Speaker 10

It's an attitude that.

00:31:40 Speaker 10

It's rather prevalent or or certainly exists in the underclass.

00:31:43 Stephen Nolan

And here's here's the bottom line that we've gotta remember, Kevin, that programmes on delay.

00:31:47 Stephen Nolan

That means that the producers and the executive production team behind this show have a chance to edit out that racism if they so choose, and they haven't done so.

00:31:57 Speaker 10

Well, look why you know I'm in the business of the media. So are you. We all know that we have to be pragmatic about popularity. Whatever gets you through the night, whatever gets you the audience, that's great. So don't.

00:32:10 Speaker 10

Look for morality when it comes to Big Brother, there is no more. There is no morality in the Big Brother culture. It's let's get the viewers in now how what they've been doing until now at Channel 4 is wringing their hands and saying this is fantastic. Everyone's talking about us. We're going to we're going to get millions of people.

00:32:30 Speaker 10

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Tuning in and of course their audience has gone up. But as Keith Vaz said, this meant that if.

00:32:35 Stephen Nolan

They are really.

00:32:37 Speaker 10

Revelling in the short term success of this, the long term may be worse.

00:32:42 Stephen Nolan

Kevin, Kevin, stay there for me. Because with Leo Sayer joining us on the programme. Morning.

00:32:46 Stephen Nolan

To you, Leo.

00:32:47 Stephen Nolan

How you doing? Really nice to talk to you. Of course. You walked out of the house. You you could stick it. Absolutely no more. What do you make of what? Of how she Shelby is being treated.

00:32:56 Speaker 7

It's an extension of the pressure cooker that I found that's going on in the house. I mean, the great thing is that people don't.

00:33:03 Speaker 7

Is that the people in the House have no awareness of the outside world? I mean, you've got cameras and microphones on you all the time. So it means that you and you actually get used to it after a couple of days and you don't really think about what you're saying. I mean, I apologise to a lot of people that I probably offended because I got very rude. I was having a bit of a war with Big Brother.

00:33:24 Speaker 7

When you're in there.

00:33:25 Speaker 7



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It's it's a lot of things, are very stupid and they use a lot of psychological warfare against you and basically it will that that will pressure people into saying things to their fellow housemates. I mean, I tried to tell everybody.

00:33:30 Stephen Nolan

Were.

00:33:31 Stephen Nolan

Aware of the racism?

00:33:38 Speaker 7

Don't be rude to each other. Keep your respect for each other, because at the end of this we gotta get through something that we will be divided. They obviously want us to nominate each other out of the place and and they probably want us to dislike each other.

00:33:45 Stephen Nolan

Play with.

00:33:51 Stephen Nolan

Leo were. Were you aware of the racism when you were there?

00:33:54 Speaker 7

No, I wouldn't. I I really wouldn't say that they're, to my mind. I'm not backing up Big Brother in any way, but I don't find it as as much racism as a pig. Ignorance, I'm afraid. I'm. I'm sorry to say, you know, we do.

00:34:08 Speaker 7

Suffer in this country? I mean, I live in Sydney now, but I gotta. I gotta tell you, I am. I am very disappointed at the low.

00:34:17 Speaker 7

Language that people you know, some of the people in the house are using there. It's very, very stupid. They all need to understand each other a little bit more. It's just very stupid.

00:34:25 Stephen Nolan

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But this is but this is a, you know, the Prime Minister's talking about this. The the Chancellor, Gordon Brown, is talking about this late late.

00:34:32 Speaker 7

Well, I think it's become an issue because you know a lot of Indian people are supporting Shilpa and and that's quite correct because the girl obviously is being corralled in there by some of the other group. And it's been stupid. Listen, if I was in the.

00:34:41 Stephen Nolan

Is she being bullied?

00:34:45 Speaker 7

House. I've been knocking some heads together and and say don't be so stupid. You've gotta realise you are on television. This is entertainment. This is very stupid. I mean, one of the, you know, without wanting to lighten it up too much, there is nobody in there at the present moment with a sense of humour. And sometimes, you know, you need to have a sense of humour to get through hardships.

00:35:03 Stephen Nolan

John Mccrae's also joining us today, former Celebrity Big Brother contestant. Morning to you, John, do you think she'll this is?

00:35:08 Speaker 12

Good morning, Dave.

00:35:11 Stephen Nolan

A a national broadcaster.

00:35:11 Speaker 12

It certainly is not tolerable. I have to remember two years ago that feminist icon Germaine Greer walked out of the house after four days alleging bullying. I was being bullied. Well, that was absolute nonsense. But nevertheless, bullying does go on. That's what Big Brother wants. They want confrontation. But this is far, far worse. Now you can understand the goodies. They're Chuck to the house.

00:35:31 Speaker 12

All they're going to do is cause mayhem that.

00:35:33 Speaker 12

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Ignorant what they say is in your face and they're dreadful people. But the really worrying ones are Joe and Danielle, and they are subconsciously racist. They don't know that they are doing it, so they'll come out saying we're not racist. We've got black friends, we've got Asian friends, we have. Don't even think about people's colour, but the remarks they make are symptomatic.

00:35:54 Speaker 12

Of what? The overseas people in this country, as you might say, people who are British, born millions of.

00:36:00 Speaker 12

Them have to endure day in, day out where they're Asia, whether they're black, whether they're Chinese, these snide remarks, the sort of insidious racism that the people who are saying it don't know, they're doing it. And that's the worst thing. And that's why the programme is so good, because it's brought out to the British public what millions of our citizens, British citizens.

00:36:21 Speaker 12

Are having to put up with that the white members, we ourselves would not put up with at all. It is shown to the world the racism that is under current in this country by people who don't know they're doing it. If people are going around with placards and go back to where you belong like the BNP and all that, sort of.

00:36:37 Speaker 12

You understand that? You know, it's revolting and it's in your face and that's it. But this is far, far worse. What Danielle and Joe Joe are doing, they are speaking for, I'm sorry to say, millions of British people who behave like this towards people who are Asian, who are Chinese, black, whatever it is. And that has shown the country just what it's like.

00:36:57 Speaker 12

To live in this society, where racism is endemic.

00:37:01 Stephen Nolan

We're getting all your calls in on this today. We're gonna come to them in a second or two 08459555678 lydina McMahan is a psychologist and former adviser to.

00:37:09 Stephen Nolan

Big Brother morning.

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00:37:10 Stephen Nolan

To Claudina good morning. Of course the, the, the.

00:37:14 Stephen Nolan

The the the irony about this is that the showbiz agents have lost total control of their clients, and while their clients are are in that programme being racist, they have absolutely no idea that there is public outrage, not only in this country but across the world.

00:37:33 Speaker 13

Absolutely. And I mean, I think you know, I want to echo some of the things that have been said. I mean you put people into a situation where they are isolated from the outside world from all the anchors, from the people who would be their friends and family, who would say, hang on a minute.

00:37:48 Speaker 13

You know, have you just just have a think about what you've just said and I think we saw that last night when Danielle was in the diary room and Big Brother was asking her, what did you mean by going home? And she had to stop. And she had to think because she'd been carried away. And when when she started to think and and and actually be questioned on it, she said, Ohh. And she ended up saying something like.

00:38:08 Speaker 13

Well, if that was me, I wouldn't like it. So I've actually done something wrong. Whereas when you're carried away in the moment or something, you say something you don't think about what you've said.

00:38:18 Speaker 13

Etcetera. And I think there are two things going on here. We have the conscious racism and I would like to echo the comments about, you know, if you've got the BNP and you see the black placards, you know what you're dealing with and you're able to go. I either agree with that or I don't agree with that.

00:38:33 Stephen Nolan

Are you surprised at the at the public outrage? This is the most complained about programme ever.

00:38:37 Speaker 13

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Well, no, I'm not surprised because I think what it's done is it's highlighted an issue which is an issue of our society. I mean, it is something that goes on all the time. I mean, for example, if I personalise it for a moment, my father came from Bangladesh. So I actually am of mixed race.

00:38:55 Speaker 13

Now when you are in that sort of position, you see it personally on both sides of the fence, you see quite nice people. I mean, it doesn't mean that because someone says something, they're not based. They're basically a bad person. They are an educated person. They may be someone who's never questioned their own thoughts on this.

00:39:10

Ohh.

00:39:11 Stephen Nolan

Is stupidity any justification for being a racist?

00:39:14 Speaker 13

No, there isn't. And I think the thing that we've got to look at is it's highlighted and undercurrent in our society. And from a psychological perspective, there are lots of.

00:39:24 Speaker 13

Or in the country at the moment, who say and do things which they are not even aware of. And if they really became aware of it and the damage that that can do, and the upset that it causes so many people, I think they'd be quite shocked at themselves.

00:39:39 Stephen Nolan

Let's let's let's say there Clinton and we'll let you know here. Some of the callers with a couple of technical problems there. Alan's on too morning to you, Alan.

00:39:46 Speaker 6

Good morning.

00:39:46 Stephen Nolan

What do you make of this, Alan?

00:39:48 Speaker 6

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Well, I have one question and it's 1.1 question. Jermaine Jackson called Jane's family white trash. And what what happened about that? Nothing. Does that not show how tolerant the community are over here? Because no one complained about that.

00:40:08 Stephen Nolan

Latina.

00:40:09 Speaker 13

Well, it goes both ways. I mean, let's racism is about anybody who actually thinks or makes a comment about anyone else based on the grounds of their culture or their race. Now, Jermaine Jackson's comment is as racist as any that Jade has made. And So what we're looking at.

00:40:30 Speaker 13

Here is the majority of the racism at the moment is certainly based against Shilpa, but that does not mean that other kinds of racism have not been shown on the programme.

00:40:36 Speaker 1

You're.

00:40:40 Stephen Nolan

Dina, your former adviser to Big Brother, will they be rubbing their hands in Glee, or will they?

00:40:44 Stephen Nolan

Be panicking. This is.

00:40:45 Speaker 13

They're in a dilemma. They're in a terrible dilemma because on the one hand, the ratings are terribly important. And let's be fair, this show has probably got the best ratings going at the moment. And so in that sense, looking at it from a purely commercial perspective, hands are being rubbed together.

00:41:00 Speaker 13

On the other hand, there is a moral responsibility that the media does have. It is in tablets of stone. They do have guidelines, etcetera. And now that it's blowing up the way that it is, and particularly with having made that comment herself and saying that they now have to take that seriously. So there is now a dilemma. Do they do what is right?

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00:41:20 Speaker 13

Immoral and and and and respectful. Or do they allow things to escalate?

00:41:26 Speaker 13

So that they can continue to have the viewing figures that they've got. And I think it's a real dilemma that they're in.

00:41:28 Andrew McCormick

He's he's.

00:41:31 Stephen Nolan

Here's later on, too morning to.

00:41:32 Speaker 14

You later. Good morning. Well, this is quite a debate going on here, isn't it, tilpa? I had no idea who she was. I knew she was a big Bollywood actress and I thought to myself, Oh my God, what is the woman doing? She is gonna find such a shock. She's going to get such a shock when she goes into this kind of environment.

00:41:36 Stephen Nolan

Absolutely.

00:41:51 Speaker 14

And it's actually happened. Shilpa doesn't think she's better than Jade. Jade thinks Shilpa is better than her.

00:41:58 Speaker 14

That's the problem. Jade has a.

00:42:00 Speaker 14

Huge chip on her shoulder is.

00:42:02 Speaker 13

Is absolutely.

00:42:02 Speaker 14

Unbelievably rude.

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00:42:03 Stephen Nolan

Is it is this? Is this racist or is this a class issue? Is this is this you know, Shilpa with her servants or her £15,000,000 coming in and actually being in the same environment as as a working class girl like Jade?

00:42:05 Speaker 14

I.

00:42:08 Speaker 14

I don't think it's racist.

00:42:13 Speaker 14

No, no, I totally disagree. I don't think it's. I I don't think that that is even part of the the the the problem. What Shilpa has come from is what Shelby has come from. That shouldn't be an issue. The problem is Gee, to me is not actually a racist in the sense of the BNP kind of racist thing. Jade is a bully. Jade has has.

00:42:33 Speaker 14

To sort of perform her.

00:42:34 Speaker 14

Performance on TV has been absolutely.

00:42:37 Speaker 14

She she'd be very happy with Afro Caribbeans and Asians who spoke like her, behaved like her and openly discussed and revealed what many people see as private.

00:42:47 Stephen Nolan

Issue just to remind just to remind people that you're later Sharma. Of course you you work with us here at the at the BBC, you'll understand then why I'm stopping you there and going to Allison. Because Allison is a very interesting cause being a.

00:42:57 Stephen Nolan

A victim of racial bullying herself morning to you, Allison. Good morning. So you've you've been bullied because of your skin colour and you're now watching Big Brother?

00:43:07 Speaker 11

Well, now I'm now a mother. I'm 40 years old of I'm a mother of two.



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00:43:11 Speaker 11

And I've been watching Big Brother from the beginning and what has annoyed me greatly is the fact that there's grown-ups there. There's dark, there's Jermaine, Cleo, and not one of them has stuck up for her through this whole time and said, what are you playing at? Where are you coming off of that?

00:43:27 Speaker 14

Absolutely.

00:43:29 Speaker 14

Absolutely right.

00:43:29 Speaker 11

I can't believe it that they're standing there and letting this happen and not stopping it for want of a better name and say, what are you playing at?

00:43:40 Stephen Nolan

Your father was Indian. Allison. Yeah. Are are you in any doubt that it's racism?

00:43:46 Speaker 11

It is racism. They wouldn't have liked it. No, it it is racism. It definitely is.

00:43:51 Speaker 11

Well.

00:43:52 Speaker 11

But it's the fact that they're jealous of her. She's better looking than them. She's had a better upbringing than them. Yeah, and she holds herself with decorum. You know what I mean? She doesn't let herself down, and they have let themselves down and bucket loads.

00:43:54 Speaker 14

That's the.

00:44:07 Stephen Nolan

But this is also women being \*\*\*\*\*, isn't it?

00:44:09 Speaker 13

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It's it is.

00:44:10 Speaker 11

But even more so because she's she's beautiful. She's not fat, and it annoys him.

00:44:17 Speaker 15

There you go.

00:44:17 Stephen Nolan

Catherine and Portaferry here also thinks it's a race this morning to you, Catherine.

00:44:22 Speaker 15

Good morning, Steven.

00:44:23 Stephen Nolan

Have you been watching this?

00:44:24 Speaker 15

Yes, just in the past few days and I find it absolutely disgusting. I also believe that there is something much more sinister going on here. There is severe bullying going on in this House and where you have a very young viewing, the viewers would be quite.

00:44:42 Speaker 15

Young.

00:44:43 Speaker 15

And would find that acceptable behaviour.

00:44:45 Speaker 15

Because they're watching idols like these wags behaving in this manner, that that becomes acceptable.

00:44:53 Speaker 15

Now we all know in this day and age what William can do.

00:44:58 Speaker 15

And I just find it. It's it's unbelievable that Channel 4 allowed to continue with this.

00:45:03 Stephen Nolan

**MAHT - STM - 298 - 59**  
Transcript of Stephen Nolan Show featuring Andrew McCormick  
18/01/2007

Transcript created using Microsoft 365  
(Andrew McCormick features 06:32 to 16:06)

What do you think should happen right now?

00:45:05 Speaker 15

I believe that either it should be the the plug should be pulled on it, or it should be completely turned around and these bullies racists should be removed from that house immediately.