

Muckamore Abbey Hospital Inquiry

Organisational Module 7 - MAH Operational Management

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**WITNESS STATEMENT OF MARIE CURRAN**

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I, Marie Curran, Senior Human Resources Manager 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 21 June 2024. The statement addresses a set of questions posed to me relating to MAH Operational Management.
2. This is my first witness statement to the MAH Inquiry.
3. The documents that I refer to in this statement can be found in the exhibit bundle attached to this statement marked "MC1".
4. The 21 June 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 presently work within the Human Resources Directorate of the Belfast Trust as the Head of Employee Relations.
6. I commenced my professional career in 2002 as a Human Resources Assistant within the South and East Belfast Health and Social Services Trust (one of the legacy trusts that would merge when Belfast Trust was created). I progressed through a range of various Human Resources or HR roles/grades during my HR career.

7. In April 2007, I transferred employment to the new Belfast Trust, following the amalgamation of 5 Legacy Trusts.
8. In May 2017 I became a member of the Human Resources Senior Management Team when I was appointed to the position of HR Senior Manager, Employment Law & Medical HR. It was in this role that I initially became involved with Muckamore Abbey Hospital (or MAH). My involvement with MAH changed over time.
9. From December 2018 I held the post of Interim Human Resources Service Manager for the HR Muckamore Abbey Hospital Investigation team. It was a specific HR function set up to try to support dealing with the significant problems emerging from MAH. In that role I reported to Jacqui Kennedy, the then HR Director.
10. From 1 May 2023 I have held the post of Head of Employee Relations. In my role as Head of Employee Relations, I provide strategic oversight and direction to the Belfast Trust with regard to employee relations policies and procedures, trying to ensure the effective and efficient delivery of employee relations processes, trying to ensure legal compliance, and trying to ensure managers and staff are supported throughout. The role also involves providing oversight and management of legal proceedings, including industrial and fair employment tribunals, providing professional direction and advice to the HR team, wider staff and senior colleagues. I have managerial responsibility for the full Employee Relations Service within Belfast Trust Human Resources Department, including the HR Muckamore Investigation Support Team.

**General questions for witnesses working in a senior Human Resources position at MAH**

**Question 1**

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

11. The role and responsibilities I held in respect of MAH changed over time. Prior to the events that came to light at MAH in later 2017, my role was a corporate one which applied across the entire Belfast Trust. I had no direct HR responsibility or role relating to MAH at that time, although the development and implementation of corporate HR policy would have applied throughout all Belfast Trust service sites, which included MAH.
  
12. Between May 2017 and December 2018, my HR role involved providing the following types of support to managers dealing with issues emerging from MAH; advice and guidance on the application of relevant employee relations policies and procedures eg. Disciplinary Policy and associated processes such as Precautionary Suspension and other required actions.
  
13. Eventually, in December 2018, because of the extent of the HR support that was, by then, required for MAH (although the full extent of what would turn out to be required was not yet known), I was assigned to a specific HR MAH Investigation Support Team role. This role involved initially setting up a dedicated HR support team for the MAH Investigation. The initial view was that HR would be required to manage internal disciplinary investigations for those staff identified as part of the CCTV viewing. By that point we may have had beyond a dozen cases where we felt we had sufficient information to commence disciplinary proceedings. However, there were prolonged interactions and discussions over time with the PSNI about whether it was possible for the Belfast Trust, in the context of disciplinary proceedings, to show an accused member of staff CCTV footage of the incidents that constituted the reason for the disciplinary proceedings. In summary, the police concern was that by so doing the Belfast Trust could possibly prejudice the criminal proceedings in respect of that individual member of staff or others. While the two processes are separate, a police investigation will generally be given precedence over employment disciplinary proceedings arising from the same incident, and ideally you would want to allow any criminal proceedings to complete first to ensure there was no prejudice. However, in this context, and given the passage of time,

the Belfast Trust had, and expressed, considerable concerns, based on a variety of reasons, about the effects of not being able to progress disciplinary proceedings for a prolonged period. The Belfast Trust did look at whether there were other ways to progress the disciplinary proceedings without providing access to the relevant CCTV footage, but ultimately concluded that it would not be possible to operate a fair and reasonable process in those circumstances in line with the Belfast Trust's statutory obligations. This issue, over the interaction between the criminal process and disciplinary proceedings and the ability to show relevant CCTV footage, was a difficult issue that took a considerable time to reach some kind of resolution. It was not until March 2020 that the police were, in terms, agreeable to the Belfast Trust showing CCTV footage in the context of disciplinary proceedings in relation to those individuals where criminal interviews had been essentially completed. The disciplinary investigations and proceedings that followed from March 2020 then became an additional workstream for the HR MAH Investigation Support Team. With the impact of the COVID-19 pandemic it was not until December 2020 that the first relevant disciplinary process was completed.

14. During the period prior to being able to commence disciplinary proceedings, the HR MAH Investigation Support Team worked closely with the relevant Adult Safeguarding staff and MAH Service Managers who were viewing CCTV incidents. The HR team provided a support to the overall investigation process, capturing safeguarding referrals sent across to HR, and associated patient and staff details, along with decisions taken by management regarding any actions required for staff, such as Precautionary Suspension or Supervision & Training. I provided advice, guidance and support to operational managers with responsibility for communicating such decisions to staff. Within this HR role, there was also liaison with PSNI colleagues and other stakeholders, such as RQIA. Regular internal meetings were established to ensure oversight of safeguarding referral activity and associated management actions involving staff. As indicated above, in March 2020, the Belfast Trust, following agreement with PSNI, was in a position to commence internal disciplinary processes for some staff. My role in that process was to ensure that staff were investigated properly and fairly, and managed in accordance with the applicable Belfast Trust Disciplinary procedures. Due to the resulting additional workload, I secured a number of investigating officers from the

HSC Leadership Centre to commence the internal disciplinary investigations. I provided any associated HR advice to disciplinary investigation teams and subsequent disciplinary panels. Following completion of disciplinary investigation reports, and disciplinary outcomes, I reviewed disciplinary investigation reports or disciplinary outcome letters for procedural accuracy. I regularly provided investigation status reports to relevant Directors, to include details of staff identified, status and progress of any disciplinary investigation. I also maintained good working relationships and communications with Trade Union representatives, ensuring that there were clear updates provided, and support offered to affected staff.

15. I performed these functions as part of the HR MAH Investigation Support Team, with the support and assistance of Stacie Cleland, HR Manager, along with a team of HR Administration Staff. In May 2023 my role expanded to include responsibility for the HR Employee Relations Team along with maintaining responsibility for the HR MAH Investigation Support Team. Throughout I have reported to the relevant HR Director.

## **Question 2**

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

16. This was not something within my HR area of responsibility. I am generally aware of the fact there are induction processes, and training courses that staff can avail of, but it is not something with which I was involved.

## **Question 3**

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

17. Again, this was not something with which I was directly involved. I am generally aware of various processes that exist for performance management, such as meetings, appraisals, and capability processes. Professional staff also had regulatory requirements, including supervision and revalidation.

#### **Question 4**

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

18. I am afraid I am not entirely sure what is meant by 'performance management meetings'. This is not a phrase that Belfast Trust HR would use. I have approached this question on the basis that it relates to capability or conduct issues.

19. HR is a support service which is there to assist operational directorates. 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.

20. Managers at local level could also escalate any staff performance concerns to their own line manager, without the requirement to consult or take advice from HR.

21. If the performance issues related to clinical or professional practice, line managers could inform and/or seek advice from the appropriate professional leads to determine any action required.

22. If the line manager determined that the performance issues required formal action under the Belfast Trust's Disciplinary or Capability procedures, then, in my experience, they would normally seek advice from HR on the process to be followed. There was and is no specific requirement that they have to seek advice from HR, but my experience is that they normally would as they wanted to make sure the relevant process was properly 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. This was also not something with which I was directly involved. I believe staff in MAH could avail of career development opportunities in the same way as all other staff within the Belfast Trust. Advertised posts had criteria, and posts were open to those who met the criteria. Ensuring staff had the relevant specialist skills to deliver care in a learning disability facility was not the responsibility of HR; HR did support recruitment exercises and such like that assisted operational and professional directors to recruit necessary staff, but determining what staff skills were required for posts was not a function of HR.

### **Question 6**

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

24. In my HR role these were not matters that I was involved with. I am aware that other HR staff were involved in advice on design of Job Descriptions and collection of workforce data and providing assistance to directorates. I would not myself have been involved in that type of work.

## **Questions on the MAH (Safeguarding) Operations Group**

### **Question 7**

**In respect of the MAH (Safeguarding) Operations Group (“the Group”):**

- i. **When was the Group established, and by whom?**
- ii. **Who did the Group report to?**
- iii. **Where did the Group sit in the governance structure?**
- iv. **What were the functions of the Group?**

*When was the Group established, and by whom?*

25. I am afraid I am not familiar with the "MAH (Safeguarding) Operations Group. I am not sure what document the MAH Inquiry has drawn that group name from. I have approached this question on the basis that it relates to the multi-agency MAH Operational Working Group that was established in September 2019, and was connected to the director level multi agency MAH Safeguarding Governance Group that was established around the same time (essentially as a renaming of the director level multi-agency strategy meetings that had met prior to September 2019).

26. As indicated, I believe the MAH Operational Working Group was established in or around September 2019. I believe it was set up to ensure that there were regular operational multi-agency meetings to provide regular sharing of updates on the MAH CCTV Investigation in respect of the HR, Nursing, Safeguarding and PSNI activity. This meeting was and is chaired by a Senior Human Resources Manager within the Belfast Trust. I chaired the meeting from December 2019 to present day.

*Who did the Group report to?*

27. The Group essentially fed into the higher level or more strategic multi-agency group, known from September 2019 as the MAH Safeguarding Governance Group. The MAH Safeguarding Governance Group comprised of the relevant Director Level representatives (HR, Nursing, Social Work, operational Service) along with senior members of staff from external organisations such as PSNI, RQIA and DoH.



*Where did the Group sit in the governance structure?*

28. This was not an internal Belfast Trust meeting, but a multi-agency operational working group, which reported into the MAH Safeguarding Governance Group (which was attended by more senior individuals from the same involved agencies). To try to assist, I have exhibited behind Tab 2 a copy of the Terms of Reference. The Terms of Reference explain that the Group's purpose was to note actions and decisions taken in relation to staff implicated in the MAH CCTV investigation, and to provide assurance of the safe management of all alleged safeguarding concerns.

*What were the functions of the Group?*

29. As per the Terms of Reference, the main purpose of the MAH Operational Working Group was and is to note all actions and decisions taken in relation to staff identified in the MAH CCTV investigation, and to provide assurance of the safe management of all alleged safeguarding concerns and/or information.

30. The functions of the multi-agency MAH Operational Working Group evolved over time. Initially in September 2019, the group was attended by representatives from ASG, HR, Nurse Management and PSNI. Its focus was to ensure that all referrals generated as part of the CCTV viewing by either ASG or PSNI were recorded accurately, along with details of staff and patients involved, and management actions taken were shared for assurance. Initially, an Action Log was created and used to maintain a record of any agreed actions generated at the meeting. The meeting, along with its attendees, expanded over time. The main objective of the group remained ensuring the oversight of the referrals received, and subsequent actions and assurances on Interim Protection Planning; however, each representative provided specific updates on their relevant work stream as detailed below. Due to the evolving nature of the investigation work, updates varied and

changed as matters progressed. For example, ASG and PSNI provided regular updates on the status of CCTV viewing, up until all viewing was completed in early 2024. As incident referrals were reducing significantly or no longer being received following conclusion of CCTV viewing, the meeting provided the forum for key updates on any new or emerging issues e.g updates on criminal court cases, regulatory updates and internal disciplinary investigation outcomes, along with ongoing assurances around staff on Interim Protection Plans. I understand that the available minutes of the meetings of the MAH Operational Working Group, and the MAH Safeguarding Governance Group that it fed into, for the period up to June 2021, have been provided to the MAH Inquiry. The detailed multi-agency work is reflected in those minutes.

31. Members of the MAH Operational Working Group have the following individual responsibilities:

- i. The Adult Safeguarding Lead is responsible for providing a position statement on new incidents, progress of viewing new referrals, assurances in respect of Interim Protection Plans.
- ii. The Senior Nurse Advisor(s) are responsible for providing a position statement on Case Preparation/Review Work, new management decisions or actions, meetings held with staff, regulatory referral updates.
- iii. The Central Nursing Lead (Deputy Director of Nursing) is responsible for providing a position statement on NMC/CNO information or advice.
- iv. The Divisional Nurse is responsible for providing a position statement on the Safety and Quality of care and assurances regarding the current Interim Protection Plans in place involving MAH staff.
- v. Human Resources are responsible for providing a position statement on the progress of the Disciplinary Investigation(s).

- vi. PSNI are responsible for providing a position statement on any new incidents, progress of CCTV viewing, update on the criminal investigation and PPS case status.
  
- vii. RQIA are responsible for ensuring compliance with the requirements of the HSCB Protocol for Adult Safeguarding Investigations and that all known safety and quality of care concerns which have the potential to put patients/service users at risk are addressed. They also seek assurances that Interim Protection Plans are robust, reviewed and updated when new information is known to ensure patients remain safe. They are also responsible for sharing information, where relevant, on staff on Interim Protection Plans work in other health and social care settings.

All parties also have the opportunity to raise or escalate any key issues or challenges relevant to the investigation.

The group meets every three weeks (virtually from 2020).

### **Question 8**

**What role, if any, did the Group have in respect of the CCTV viewing process?**

32. The MAH Operational Working Group was not itself responsible for the viewing of CCTV. There were members on the group who, as part of their own individual job roles, viewed CCTV as part of their work.

### **Questions in respect of CCTV viewing**

#### **Question 9**

**What was your role in relation to the CCTV viewing process?**

33. In my capacity as a HR Senior Manager during December 2018 to July 2020, I was at times present, along with the MAH Service Manager and / or the Senior Nurse Manager when CCTV footage of incidents was viewed. For a period the viewing, when required, was within Antrim Road Police Station (February 2019 to April 2019), otherwise it was within the Belfast Trust (post April 2019). I provided HR advice, where required, when management decisions were being taken regarding staff, arising from the viewing of CCTV. I also attended meetings to inform staff of decisions taken in respect of them. As the HR representative, I was not myself responsible for any decision-making in relation to incidents; my role was to provide human resources support in respect of decisions that were being made by others.
34. Following the appointment of two Senior Nurse Advisors in July 2020, I was not required to be present during any CCTV review for the purposes of decision-making regarding staff actions. However, following management decisions, I supported the Senior Nurse Advisors in meeting with staff to advise them of decisions made, and to provide HR guidance and support as required.

#### **Question 10**

**Who set the procedures for viewing CCTV and how was the manner in which CCTV was to be viewed decided?**

35. I was not involved in setting the procedures for viewing CCTV, or deciding the manner in which CCTV was to be viewed. I believe the initial viewing of CCTV, for the purposes of identifying any safeguarding incidents, was managed and led by the MAH Adult Safeguarding Team. I was not involved with that and am not familiar with the procedures they developed and used. The viewing I was involved with was a subsequent stage related to when decisions were being taken by management about whether management action was necessary in respect of a staff member involved in an incident that had been identified on CCTV and referred for consideration.

## Question 11

### Were there any policies in relation to the CCTV viewing process?

36. I am afraid it is not clear to me whether this question is specific to the MAH CCTV investigation (the viewing of CCTV recorded on a number of wards at MAH between March and September 2017), or the viewing of CCTV generally in the Belfast Trust.
37. On the basis that the question relates to the MAH CCTV investigation, I am not aware of any single formal CCTV Viewing policy developed for the various different MAH CCTV Investigation work streams. As I have indicated above, MAH CCTV footage is looked at by different people at different stages for different reasons.
38. For instance, it is initially viewed to identify any safeguarding incidents. This is managed and led by the MAH Adult Safeguarding Team. I am not aware what, if any, local operational policies or procedures may be in place for this process.
39. The Senior Nurse Advisors (SNAs) will subsequently view the CCTV to review any identified incident referred to them by Adult Safeguarding. This process is directly managed by the Senior Nurse Advisors. I am not aware what, if any, local operational policies or procedures may be in place for this process.
40. In the context of any subsequent disciplinary process, the HR MAH Investigation Support Team will prepare relevant CCTV incidents to be used in the disciplinary processes; for viewing by staff members, investigating officers and disciplinary panels for any required meeting or disciplinary process. There is no formal written policy for this preparation work. The HR MAH Investigation Support team are trained in the use of the CCTV system (VRSi) and are familiar on how to access the footage and capture and collect clips for the purposes of viewing requirements in the disciplinary process.

**Question 12****Were there any quality assurance procedures in relation to the CCTV viewing process?**

41. For the reasons I hope I have explained above, I am not the best person to try to answer this question for the assistance of the MAH Inquiry. The Adult Safeguarding (ASG) Team views the initial CCTV footage of incidents. When an incident is identified by ASG, ASG will complete their own ASG referral process and complete relevant paperwork to refer the incident to PSNI (this is carried out on an APP1 form). As the PSNI was also reviewing the CCTV footage, PSNI also referred any incidents it identified to the ASG Team. My understanding is the ASG team then reviewed what was referred to them by PSNI and completed their relevant paperwork. I am aware that the ASG Team maintained a database of incidents they considered and referred. What quality assurance measures either ASG or PSNI had for these processes is not something I am in a position to comment on.
42. ASG then shared a copy of the completed APP1 form with the HR MAH Investigation Support Team. This will normally be sent to a shared mailbox. The APP1 contained a unique reference number, location and description of the incident as viewed by ASG. It identified the patient(s) and any staff members involved. The HR Investigation Support Team then recorded this detail on the 'Incident Ward Database' that was maintained by the HR MAH Investigation Support Team. The HR MAH Investigation Support Team then referred the incident to the SNAs for Management Review and decision making.
43. Once received by the SNAs, they reviewed the relevant CCTV footage for the incident, completed an 'Incident Management Review Form' (IMR), and captured on the IMR form their decision making in respect of each staff member involved.
44. The completed IMR form is then returned to the HR Investigation Support Team so that the management decision in respect of the staff member, and their role in the relevant incident, can be recorded in the HR Incident Ward database. If the

management action decision relates to a newly identified staff member, or initiates a change for an existing staff member, the HR MAH Investigation Support Team will correspond with the staff member to invite them in to attend a meeting.

45. I am aware that the HR Data Analyst and the ASG Data Analyst do quality assure the ASG Incident Database against the HR Incident Ward Database. This is to ensure that accurate information is recorded for each incident and the correct staff are linked to the incident. I am not aware of there being a specific written procedure for this quality assurance work. It is a manual comparison exercise that is undertaken by the staff involved.

### **Question 13**

**Where DAPOs were not familiar with the patients or staff appearing on CCTV, did Human Resources take any steps to ensure that DAPOs could identify them?**

46. HR did provide ASG DAPOs with assistance in respect of staff identification. In the early stages of the MAH CCTV investigation, staff were identified by MAH Senior Management upon initial review of the CCTV footage. However, I am aware that a master ID file was created by management in MAH, which included copies of staff photographs obtained from Belfast Trust security records, as well as photographic ID from Belfast Trust personnel records, which HR provided.

47. Unfortunately, given the nature of CCTV and the volume of staff involved in incidents, there were times when HR would receive ASG or PSNI incident referrals with staff recorded as individuals who could not be identified. These were recorded on the incident databases as 'TBI' (To be Identified). The list and photos of TBIs were regularly reviewed by Adult Safeguarding to confirm the identity of the staff involved in the incident. This may have involved reviewing ward rotas for the shift in question, or liaising with the Belfast Trust Nurse Bank to confirm if any Bank Staff were rostered to work in those MAH wards at the time. When TBIs were confirmed, all relevant records and stakeholders were formally updated.

**Question 14**

**The Inquiry has heard evidence that there were three phases (three teams) that successively worked on the historical CCTV viewing, and that there were tensions between Human Resources and at least one of these teams.**

- i. Please describe the relationship between the Human Resources team and the three successive teams.**
- ii. Can you comment on whether there were tensions between these three teams and the Human Resources team?**

48. While the MAH CCTV Investigation may now, with hindsight, be referred to as having three phases, I do not believe that is how it was seen as it was occurring. As it was occurring it was just the MAH CCTV Investigation. By that I mean, those involved at the start (say late 2017 to early 2019), or the middle (say 2019 to 2021), would not have been in a position to say there was still to be a future “phase” or “phases” or team or teams. I do not believe it was viewed in that way contemporaneously. With hindsight, it is possible to delineate, in broad terms, three phases, particularly in terms of the ASG staff working on the MAH CCTV investigation. This is because there turned out to be three broadly, though not entirely, different ASG teams over the course of the investigation.

49. I also wish to record that I have been asked this question, including to do with “tensions” between teams, without being told who the MAH Inquiry has heard evidence from on these issues, nor what it is they said, nor on what basis (whether it relates to meetings they were present at themselves, or things they say they were subsequently told about by others). I do not know what time period is being referred to; I have been involved with the MAH CCTV investigation for a number of years. I do not know whether particular individuals are said to be involved, or all team members. The HR MAH Investigation Support Team had generally 6 members, and the MAH ASG team working on the investigation had more than that. I do not know, for instance, if it is suggested that I myself am said to have been responsible for tensions with some people, or whether it is being suggested that I have done something wrong. I consider that being asked to comment in a general way about “tensions” between work colleagues is unfair.



*Describe the relationship between the Human Resources team and the three successive teams*

50. I am afraid that I find it very difficult to answer a broad question of this type in any meaningful way. There were a number of Human Resources staff who interacted with a number of ASG staff over a prolonged period, and this applied in what is now described as each “phase” of the investigation. I have hopefully explained above my involvement on behalf of HR, and how that changed over time.

51. I should also say that different people see things in different ways. I would not personally be one for storing up complaints or issues about people and would tend to the view that tension may occur, on occasion, between people in work, and certainly in a busy and sometimes stressful work environment. This can be a normal occurrence under such circumstances. For me the important issue is ensuring that any tensions between staff do not get in the way of properly completing the actual work required. I would also hope that if a colleague has some issue with me or other colleagues for some reason, then they would speak to them about it so that attempts can be made to resolve it.

52. What might now be described as the first ASG team (though I do not believe it was formally classified or seen in that way at the time; it was ASG staff working on MAH ASG incidents from CCTV, as the scale of what was to come was not then known) worked on what became the MAH CCTV investigation between around late 2017 until approximately April 2019. It was in April 2019 that a number of additional ASG staff came across to assist MAH ASG and there was a new MAH ASG manager as part of that. As I hope I have explained above, there was not a specific HR MAH Investigation Support team during this initial period (the HR MAH Investigation Support Team was not formed until December 2018). There were newly formed working relationships between individuals at the beginning of the MAH Investigation process in later 2017 and 2018. From my point of view, I would say there was a broadly normal and/or positive working relationship between the

people in HR and the staff they were interacting with in ASG over the MAH investigation. Both “teams” were learning from each other regarding ASG and HR processes as we dealt with a difficult situation, the full extent of which was, at that point, not known.

53. What could be described as a second phase of the ASG part of the MAH CCTV investigation was broadly between approximately April 2019 and March 2020. There were definitely difficulties between the teams during this period. During this time, there was a significant increase in the number of incidents identified as part of CCTV viewing. The PSNI had removed the MAH CCTV footage around February 2019, and had been begun referring incidents to the Belfast Trust at pace. I think this created considerable difficulty for ASG and I think it is why many more ASG staff came across to work on the MAH CCTV investigation, due to the expanding workload. As I have explained above, HR had by this point developed the dedicated HR MAH Investigation Support Team. In fairness to the new ASG staff, they entered into the process in the midst of significantly increased activity and were required to familiarise themselves with the current situation, along with existing processes and procedures. The infrastructure that was in place at the time, would also not have been reflective of ‘normal’ working arrangements for managing Adult Safeguarding processes and interacting with HR. We also had to deal with some major technological issues that were complicating our work processes.

54. It is perhaps difficult in a witness statement to try to convey the extent of the difficulties faced by the teams during this second period. We were handling issues that we had not really had to grapple with before. By way of example, the PSNI, who had taken the MAH CCTV servers, provided hard discs to the Belfast Trust in April 2019. Those hard discs had CCTV footage copied on to them. Some of them were corrupt. There are spreadsheets available that show the thousands of files and rows of data involved as contained on the hard discs we received. The teams had to find ways to piece that material accurately together in order to properly utilise it for the purposes of the CCTV investigation. In the end we had to procure a production company to build a bespoke viewing system and work with IT colleagues to try and build functionality. This is just one example of the very steep learning curve that was being experienced across teams.

55. At times, during this period, there were definitely professional tensions between HR and ASG. I believe this was largely due to the unprecedented situation that the different teams of staff were both working in and navigating through, including dealing with modified working practices as part of managing what felt like the ever-increasing extent of the MAH CCTV Investigation. By September 2019 PSNI had expressed concern around the response times of the Belfast Trust in implementing safeguards and reviewing incidents that had been referred. The Senior Nurse Manager at the time was required to act upon information directly from PSNI, without initial ASG review. This caused a level of risk regarding the proper identification of staff and the inability to view the CCTV footage directly in order to verify the concerns, or have an initial Adult Safeguarding review of all of the concerns. HR and ASG were required to work closely together and that was difficult at times. HR routinely offered to support ASG staff throughout the process as required. As part of trying to improve how we worked, HR and ASG arranged to meet weekly to ensure that there was clear oversight around the activity, to provide support with any queries or issues, and share information as required. Those meetings could on occasions be difficult.
56. There were further changes to the MAH Historical CCTV ASG Team in and around March 2020, including a further change in ASG leadership. This may be referred to as the third phase or third ASG team, but the MAH CCTV ASG leadership actually changed again in August 2022. I don't recall any significant tensions between the teams during this period, by which time operating systems and processes were well established. After a period of significant increase in work, and significant strengthening of teams, which occurred during the second broad phase, my belief is the teams have worked effectively together. My own assessment is that the current ASG team, which has now been in place for some time, and the HR team, which has had significant continuity, have worked successfully and positively together to ensure that processes are followed and any issues that arise are addressed promptly and collaboratively.

*Can you comment on whether there were tensions between these three teams and the Human Resources team?*

57. I can and will comment on this, though have already explained why I am reluctant to do so. Due to the unprecedented nature of this investigation, all those involved (from HR, Senior Nurse Management and Safeguarding) were operating at times without existing guidance or protocols designed to manage the specific requirements of the work associated with the MAH CCTV Investigation. There was no manual for what turned out to have to be dealt with. The investigation work streams evolved rapidly over time to respond to the changing needs of the work. At times, the evolving nature of the work and high-pressured nature resulted, on some occasions, in professional tensions between Safeguarding and HR, particularly during what can be referred to as the second phase.

58. HR had issues at times with what we perceived as the efficiency and the effectiveness of the ASG referral process. To explain further, and in the context of what I have said above about having to respond to an emerging and unprecedented situation, there were, at times, delays in ASG referrals being received by management following the viewing of CCTV, or timely sharing of referrals received by ASG from PSNI's CCTV viewing. This had the potential to delay the implementation of management actions for identified staff. There were changes made to the ASG referral processes, which were not effectively communicated, and some duplicate or differing referral information was being received by HR for management review. These issues caused frustration in HR around the required accuracy of records, and they had to be worked through. From my recollection, these were the main issues of concern that I believe contributed to tensions between the two teams, and which may also have been issues that caused concern for the police.

59. However, my experience, notwithstanding the tensions that occurred from time to time, was that the teams involved in the investigation were focused on trying to do their best to support the investigation and to ensure the different processes were followed appropriately. In response to some of the above issues, HR and ASG

established weekly meetings during the second phase to discuss issues or queries arising. As I said above, those meetings could on occasions be difficult in respect of how the processes and procedures were operating. I am unsure if those suggesting that there were tensions were actually involved directly in these discussions or have based whatever they have had to say on comments made by others.

60. While I believe the working processes improved and the issues broadly settled following the further changes to the ASG team in March 2020, which reduced any tensions as a result, I do want to acknowledge the unprecedented nature of the situation that was evolving at such speed in 2019 and 2020 and which definitely made working relationships more difficult for staff. I wish to be clear; I never had any sense that there was bad faith involved from anyone, including those in the ASG team with whom working relationships may have been strained at times, but the teams did function better together following the further changes that occurred in March 2020.

### **Question 15**

**What information was shared by the historical CCTV viewing teams with Human Resources?**

61. When ASG reviewed the CCTV footage and identified an incident, they completed the relevant ASG paperwork and referred a copy to HR. The information was extracted from the ASG form by HR and captured on the database I described earlier. This included the location, date, and time of the incident, a description of the incident, along with the names of any patients and staff involved. ASG and HR maintained separate databases to record the information generated. From 2020, following the appointment of Data Analysts for HR and ASG, databases were shared and cross-referenced by the data analysts for quality assurance purposes.

### **Question 16**

**What were patients and families told about the CCTV review in general, and in relation to specific incidents concerning their relatives / patients? Were there any policies in relation to such communications?**

62. The Adult Safeguarding Team managed contact with the families. I am afraid I cannot comment on what information was shared regarding the CCTV viewing, as this was not within the responsibility of the Belfast Trust's HR department.

### **Questions in relation to Suspensions**

#### **Question 17**

**What information was provided to staff about suspensions? What, if any, steps were taken to allay any staff anxieties?**

63. I am not sure if this question is referring to information provided to staff who were in the process of being suspended, or information provided to other staff generally about suspensions that were occurring, or both.

64. During staff suspension meetings, which were attended by the SNA and HR Senior Management, staff were usually accompanied by their Trade Union Representative or a Trusted Colleague. Due to the ongoing criminal investigation, and what police were comfortable for the Belfast Trust to communicate, staff were not advised during these meetings of the specific detail of the incident or concerns in question that had led to their suspension. They would usually be advised that they were identified as having been involved in a serious safeguarding incident and as a precautionary, without prejudice, decision, they were being placed on precautionary suspension. They were advised that this was not a presumption of guilt, but as a means of facilitating a proper and fair investigation. Staff were advised that any disciplinary investigation would progress as soon as the Belfast Trust was in a position to do so. They were informed of their contractual rights whilst on suspension regarding annual leave and pay. A point of contact was identified and contact details provided. Staff were, unsurprisingly, upset and distressed by these decisions, particularly when we were unable to tell them

specifically what they were said to have done. Staff were offered available support from Occupational Health, Staff Care and dedicated counselling services.

65. To ensure strict confidentiality, the decisions and details regarding staff suspensions were not shared generally with MAH staff on site. Senior Management in MAH were made aware of the decision to suspend a staff member on a precautionary basis, and this occurred prior to the meeting with the member of staff taking place.

66. HR writes to all staff who were placed on precautionary suspension each month. These letters remind suspended staff of all supports available to them. The opportunity to attend follow up meetings with HR and an SNA are available upon request.

#### **Question 18**

**In relation to incidents involving staff identified on CCTV:**

- i. What were the thresholds for supervision and suspension of staff?**
- ii. Who decided what actions were to be taken against staff, and was there any policy and/or guidance in relation to this decision?**
- iii. Who set the thresholds for which incidents identified on CCTV were referred to PSNI?**

*What were the thresholds for supervision and suspension of staff?*

67. There are no prescribed thresholds for supervision or suspension of staff. Decisions were and are based on the level of potential or actual risk to the patients or service users and staff based on the information and evidence available.

68. Broadly speaking, in my experience, a staff member suggested to be involved in direct mistreatment of a patient, whether that be physically, psychologically or in some other way, was suspended. A staff member who may have witnessed and failed to intervene or report another member of staff mistreating a patient in some

way was placed on supervision and training. However, this was not a hard and fast rule, and to my knowledge, each decision was taken on its merits based on the available evidence.

69. As per the Belfast Trust's Disciplinary Procedure, there are some exceptional circumstances where it may be appropriate to suspend an employee with pay for a period of time in order to carry out the investigation. Suspensions should only be considered when an employee's continued presence at work puts themselves, other employees or patients / service users at risk, or when there is a risk they may hamper the investigation.

70. Additionally, the Disciplinary Procedure states that it may be appropriate to consider alternative working arrangements if feasible and appropriate during an investigation. Examples may include temporary transfer, modified or alternative duties. Consideration should be also given to whether these alternative working arrangements are applicable to any other contracts the individual held within the organisation. Alternative working arrangements, which would allow an employee to remain at work, should always be considered prior to precautionary suspension.

*Who decided what actions were to be taken against staff, and was there any policy and/or guidance in relation to this decision?*

71. Precautionary suspensions, like other management actions, should not be regarded as disciplinary action or sanction, nor as an indication of blame or guilt, but as a temporary measure. It does not imply that any decision has already been made about the incident, error, concern or complaint. These decisions therefore carry no right of appeal, however an employee has the right to state their response to the decision.

72. The Belfast Trust's Disciplinary Procedure refers to Suspension of Staff and Working Arrangements during an Investigation as a response to an alleged disciplinary issue(s).



73. As per the Belfast Trust's Disciplinary Procedure, precautionary suspension must be authorised by the appropriate senior manager or suitable deputy. Suspensions and other actions regarding MAH staff were taken initially by local MAH senior managers, such as the MAH Service Manager or the Senior Nurse Manager who viewed CCTV, however, when the process evolved to include the role of the Senior Nurse Advisors (SNAs), and where CCTV viewing was managed by the dedicated ASG Team, the SNA had managerial responsibility for reaching decisions on actions to be taken against staff.

*Who set the thresholds for which incidents identified on CCTV were referred to PSNI?*

74. The referral of incidents to the PSNI were managed by the Adult Safeguarding Team.

#### **Question 19**

**Can you comment on whether there were tensions or disagreements between the ASG Team and others in respect of whether an incident should be referred to the PSNI?**

75. I am not aware of any tensions regarding the thresholds for referral of information to PSNI from Adult Safeguarding. I do recall that there were discussions during MAH Operational Group meetings, between ASG staff and PSNI regarding thresholds for referral and a view from ASG representatives that the threshold appeared 'lower' in comparison to non-MAH ASG referrals. I believe this will be reflected in minutes of the multi-agency meetings; the 13 May 2020 minutes of the MAH Operational Working Group is one example of that. I exhibit those minutes behind Tab 3 in the exhibit bundle, including as a representative example of the functioning of the MAH Operational Working Group that I have described above.

**Question 20**

**Were doctors treated differently to other members of staff in relation to suspensions? If yes, please explain why and how they were treated differently.**

76. So far as I am aware, no doctors have been placed on effective suspension (known as exclusion under the framework discussed below) arising from matters connected to MAH. Theoretically, the main potential difference between a doctor and another member of staff, where suspension is considered appropriate, is the mechanism by which it may be effected. The procedure for dealing with doctors is mandated by the "Maintaining High Professional Standards in the Modern HPSS" framework, which forms part of every doctor's contract with a health and social care Trust. In general terms, I do not believe that doctors were treated differently from other staff, albeit that is within a context where no doctor has been placed on suspension in relation to matters arising at MAH, however some doctors working at MAH have had other management actions applied. Decisions around any medical staff are not the responsibility of the SNAs, but will be referred to the Medical Director for review and decision making.

**Questions relating to PSNI and Regulators****Question 21**

**Did discussions take place with PSNI after the historical CCTV was discovered, in relation to their role? If yes, please describe these discussions. Can you comment on whether there were tensions with PSNI at this stage, or at any stage of the CCTV viewing process?**

77. I cannot myself say what discussions occurred following the discovery of the 2017 CCTV, though I am obviously aware that allegations were reported to the police because investigations commenced. In situations such as was being dealt with at MAH there can be extensive liaison between police and a health trust, including at senior level. I expect this will be reflected in the minutes of the various multi agency

meetings that occurred, and which included the Belfast Trust and the police. As there were allegations of criminality, I would, from experience, expect the PSNI to take its own course with its criminal investigation, and the role of the police would not be dictated by the Belfast Trust. In my role, I was not myself engaged in the discussions, though I attended various meetings that the police also attended. I do not think I am aware of any tensions with PSNI regarding CCTV viewing, other than I recall some anxieties being expressed by PSNI colleagues regarding the seriousness of the incidents being referred and the potential risk to patients due to delays in implementing management actions. I would expect the minutes of the multi-agency meetings to reflect these concerns. As the responsibility for CCTV viewing was with Adult Safeguarding, they may be best placed to respond to this question. If there is some specific suggestion of tension involving me and PSNI at some point, then I would be grateful to be reminded of the specifics so that I can have an opportunity to properly address it.

## Question 22

**Can you provide an account of when and in what circumstances PSNI took possession of CCTV footage at MAH?**

78. I became aware after the event that the PSNI had attended the MAH site and removed the servers containing the CCTV footage on the 9 February 2019. As I had no direct responsibility for the management of the CCTV, I was not privy to any details regarding its removal. I understand that at the time the PSNI engaged with H351 [REDACTED], MAH Governance Manager. I was of the view that PSNI had removed the footage as it was deemed criminal evidence, though I do not recall ever being made aware of the Belfast Trust being served with a warrant of some kind. Up to the stage when the PSNI took the CCTV servers the PSNI had been receiving the ASG referrals from Belfast Trust and were updated on any actions taken in respect of staff members involved in incidents. I understood that the PSNI removed the CCTV footage due to the volume and seriousness of incidents being referred, and concerns regarding ongoing patient safety. At that time, I recall some frustration from PSNI colleagues regarding the timeliness of CCTV reviewing and

implementation of management actions regarding staff involved. Staff directly involved in the taking of CCTV, and the PSNI officers who were involved in that process, are probably better able to assist the MAH Inquiry on this issue.

### Question 23

#### In respect of engagement with RQIA and regulators (NMC, GMC, HCPC)

- i. **Did discussions take place with these bodies after the historical CCTV was discovered, in relation to their roles?**
- ii. **How did the BHSCT liaise with these bodies during the review of historical CCTV and suspensions processes?**
- iii. **Were there any tensions with any of these bodies during the review of historical CCTV or suspension processes?**

*Did discussions take place with these bodies after the historical CCTV was discovered, in relation to their roles?*

79. I was not involved with discussions with RQIA and the regulatory bodies at this time. The responsible professional leads and/or Directors were those responsible for engaging with these bodies in respect of their roles. From my perspective, the Belfast Trust followed normal regulatory processes in relation to staff, which involved notifications to appropriate regulators in line with their requirements.

*How did the BHSCT liaise with these bodies during the review of historical CCTV and suspensions processes?*

80. From my perspective I can say that the MAH Operational Group is attended by a representative from RQIA. RQIA is provided with updates on the investigation progress and any decisions regarding staff members. Liaison with the professional regulatory bodies was and is undertaken by the appropriate professional leads in

the Belfast Trust. For example, the Central Nursing Team, with support from the SNAs, would be responsible for the NMC referral process. The Social Work Lead would be responsible for the engagement with NISCC, and the Medical Director's Office for liaison with the GMC. HR manage all referrals to the Disclosure and Barring Service (DBS).

*Were there any tensions with any of these bodies during the review of historical CCTV or suspensions processes?*

81. In my role, I was not aware of any tensions with any of these bodies.

#### **Question 24**

**Were all members of staff who were suspended reported to their regulators (the NMC, GMC or HCPC) and to the PSNI? If not, why not?**

82. As far as I am aware, the answer is yes. Any member of staff placed on precautionary suspension was referred to their professional regulator in accordance with the relevant regulatory referral processes. There was no need to re-report a staff member to PSNI following suspension, the PSNI was already involved with the events that led to the suspension in the first place.

#### **Question 25**

**Were any members of staff reported to their regulators in respect of incidents which did not warrant suspension?**

83. I am probably not best placed to answer this question. I think the answer will depend on the approach of the different regulators, which are not necessarily the same. Central Nursing in the Belfast Trust will be best placed to explain the

approach of the NMC, but I do not think that every Registrant (Nurse) identified as having potentially witnessed an incident, and who had not met the threshold for precautionary Suspension but may have been placed on Supervision and Training, was referred to the NMC. The decisions to refer to the NMC were taken by Central Nursing and Nurse Professional Leads with the Executive Director of Nursing having overall responsibility for these decisions.

84. For staff registered with the Northern Ireland Social Care Council (NISCC), if placed on precautionary suspension or supervision and training, my understanding is they were all referred to their regulatory body.

85. For staff who were not placed on precautionary suspension, but were placed in a non-clinical/non-patient facing role (removed from a regulated role), they were also referred to the Disclosure & Barring Service (DBS).

#### **Question 26**

**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?**

86. I have tried to address the issues that I understand the MAH Inquiry is interested in. I am happy to try to address any other issues that the MAH Inquiry may wish me to try to address.

87. I have become aware of the evidence that Professor Owen Barr gave to the MAH Inquiry on 19 June 2024 in connection with the 19 September 2018 Independent Assurance Report with which he was involved. I do not know if this is an issue that the MAH Inquiry is considering, but I thought I should point out that it does not appear that anyone from HR was spoken to as part of that process, which took place at a relatively early stage. I raise this because there may have been some misunderstanding of the HR processes in terms of decision-making and reviewing of decision-making in relation to staff, and in terms of what information it was

permissible to share with staff and why, connected to the ongoing investigation and the criminal process. It is also the case that it was possible to develop the approach to managing supervision and training over time, which may not have been something about which Professor Barr was aware.

88. There is no doubt that the last 5 or 6 years will have been extremely difficult for MAH patients and their families, but also for staff in the Belfast Trust who themselves were in no way involved with actual mistreatment of patients at MAH, but whose jobs have required them to be involved with dealing with what occurred.

### **Declaration of Truth**

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

**Signed: Marie Curran**

**Dated: 26 August 2024**

Marie Curran Organisational Module 7 Exhibit Bundle "MC1"		
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# MAHI Muckamore Abbey Hospital Inquiry

MAHI Team  
1<sup>st</sup> Floor  
The Corn Exchange  
31 Gordon Street  
Belfast  
BT1 2LG

XX June 2024

**By Email Only**  
Ms Marie Curran

Dear Ms Curran

## **Re MAHI Organisational Modules 2024: Request for Witness Statement**

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

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

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

The Inquiry understands that you are Senior Human Resources Manager at Belfast Health and Social Care Trust and that you were chair of the MAH (Safeguarding) Operational Group. The Panel wishes to hear how that group was established and who it reported to and also to gain an understanding of key decisions made by the group.

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

### **M7: MAH Operational Management**

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

Please find enclosed a set of questions that the Panel wish to be addressed in your statement ("Questions for the Senior Human Resources Manager BHSC"). You will note that these include questions relating to the CCTV viewing exercise which will provide you, as a Senior Trust Manager, with the opportunity to provide evidence to the Inquiry on behalf of

the Trust in respect of how the CCTV viewing exercise was conducted at MAH.

It would be helpful if you could address the 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 31 July 2024. Your statement should be uploaded to the Inquiry's document management platform BOX via the following link:

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

Should you have any issues accessing BOX please email [info@mahinquiry.org.uk](mailto: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](mailto:jaclyn.richardson@mahinquiry.org.uk).

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

Yours faithfully,



Lorraine Keown  
Solicitor to the Inquiry

Encs:

1. Outline of Organisational Modules April – June 2024. [Organisational Modules 2024.pdf \(mahinquiry.org.uk\)](#)
2. [MAHI Terms of Reference](#).
3. OM2024 Statement Format Guide.
4. Questions for the Senior Human Resources Manager BHSCT.



**Organisational Modules 2024  
M7: MAH Operational Management**

**Questions for the Senior Human Resources Manager BHSCCT  
to be Addressed in Witness Statement**

**General questions for witnesses working in a senior Human Resources position at MAH**

1. Please explain your role and the responsibilities which you held in respect of MAH (including details of when you held such role/ responsibilities).
2. What training was provided for new line managers at MAH on staff management processes?
3. Please explain the performance management arrangements for all staff, including managers, at MAH.
4. Were line managers required to seek HR advice and/or inform HR if they undertook performance management meetings?
5. What processes were in place to provide career development opportunities to staff at MAH, to ensure that staff had the required specialist skills to deliver care in a learning disability facility?
6. Please describe the role of Human Resources in workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix (and thereby to ensure safe care) at MAH? Please also explain how any concerns about such matters were escalated.

**MAH (Safeguarding) Operations Group**

7. In respect of the MAH (Safeguarding) Operations Group ("the Group"):
  - i. When was the Group established, and by whom?
  - ii. Who did the Group report to?
  - iii. Where did the Group sit in the governance structure?
  - iv. What were the functions of the Group?
8. What role, if any, did the Group have in respect of the CCTV viewing process?

## **CCTV Viewing**

9. What was your role in relation to the CCTV viewing process?
10. Who set the procedures for viewing CCTV and how was the manner in which CCTV was to be viewed decided?
11. Were there any policies in relation to the CCTV viewing process?
12. Were there any quality assurance procedures in relation to the CCTV viewing process?
13. Where DAPOs were not familiar with the patients or staff appearing on CCTV, did Human Resources take any steps to ensure that DAPOs could identify them?
14. The Inquiry has heard evidence that there were three phases (three teams) that successively worked on the historical CCTV viewing, and that there were tensions between Human Resources and at least one of these teams.
  - i. Please describe the relationship between the Human Resources team and these three successive teams.
  - ii. Can you comment on whether there were tensions between these three teams and the Human Resources team?
15. What information was shared by the historical CCTV viewing teams with Human Resources?
16. What were patients and families told about the CCTV review in general, and in relation to specific incidents concerning their relatives/patients? Were there any policies in relation to such communications?

## **Suspensions**


17. What information was provided to staff about suspensions? What, if any, steps were taken to allay any staff anxieties?
18. In relation to incidents involving staff identified on CCTV:
  - i. What were the thresholds for supervision and suspension of staff?
  - ii. Who decided what actions were to be taken against staff, and was there any policy and/ or guidance in relation to this decision?
  - iii. Who set the thresholds for which incidents identified on CCTV were referred to PSNI?
19. Can you comment on whether there were tensions or disagreements between the ASG Team and others in respect of whether an incident should be referred to the PSNI?
20. Were doctors treated differently to other members of staff in relation to suspensions? If yes, please explain why and how they were treated differently.

## PSNI and Regulators

21. Did discussions take place with PSNI after the historical CCTV was discovered, in relation to their role? If yes, please describe these discussions. Can you comment on whether there were tensions with PSNI at this stage, or at any stage of the CCTV viewing process?
22. Can you provide an account of when and in what circumstances PSNI took possession of CCTV footage from MAH?
23. In respect of engagement with RQIA and regulators (NMC, GMC, HCPC):
  - i. Did discussions take place with these bodies after the historical CCTV was discovered, in relation to their roles?
  - ii. How did the BHSCCT liaise with these bodies during the review of historical CCTV and suspension processes?
  - iii. Were there any tensions with any of these bodies during the review of historical CCTV or suspension processes?
24. Were all members of staff who were suspended reported to their regulators (the NMC, GMC or HCPC) and to the PSNI? If not, why not?
25. Were any members of staff reported to their regulators in respect of incidents which did not warrant suspension?
26. 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?



**TERMS OF REFERENCE**

<p><b>NAME</b></p>	<p><b>Muckamore Abbey Hospital Operational Working Group</b></p>
<p><b>PURPOSE</b></p>	<p><b>Trust Vision</b>  <b>“To be one of the safest, most effective and compassionate health and social care organisations”</b></p>  <p>The main purpose of the Muckamore Abbey Hospital Safeguarding Operational Working Group is to note all actions and decisions taken in relation to staff implicated in the MAH investigation. To provide assurance of the safe management of all alleged safeguarding concerns and /or information.</p>
<p><b>DUTIES</b></p>	<p>The Muckamore Abbey Hospital Safeguarding Operational Working Group will work to support the Muckamore Abbey Hospital Governance Group Agenda. The Muckamore Abbey Hospital Safeguarding Operational Working Group duties are as follows –</p> <p>Members are responsible for sharing all information with the group that is relevant to and will assist other organisations in ensuring the protection of patients.</p> <p><b>Adult Safeguarding Team</b> – responsible for providing a position statement on:          New incidents          Progress of viewing of new referrals          Key issues or challenges needing resolution  <u><a href="#">Assurances in respect of Protection Plans</a></u></p> <p><b>Senior Nurse Advisor</b>- responsible for providing a position statement on:          Case review work          New decisions or actions          Meetings held with staff          NISCC referrals          Key issues or challenges needing resolution</p> <p><b>Central Nursing</b> - responsible for providing a position statement on:          NMC/ CNO information or advise          Key issues or challenges needing resolution</p> <p><b>Divisional Nurse</b>- responsible for providing a position statement on:          Safety and quality of care measures in place</p>

	<p>Interim Protection Plans Key issues or challenges needing resolution</p> <p><b>Human Resources-</b> responsible for providing a position statement on: Progress of Disciplinary Investigation Key issues or challenges needing resolution</p> <p><b>PSNI-</b> responsible for providing a position statement on: New Incidents Progress of CCTV viewing Progress of Criminal Investigation and Criminal Justice Process Key issues or challenges needing resolution</p> <p><b>RQIA-</b> responsible for ensuring: Compliance with the requirements of HSCB Protocol for Joint Investigation of Adult Safeguarding Case That all known safety and quality of care concerns which put patients / service users at risk are addressed. Protection plans are robust, reviewed and updated when new information comes to light to ensure patients are safe. Share information where known of staff on protection plans who work in other areas. Key issues or challenges needing resolution</p> <p>Where there is dissent on any issue, it is the responsibility of the Muckamore Abbey Hospital Safeguarding Operational Working Group to escalate the matter to the Muckamore Abbey Hospital Safeguarding Governance Group for consideration.</p>
<b>AUTHORITY</b>	The Muckamore Abbey Hospital Safeguarding Operational Working Group operates under the authority of the Muckamore Abbey Hospital Safeguarding Governance Group.
<b>REPORTING</b>	Minutes of meetings held by the Muckamore Abbey Hospital Safeguarding Operational Working Group are provided to the Muckamore Abbey Hospital Safeguarding Governance Group for noting. Any issues that cannot be resolved by the Operational Group are presented to the Governance Group for direction.
<b>LEAD RESPONSIBILITY</b>	Director Human Resources, Director of Social Work, Director of Nursing
<b>MEMBERSHIP</b>	<p><b>Chair:</b> Senior HR Manger – Marie Curran</p> <p><b>Membership:</b> BHSCT representatives: Senior Nurse Advisor- Jacqui Lowry/ Glen Lyttle Central Nursing- Brona Shaw Adult Safe Guarding Team – Yvonne McKnight/ Lindsey Bell HR Manager- Stacie Cleland Divisional Nurse- Patricia McKinney</p>

	<p>PSNI representative Detective Sergeant -Neil Harrison Constable - Morag O’Kane</p> <p>RQIA representatives Acting Assistant Director Improvement -Wendy McGregor</p> <p><b>Secretary:</b></p> <p>The Human Resources Department will provide the management, administrative and secretarial support required to support the working of the Muckamore Abbey Hospital Safeguarding Operational Working Group.</p>
	<p><b>Member appointments</b> Other members (either Trust staff or external to the organisation) from time to time may be required to attend.</p>
<p><b>MEETINGS</b></p>	<p><b>Quorum</b> A quorum is the minimum number of members of a Committee necessary to conduct business and especially to make binding decisions. A quorum will be defined as x members from across the Directorates of the Committee.</p> <p><b>Frequency of Meetings</b> The Muckamore Abbey Hospital Safeguarding Operational Working Group will meet every 3 weeks. Extraordinary meetings can be called for the completion of specific pieces of work or in the event of an emerging issue.</p> <p><b>Secretarial Support</b> The formal minutes will include: The names of those in attendance at the meeting. A record of the decisions made and any dissent. Details of how the Committee was assured and the evidence on which this was based. Details on any issues to be escalated. Declarations of interest of members and participants.</p> <p><b>Papers</b> Minutes and an Action Plan from the previous meetings detailing action points and responsibilities will be circulated to Muckamore Abbey Hospital Safeguarding Operational Working Group members 1 week before the next meeting.</p> <p>An Agenda for the meeting will be produced in time for members to prepare for the meeting.</p>
<p><b>CONFLICT/ DECLARATION OF INTEREST</b></p>	<p>Under the responsibilities will come a requirement for members, to declare personal or commercial interests that may conflict with the impartial working of the Muckamore Abbey Hospital Safeguarding Operational Working Group when making decisions.</p>



<b>REVIEW</b>	<p>Terms of Reference of the Muckamore Abbey Hospital Safeguarding Operational Working Group will be updated on an annual basis.</p> <p><b>Annual review</b> Due February 2022.</p>
<b>OUTPUT</b>	Multi-agency assurances on safeguarding decisions in respect of staff/patients
<b>Version</b>	1.1



**Operational Working Group – Trust (HR/ASG/Management), PSNI & RQIA**

**Wednesday 13 May 2020 at 11am**

**Venue: Teleconference**

## MINUTES

**Attendees:** Marie Curran, Belfast Trust, Human Resources (Chair)  
 Carol Diffin, Belfast Trust, Director of Children's Community & Social Work,  
 attending as role of management reviewer  
 Stacie Cleland, Belfast Trust, Human Resources  
 Brona Shaw, Belfast Trust, Central Nursing  
 Shelagh O'Connor, Belfast Trust, Central Nursing  
 Lindsay Bell, Belfast Trust, Adult Safeguarding  
 Yvonne McKnight, Belfast Trust, Adult Safeguarding  
 Barbara Gill, Belfast Trust, Adult Safeguarding  
 Wendy McGreggor, RQIA  
 Neil Harrison, PSNI  
 Morag O'Kane, PSNI

**Minute taker:** Laura Dickson, Belfast Trust, Human Resources

	<b>ACTION:</b>
<p><b>1. Introductions</b></p> <p>Introductions were carried out following the appointment of new staff throughout different departments within the Belfast Trust.</p>	
<p><b>2. Agenda template (drafted by Neil). For discussion and consideration (see attached)</b></p> <p>Members agreed the new agenda template is very helpful and provides an improved format for sharing updates throughout the meeting. It was also agreed it provides members with an opportunity to prepare for the meeting whilst highlighting and addressing any issues that will require discussion.</p> <p>The agreed template will be implemented going forward.</p>	
<p><b>3. New processes:</b></p> <ul style="list-style-type: none"> <li>▪ <u>Seek views from RQIA regarding their inclusion in email flows</u>            Adult Safeguarding colleagues provided members with an update in relation to new processes implemented by their Team.            Clarification was sought from RQIA representatives if they require</li> </ul>	

<p>all information at the beginning of the process. Mrs McGregor, on behalf of RQIA confirmed it would not be necessary for RQIA to be involved in email correspondence and confirmed RQIA are content to contribute to this meeting and discuss specific staff and protection plans in place.</p> <ul style="list-style-type: none"> <li>▪ <u>Screening out of incidents</u> The threshold in relation to the screening of incidents was discussed and an agreement was made that all information would continue to be shared and screened individually by the appropriate agency/organisation. It was noted that the more information received the quicker the screening out process could be.</li> </ul> <p>Adult Safeguarding colleagues committed to prioritising information to PSNI and HR when an incident is identified. A request was made by HR representatives to include the referring agency in the subject box i.e. PSNI or Trust referral as it assists HR when following internal processes, this was agreed going forward.</p>	
<p><b>4. Thresholds for Adult Safeguarding referrals to PSNI</b></p> <p>Yvonne highlighted that since coming into this post she had noted that the threshold for referral to PSNI was very low and queried whether all the referrals being sent by the Team were appropriate. Neil Harrison advised that there is no issue with the referrals being made by the Trust and these are considered to be appropriate. It was acknowledged that the threshold is low and that Police are content that they have the opportunity to screen all queries. As discussed above, the PSNI commented they have no issue in relation to the information being received and feel this should continue.</p>	
<p><b>5. Management updates since last meeting</b></p> <p>HR colleagues provided members with an update on sanctions for each individual to include:</p> <p><b>H931</b> <u>HCSW Band 3 Bank Only</u> Continues to hold a bank contract, although Trust records show he has not worked a shift since October 2019. He was invited to attend a teleconference on 4<sup>th</sup> May 2020 but did not respond, therefore a letter was issued advising that he was being placed on precautionary suspension.</p> <p><b>H932</b> <u>Staff Nurse Band 5</u> Former employee of the Belfast Trust and a current employee of the Northern Trust. Confirmation of teleconference on 4<sup>th</sup> May 2020 and advised that he would have been placed on precautionary suspension if he had remained an employee of the Trust. It was noted that the Northern Trust have been updated of the situation.</p> <div style="background-color: black; color: white; text-align: center; padding: 10px; font-size: 2em; font-weight: bold;">R086</div>	

<p><b>H934</b> <u>Staff Nurse Band 5</u> Current employee of the Belfast Trust, substantive Band 5 post. Confirmation of teleconference on 4<sup>th</sup> May 2020 and details of precautionary suspension discussed.</p> <p><b>H935</b> <u>Band 5 Staff Nurse (Former)</u> Former employee of the Belfast Trust and a current employee of the South Eastern Trust who are aware of the ongoing investigation and have therefore placed him in a non-clinical role. Management are currently reviewing some CCTV in relation to further incidents involving this staff member. Mrs Diffin advised this should be complete by the end of the week.</p> <p><b>H936</b> <u>HCSW Band 3</u> Mrs Diffin advised that further information is required in relation to care plans and nursing notes before a decision can be reached in relation to recommended sanction. A discrepancy was raised in relation to the number of incidents the PSNI have recorded against what the Belfast Trust have recorded.</p> <p><b>Action</b> – Morag to email information to Mrs Carol Diffin and include Mrs Stacie Cleland.</p> <p><b>H937</b> A query was raised in relation to current status and it was noted that this staff member is currently on sick leave however once she intends to return from sick leave, the sanction of precautionary suspension will be applied.</p> <p>It was noted that the PSNI had no new names to add at this time.</p>	<p>Morag O’Kane</p>
<p><b>6. Update on Trust management appointed to replace MM</b></p> <p>Mrs Diffin provided members with an update including the post being advertised internally as an expression of interest. It was noted that 1.5 WTE has been requested to ensure adequate support is provided when decision-making takes place. It was also noted that Mrs Diffin will continue to review any urgent matters until the post is filled.</p>	
<p><b>7. TBI’s</b></p> <p>Mrs Yvonne McKnight advised the group that since taking up post a number of ‘To be identified’ staff (and some patients) have arisen. The staff within Adult Safeguarding are hopeful to complete this piece of work by the end of the week. Once complete the information will be shared with HR colleagues.</p> <p><b>Action</b> – Mrs Diffin to follow up sourcing a staff member from Muckamore Abbey Hospital to assist with identifying staff via CCTV.</p> <p><b>Action</b> – PSNI colleagues to share information held on TBI staff with Mrs Yvonne McKnight.</p>	<p>Carol Diffin</p> <p>Morag O’Kane</p>

<p>Central nursing colleagues requested clear information when submitting overview and/or summary sheets as information can be difficult to determine when discussing a 'to be identified' member of staff. Adult Safeguarding colleagues welcomed central nursing colleagues if there were any queries to confirm with them.</p>	
<p><b>8. Low level risk offenders – “in the vicinity of”</b></p> <p>An in depth discussion took place in relation to the categorising of staff who are in the vicinity of an incident however not directly involved. A suggestion was made to categorise these type of staff using:</p> <ul style="list-style-type: none"> <li>▪ Potentially directly involved in incident</li> <li>▪ Potentially observing/failing to intervene incident</li> <li>▪ In the vicinity of incident</li> </ul> <p>However, HR raised concerns that in some cases it remains important to place a sanction on these staff whilst others may be recorded as no further action. There were concerns raised that a formal record is being kept against staff who potentially did not witness an incident. Belfast Trust colleagues showed a keen interest to bottom out.</p> <p>PSNI colleagues requested that names and detail of what was witnessed to be omitted from the AJP1 form. PSNI colleagues will screen when received and establish through their process what category individuals meet.</p> <p>Concerns were raised regarding the discrepancy in figures regarding the number of incidents recorded per staff member, it was suggested that this process could be the cause.</p>	
<p><b>9. Progress update regarding viewing completed / work yet to be viewed</b></p> <p>Adult Safeguarding colleagues provided assurance that Cranfield 1 has currently just over 90% viewed with just under 10% remaining whilst Cranfield 2 currently has 73.6% viewed with 26.4% remaining.</p> <p>Through this viewing a further 29 incidents have been identified and shared with PSNI and HR colleagues.</p> <p>An issue was raised in relation to a specific patient and the requirement of a PIA. Adult Safeguarding confirmed that regional procedures state the hosting Trust would normally complete however, Mrs McKnight committed to follow-up.</p> <p>PSNI colleagues confirmed that approx. 70% viewing has been completed on Sixmile, no significant volume of incidents raised.</p>	<p>Yvonne McKnight</p>
<p><b>10. Any other business</b></p> <p><u>DBS referrals</u> HR colleagues updated the group regarding concerns raised with DBS referrals. It was noted that DBS referrals have been processed</p>	



<p>as per procedure throughout this investigation. DBS have recently made contact to advise they have closed all referrals in relation to non-registrant staff and issued a letter advising staff of same.</p> <p>Concerns raised were in relation to the misinterpretation from staff with one staff previously making contact understanding the matter had been dealt with. It also raised concerns as there is no record of a sanction in place against those staff who could go on to seek further employment.</p> <p>Mrs Curran requested a copy of the letter from DBS and is awaiting a response however in the meantime has committed to follow-up with the Director of HR for escalation to the Chief Executive and/or the Department of Health.</p> <p>PSNI colleagues also committed to raise the matter with the chief inspector.</p> <p>It was agreed this matter needs a resolution.</p> <p><b>H938</b> <u>Student nurse</u>          Central nursing raised a matter for discussion regarding a student nurse who is currently on suspension as a Band 3 Health Care Worker. The individual has since passed all nursing exams and NMC are keen to register the individual however without prejudice the Belfast Trust wish to request NMC to hold this process.</p> <p><b>Action</b> – Mrs Brona Shaw will develop a script for processing to NMC and will share with members for comment/views prior to submitting.</p> <p>It was noted the importance of getting this process correct for this individual.</p> <p><u>Historical information / broken arm incident</u>          Mrs Diffin queried with PSNI colleagues if any information had been received in relation to a broken arm incident. PSNI colleagues advised it had not therefore Mrs Diffin committed to follow-up.</p> <p><u>Medical Staff member</u>          RQIA colleagues queried if any further developments had took place in relation to the reviewing of the incidents relating to the consultant. Mrs Diffin committed to follow-up with the Medical Director and/or the Chief Executive.</p> <p><u>AJP5</u>          Adult Safeguarding colleagues expressed an interest in having discussions with PSNI colleagues offline to ascertain if there is a need for an AJP5 to be completed or if the AJP1 can be reflected to capture this information. Mrs McKnight and Mr Harrison will discuss.</p>	<p>Marie Curran</p> <p>Neil Harrison</p> <p>Brona Shaw</p> <p>Carol Diffin</p> <p>Carol Diffin</p> <p>Yvonne McKnight Neil Harrison</p>
<p><b>11. Date of next meeting</b></p> <p>Wednesday 03 June 2020 at 11am via teleconference</p>	