

ORGANISATIONAL MODULES 2024

**MUCKAMORE ABBEY HOSPITAL INQUIRY
WITNESS STATEMENT**

**Statement of Jenny Porter
Date:21st October 2024**

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

The statement is made on behalf of the Police Service of Northern Ireland in response to a request for evidence 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 am a Detective Sergeant in the Police Service of Northern Ireland (PSNI). I currently hold the position of Detective Sergeant in the Operation Turnstone Investigation Team.
2. During a 19-year policing career I have held the following positions:
 - a. (2005 to 2011) I was a Constable in Response Policing, within Former East Belfast District Command Unit.

- b. (2011 to 2015) Neighbourhood Policing Constable in Willowfield Neighbourhood Unit (East Belfast, Formerly B District)
 - c. (2015-2018) Sergeant in Woodbourne, West Belfast Local Policing Team, A District.
 - d. (2018-2018) Detective Sergeant, Domestic Abuse and Adult Safeguarding, Public Protection Branch, Belfast Trust.
 - e. (2018-2024) Seconded to Belfast Trust Public Protection Branch investigation into Muckamore Abbey Hospital.
3. I have been asked to provide a statement for the purpose of assisting the Inquiry in understanding the role of Police involvement in Adult Safeguarding at Muckamore Abbey Hospital since the commencement of Operation Turnstone.
4. The index incident for Operation Turnstone occurred on 12 August 2017. It was referred to PSNI on 22 August 2017. This was the first of many subsequent incidents referred to Police over the course of the remainder of 2017 and throughout 2018. From 14 January 2019 the investigation was deemed a “critical incident” and named “Operation Turnstone”. At that date there were 162 incidents which had been referred from BHSCT to PSNI and viewing of the CCTV by BHSCT was still ongoing and was not complete.
5. On 1 February 2019 Police became aware that the Trust had not viewed as much CCTV as had been communicated to Police. Police took the decision to seize the CCTV hard drives. Police attended Muckamore Abbey Hospital on Friday 8th February 2019 and seized the hard drives as evidence. Due to issues with moving the hard drives, and CCTV needing to be recovered, neither PSNI nor BHSCT were able to view CCTV in their facilities from the date of seizure until early April 2019.
6. As referred to in Jill Duffie’s statement, Detective Inspector Collins emailed **H425** on 20th February 2019 informing her that PSNI had retrieved footage regarding 10 of the urgent incidents relating to Sixmile ward from Dublin and that we could facilitate viewing of this footage immediately. Staff from

BHSCT attended on three dates to view footage on laptops in Antrim Road Police Station. On Thursday 12 March 2019, as no further Trust representatives had attended Antrim Road Police station for the purposes of viewing, Police began viewing urgent Sixmile footage and generating AJP1s to forward to the Trust.

7. From the date of the index incident in August 2017 up until this period in March 2019, every AJP1 completed was completed by BHSCT. As of 10 April 2019, BHSCT had suspended 24 staff due to incidents uncovered by BHSCT viewers. BHSCT was making referrals to and sharing information with PSNI.
8. On commencement of Police viewing CCTV in April 2019,(for the purposes of clarity, this was commencement of general viewing of the CCTV, as distinct from the urgent viewing of Sixmile ward, specifically, which that had been undertaken in March 2019) they completed AJP1 forms and referred new incidents to BHSCT under joint protocol. BHSCT staff responsible for processing the safeguarding referrals were aware of all of the information and the allegations in the AJP1's whether completed by Police or Trust. Under the joint protocol, all information was shared.
9. At that time, the primary objective for Police and the BHSCT was safeguarding. Until all CCTV had been viewed, there was a risk that abusive staff were continuing to work. The decision was made for Police to prioritise viewing PICU and Sixmile ward for safeguarding purposes and BHSCT would prioritise viewing Cranfield 1 and Cranfield 2 wards. This decision was taken at senior level within both the Trust and PSNI in order that all CCTV was viewed for safeguarding purposes in the quickest way possible.
10. The AJP1 forms and the two-way referral process ensured that both partner agencies were aware of any concerning behaviour by staff. Police submitted AJP1 forms through their Central Referral Unit to the BHSCT Adult Safeguarding Team at that time.

11. During summer of 2019 Police became aware that BHSCT Human Resources were not aware of the names of all staff that had been referred to BHSCT Adult Safeguarding by PSNI. This led to the establishment of the Operational Safeguarding Group.
12. The Operational Safeguarding Meetings were set up from September 2019. The meetings were attended by representatives from BHSCT, PSNI and RQIA to ensure that adequate safeguarding and safeguarding practices were adhered to. Any staff named in the AJP1's were discussed at the meetings. The first few meetings were held more regularly to ensure that staff who had been referred up until that point were discussed and their protection plans reviewed. Staff were discussed on an individual basis. The number of incidents they were named in, the types of incidents and their involvement in those incidents were discussed. All information available at that point in time for the staff member was taken into account when discussing safeguarding actions. I have attached the minutes from the first two meetings. (See Exhibits 1 and 2)
13. The operational meetings were attended by representatives from BHSCT HR, BHSCT Adult Safeguarding, BHSCT Senior Nurse Advisors, BHSCT Divisional Nursing, BHSCT Central Nursing, RQIA and a Detective Sergeant and Constable from PSNI Operation Turnstone Team. The main purpose of the 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. The roles and responsibilities of each Organisation are listed in The Terms of Reference which are attached. (Exhibit 3)
14. As the investigation progressed and the meetings caught up to the point where they were dealing with current referrals being made at that time, the agenda items routinely included: -
 - Details of new Staff identified
 - Updates on staff safeguarding actions from previous staff meetings

- Trust to provide update on wider safeguarding matters
- Senior Nurse Advisor(s) to provide an update on incident reviews
- HR to provide update on Trust disciplinary investigation and wider matters
- PSNI to provide update on investigation and wider matters
- RQIA to provide an update on investigation and wider matters
- Central Nursing to provide an update on investigation and wider matters
- Divisional Nurse, MAH to provide an update on investigation and wider matters
- Any other business

15.A Safeguarding Governance Group was also established, comprising of the PSNI, the BHSCT, RQIA, DoH, and HSCB. The structure was established to oversee the assurance of the management of the safeguarding concerns and information sharing arising out of the viewing of historical CCTV in Muckamore Abbey Hospital between March 2017- November 2017. The Terms of Reference are attached. (See Exhibit 4)

16.I am aware that there have been questions raised that the Police investigation may have been prioritised over the safeguarding of the patients and level of staffing. It is thoroughly not accepted that the Police investigation was prioritised over safeguarding. The Police investigation is part of the overall safeguarding process, but the immediate safeguarding where concerns are raised is always paramount in any case. Where a staff member is seen to be abusing a patient on CCTV footage, the decision makers have no other choice but to remove that person from a patient facing role. Cathy Jack stated that it would have been “indefensible to leave someone who is visibly seen as abusing someone on a CCTV camera to remain in work”. The decision makers in this case are the BHSCT. They are the employers of the staff member in question and are responsible for the safety of patients in MAH.

17. I am aware that the issue of safe staffing levels has been discussed with the implication that Police involvement and subsequent staff suspensions impacted

safe staffing levels at MAH. It is evidenced in Exhibit 3 that decisions around suspensions were a matter for BHSCT with the PSNI and RQIA required to confirm their agreement that the Trusts proposed action amounted to adequate safeguarding being in place for a staff member.

18. The issue of safe staffing levels was not a new one. The Chief Nursing Officer Charlotte McArdle makes reference in her statement to the lack of Learning Disability staff in Muckamore being a problem before Op Turnstone. She states that there was a Department of Health/BHSCT action plan dating back to 2015.
19. Dr Cathy Jack and Charlotte McArdle both make reference to the fact it was not only suspensions that affected the number of staff at MAH. High levels of sickness and resignations also contributed to lower staffing levels. This is outside the control of the PSNI.
20. Dr Jack does note in paragraph 114 of her statement that in late 2019 an assurance was given to the Department of Health that staff levels were safe. She later goes on to state that pressures from suspensions had given her cause for concern and she identified the need to work on a stabilisation plan. In paragraphs 119 and 120 (and at exhibit 13) she talks about a “risk summit” convened with all five Trusts and DoH to find solutions to the precarious staffing situation at MAH. The PSNI are not included in this which demonstrates that the Trust and Department of Health were very aware that this was their responsibility to manage.
21. There was regular communication between Police and BHSCT at all levels and there were opportunities for any concerns to be raised.
22. An example of this is an extraordinary meeting held on 3rd March 2021. The Terms of Reference for the operational safeguarding group allowed for the calling of extraordinary meetings for the completion of specific pieces of work or in the event of an emerging issue. The purpose of this meeting was to review eight senior members of staff currently working in Muckamore Abbey Hospital under a supervision and training programme and to provide assurances to all parties that protection plans were effective. The minutes show the record of

discussion, the themes within the protection plans and name the direct line supervisors conducting the supervision. Dr [REDACTED] **H291** gave evidence that she only had limited information of the allegations against a staff member under her supervision, and this impacted her ability to supervise that staff member. The minutes attached (Exhibit 5) show the record of the discussion that took place and the extent of the information that was shared with and available to Dr [REDACTED] **H291** in relation to two staff members under her supervision. All attendees at the meeting were content with the arrangements in respect of supervision at that time. I am not aware if Dr [REDACTED] **H291** raised her concerns with her line manager at the time, but the minutes of this meeting do not suggest that she did.

23. I did not routinely attend the operational safeguarding meetings until Detective Sergeant Neil Harrison moved from the Operation Turnstone team in July 2021. It is my understanding that any staff alleged to have caused physical harm to patients were suspended from work. Others were placed on supervision and training, which was implemented and managed by BHSCT. Staffing levels are not the responsibility of the PSNI. Once it is established that a staff member cannot work in a patient facing role due to safeguarding concerns, it is up to the BHSCT how they manage that through their disciplinary processes.

24. It can be seen in Exhibits 1,2 and 5 that staff and their alleged offending and behaviour towards patients were discussed and shared between representatives from PSNI, BHSCT and RQIA. Exhibit 5 shows and explains how interim protection plans were managed and overseen. It was only the suspects themselves whom Police requested were not to be made fully aware of the specific allegations against them, in order to protect the criminal process. This was discussed a number of times and agreed between Detective Chief Inspector Jill Duffie and Marie Curran HR at BHSCT.

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: *J Porter*

Date: *21/10/24*

List of Exhibits (Jenny Porter)

Exhibit 1: Minutes of Operational Safeguarding Group meeting 03/09/19

Exhibit 2: Minutes of Operational Safeguarding Group meeting 06/09/19

Exhibit 3: Operational Safeguarding Group Terms of Reference

Exhibit 4: Safeguarding Governance Group Terms of Reference

Exhibit 5: Minutes of Extraordinary Operational Safeguarding Group meeting 03/03/21

Actions Arising out of Safeguarding Meeting 03/09/19

Location: Trust Belfast Trust HQs, City Hospital

Terms of Reference :-

Terms of Reference read through by Detective Sergeant Harrison. Amendments requested:-

Point 4 - "*That each partner is aware of and can ensure all relevant staff members are known to group*" to "*There is a single identified list known to each group member.*"

Point 4 - "*if the staff member is registered with a professional regulator and if they have been notified*" to be recorded as a separate point.

Point 4 - "previous conduct" to be changed to "*all relevant information*".

Safeguarding:-

1. **H1002** – Band 3 (PICU) – Advised by Trust she is currently on Protection Plan of fortnightly supervision

RO96

ACTION: Trust to review immediately at meeting tomorrow and update group on Friday 6th Sept 2019

2. **H226** – RO96. Advised by Trust she is currently on Protection Plan of fortnightly supervision

RO96

ACTION: Trust to review immediately at meeting tomorrow and update group on Friday 6th Sept 2019

3. **H1021** – RO96 (NB. No longer employed in Belfast Trust) A referral was made to NMC.

Brenda Creaney advised that SE Trust had viewed CCTV footage and put in Protection Plan.

ACTION: Ms Creaney advised that she would make contact with SE Trust and advise them that PSNI would be in contact.

4. **H1022** - Band 3 - No action taken by Trust to date.

ACTION: To be discussed at next meeting.

5. **H877** - Band 3 (Sixmile and PICU) Trust advised that this had been passed by DAPO for review by Trust on 10/06/19

Involved in a physical incident. Also present/witness to incidents, no intervention or reporting.

ACTION: Trust to review immediately at meeting tomorrow and update group on Friday 6th Sept 2019

6. **H334** - Band 5 (PICU) - Not on Trust list of suspects

RO96

ACTION: Trust to review immediately at meeting tomorrow and update group on Friday 6th Sept 2019

7. **H164** Band 3 (PICU) - Trust advised they were not aware, no Protection Plan in place.

RO96

ACTION: Trust to review immediately at meeting tomorrow and update group on Friday 6th Sept 2019

8. **H14** - **RO96**

RO96

ACTION: Trust to review immediately at meeting tomorrow and update group on Friday 6th Sept 2019

9. **H350** – Band 3 - Advised by Trust that he is not on Trust list.

RO96

RO96

10. **H878** – **RO96**

Involved in an assault on patient.

ACTION: Trust to inform agency immediately.

Brenda Creaney advised that she discussed the MAPA/Forensic report with Noel McDonald and advised of the following decisions:-

1. **H876** – **RO96**
2. **H994** – Registrant – May be placed on cautionary suspension
3. **H355** – Registrant – currently on leave. May be placed on cautionary suspension.
4. **H512** – Non Registrant - May be placed on cautionary suspension.
5. **H13** – **RO96**
- 6.

SPOC

A SPOC for all agencies to be confirmed at next meeting.

Next meeting – Friday 6th September 2019, Trust HQs.

Minutes of Safeguarding Operational Group

Trust HQs, Friday 6th September 2019

Members present

Detective Sergeant Neil Harrison, PSNI

Constable Morag O'Kane, PSNI

Moira Mannion, BHSC

Marie Curran, BHSC

H425, BHSC

Alan Guthrie, RQIA

Apologies

H826

Items discussed

Discussion took place in relation of the purpose of the group. DS Harrison advised that PSNI need to be content that the risk to the patients is addressed as a matter of urgency and to seek assurance in relation to the protection of patients. This was reiterated by Alan Guthrie. Moira Mannion advised that she was present at corporate request of the management to ensure decisions were made today.

Moira Mannion advised that moving forward, it would be more beneficial to look at selected AJP1s identified by Police as opposed to the Trust having to look through substantial amounts of referrals for each named staff member.

H425 advised that a substantial amount of referrals had been sent through to Adult Safeguarding Team and this has led to a backlog. Moira Mannion advised that the Trust is giving a commitment to review the process to ensure that the referrals are dealt with in a timely manner.

H425 stated that she is aware that some of the incidents involve multiple staff but she is mindful that some are only witnesses and stated that there has to be a proportionate approach taken in relation to this.

DS Harrison advised the group that Police have made contact with SE Trust in relation to **H1021**

She requested that PSNI provide a list of the next staff to be discussed.

The group then discussed the following staff having distributed a page to all group members with proposed actions for both registrants and non-registrants:-

Registrants

1. **H226** – Moira advised that the Trust is looking to have a second viewing of the CCTV before making a decision. **H425** queried what the Trust would see that would differ from a Police Officer who had already identified a criminal offence. Moira advised that **H226** is currently a **RO96** and is currently on a Protection Plan which involves having fortnightly supervision. On being advised that she was due to be on duty on Saturday 7th September 2019, discussion ensued concerns were raised that as she is subject to an allegation of assault, what protective measures are in place to ensure that she does not have one to one interaction with patients. Moira advised that Ward Sister, **H835** will be on duty but is not currently aware that **H226** is a suspect. Both Police and RQIA members raised concerns in relation to this and it was requested that **H835** be advised prior to **H226**'s shift tomorrow to ensure safeguarding of patients. **ACTION** – *Group to bring this to Strategic Group for a decision.*

2. **H334** – Moira advised that he is currently absent due to sick leave and therefore presently presents no risk. It was agreed that he should be subject to Precautionary Suspension. **ACTION** – *Trust to invoke a Precautionary Suspension*

3. **H13** – **RO96**
[REDACTED]
[REDACTED]
[REDACTED]

4. **H355** – He is currently off work on unspecified leave. He is not currently on a Protection Plan although he may still be working through an agency. **ACTION** – *Trust to invoke a Precautionary Suspension*

5. **H994** – **RO96**
[REDACTED]
[REDACTED]

6. **H14** – Currently off on unspecified leave. Marie Curran advised that she initially viewed the incident with Moira Mannion and they agreed a decision to suspend **H14** but Noel McDonald provided a Forensic Report advising that he believes the incident identifies a training need. Marie and Moira advised the group that they are happy to stand by their original decision. **ACTION** – *Trust to invoke a Precautionary Suspension.*

7. **H1021** – **RO96**
[REDACTED]
[REDACTED]


Non -Registrants

8. **H876** – Currently on a supervision plan. **ACTION** – *Trust to invoke a Precautionary Suspension*
9. **H512** – Not current Protection Plan. **ACTION** – *Trust to invoke a Precautionary Suspension*
10. **H1002** – No current Protection Plan but is off on sick leave. **ACTION** – *Trust to invoke a Precautionary Suspension*
11. **H877** – No current Protection Plan, currently off on sick leave. **ACTION** – *Trust to invoke a Precautionary Suspension*
12. **H164** – No current Protection Plan, currently off sick. **ACTION** – *Trust to invoke a Precautionary Suspension*
13. **H878** – Retired from Trust but registered in Nurse Bank though no shifts offered. **ACTION** – *Trust to invoke a Precautionary Suspension from bank work.*
14. **H1023** – Currently detailed to work two weekend shifts and is on a protection plan whilst working them.
15. **H1022** – No current Protection plan. To be discussed at next meeting.

Date of next Meeting – TBC



TERMS OF REFERENCE

<p>NAME</p>	<p>Muckamore Abbey Hospital Operational Working Group</p>
<p>PURPOSE</p>	<p>Trust Vision “To be one of the safest, most effective and compassionate health and social care organisations”</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>DUTIES</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>Adult Safeguarding Team – responsible for providing a position statement on: New incidents Progress of viewing of new referrals Key issues or challenges needing resolution</p> <p>Senior Nurse Advisor- 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>Central Nursing - responsible for providing a position statement on: NMC/ CNO information or advise Key issues or challenges needing resolution</p> <p>Divisional Nurse- responsible for providing a position statement on: Safety and quality of care measures in place Interim Protection Plans</p>

	<p>Key issues or challenges needing resolution</p> <p>Human Resources- responsible for providing a position statement on: Progress of Disciplinary Investigation Key issues or challenges needing resolution</p> <p>PSNI- 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>RQIA- 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>
AUTHORITY	The Muckamore Abbey Hospital Safeguarding Operational Working Group operates under the authority of the Muckamore Abbey Hospital Safeguarding Governance Group.
REPORTING	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.
LEAD RESPONSIBILITY	Director Human Resources, Director of Social Work, Director of Nursing
MEMBERSHIP	<p>Chair: Senior HR Manger – Marie Curran</p> <p>Membership: 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>Secretary:</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>Member appointments Other members (either Trust staff or external to the organisation) from time to time may be required to attend.</p>
<p>MEETINGS</p>	<p>Quorum 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>Frequency of Meetings 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>Secretarial Support 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>Papers 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>CONFLICT/ DECLARATION OF INTEREST</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>

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

MUCKAMORE ABBEY HOSPITAL

It has been agreed by the key agencies; ie BHSCT, PSNI, DoH, RQIA, HSCB, involved that the following structure will be established to oversee the assurance of the management of the safeguarding concerns and information sharing arising out of the viewing of historical CCTV in Muckamore Abbey Hospital between March 2017- November 2017.

Whilst this reflects the principles within the joint protocol these Terms of Reference will reflect the unique safeguarding circumstances and only deal with safeguarding concerns identified through viewing of historic CCTV in Muckamore Abbey Hospital between March 2017 – November 2017.

Safeguarding Governance Group (SGG) - Terms of Reference

A Safeguarding Governance Group will be constituted, which will comprise of the following core representatives:

- The PSNI
- The BHSCT, including the Executive Director of Social Work, Director of Adult Services with responsibility for Muckamore Abbey Hospital, Director of Nursing, Director of HR
- HSC Trust DAPO (Adult Safeguarding Team)
- A Senior manager from the relevant HSC Trust Adult Programme of Care
- RQIA
- DoH
- HSCB

The SGG will be convened and chaired by the Executive Director of Social Work, BHSCT.

SGG representatives may co-opt representation from relevant other disciplines or agencies as appropriate.

The frequency of meetings will be determined by the core representatives and will be held as required.

A record of the meeting will be taken by the Trust and will be agreed by the members of the group.

Appropriate legal advice will be sought by the relevant organisations as and when required.

The SGG will:

- i. provide oversight and governance on the safeguarding process
- ii. consider issues escalated to them from the Safeguarding Operational Group

- iii. escalate matters of concern as appropriate
- iv. allocate and prioritise the necessary resources to the Operational Safeguarding Group
- v. ensure co-ordination between the key agencies within the Safeguarding Operational Group. This includes resolving any interagency operational interface challenges between various established processes.
- vi. ensure decisions of the Safeguarding Operational Group are actioned in a timely manner
- vii. act in a consultative capacity to those professionals who are involved in the Safeguarding Operational Group
- viii. at the conclusion of the totality of the safeguarding concerns, discuss salient features of the process with a view to making recommendations for improvements wither in policy or in practice
- ix. The closing process must be agreed and signed off by all members of SGG

The Safeguarding Operational Group (SOG)

The membership of the Safeguarding Operational Group will reflect the Core membership of the Safeguarding Governance Group and will comprise of the following core representatives i.e. BHSCT, PSNI, RQIA.

The SOG will

- i. Meet on a fortnightly basis or as required to operationally review all safeguarding concerns arising out of the viewing of historical CCTV in Muckamore Abbey Hospital between March 2017- November 2017.
- ii. Ensure a minute is taken in relation to decisions reached at each meeting
- ii. The individual agencies will consider any concerns raised by the other agencies in relation to action taken in relation to safeguarding decisions
- iii. Report to the Safeguarding Governance Group on progress against actions agreed
- iv. Escalate matters of concern as appropriate to the Safeguarding Governance Group
- v. Highlight issues of resources to the Safeguarding Governance Group



**Extraordinary Meeting from Operational Group
Wednesday 03 March 2021 at 12:30pm
Venue: Microsoft Teams**

MINUTES

Attendees: Brona Shaw, Deputy Nursing Director (Chair)
 Marie Curran, Senior HR Manager
 Jacqui Lowry, Senior Nurse Advisor
 Yvonne McKnight, Senior Adult Safeguarding Consultant
 Barbara Gill, Adult Safeguarding Consultant
 Lindsay Bell, Adult Safeguarding Consultant
 Neil Harrison, PSNI
 Morag O’Kane, PSNI
 Wendy McGregor, RQIA

Apologies: No apologies noted.

Minute taker: Laura Dickson, Team Lead Human Resources

MATTER FOR DISCUSSION:	ACTION:
<p>1. Introductions Introductions were carried out throughout the group.</p>	
<p>2. Purpose of the meeting It was noted the purpose of the meeting is to review eight senior members of staff currently working in Muckamore Abbey Hospital under a supervision and training programme and to provide assurances to all parties that protection plans are effective.</p>	
<p>3. Staff for discussion</p> <p>3.1 – H211 RO96</p> <p>A meeting took place on 02 September 2020 placing the staff member on a supervision and training programme. Six incidents met the threshold of supervision and training however, it was noted throughout review of incidents; the staff member was not identified as an alleged perpetrator rather an alleged witness or recorded as in the vicinity. Themes identified within the protection plan are as follows:</p> <ul style="list-style-type: none"> • Management of challenging behaviour • Reporting and escalating concerns • Appropriate use of seclusion 	

Members were advised of weekly conversations between the staff member and her line manager, **H291** and a monthly supervision meeting in place to discuss and implement the interim protection plan.

At present, the staff member is working from home and is not currently providing direct patient care. However, when on site, other staff are present which includes two other registrants.

Adult Safeguarding colleagues confirm they are content with the current arrangements however; welcome further discussion with Trish McKinney, Divisional Nurse when reviewing the staff members return to work.

RQIA and PSNI colleagues are content that regular and ongoing discussions take place and that identified training requirements are being met.

3.2 – H491

A current Band 7 Senior Nurse Night Co-ordinator.

A meeting took place on 07 December 2020 placing the staff member on a supervision and training programme. Three incidents met the threshold of supervision and training highlighting a focus on the appropriate recording of information and assurances around robust systems and processes of recording documentation. Themes identified within the protection plan are as follows:

- Appropriate use of seclusion
- Documentation and recording

Following the meeting, it was agreed the staff member would move to day duty. Since then the staff member has taken on a role of screening asymptomatic COVID staff based on Sixmile and is not directly involved in patient care. It was advised that given the staff members previous involvement with patients, it is likely patients would approach the staff member to interact in conversation however; other staff would be present at this time.

Members were advised of ongoing weekly discussions between the staff member and supervisor, **H230**, Band 8A. An additional assurance mechanism in this case is that **H230** is also based on Sixmile and can observe practice.

Adult Safeguarding colleagues wished to highlight another matter regarding this staff member in relation to a solicitor letter about an historical incident under investigation separate to the Muckamore investigation. In addition, adult safeguarding colleagues requested further discussion with Trish McKinney, Divisional Nurse if any changes are made to the staff member's current role.

RQIA and PSNI colleagues are content and accept the current arrangements, which confirm the staff member has no involvement in backfilling any COVID screening on patients.

3.3 – **H593**
RO96

A meeting took place on 07 December 2020 placing the staff member on a supervision and training programme. It was noted the staff member demonstrated positive behaviour throughout a number of incidents reviewed. Previous incidents indicated the staff member respectfully challenging colleagues however, in one incident the staff member refrained from doing so therefore it met the threshold of supervision and training. Themes identified within the protection plan are as follows:

- Management of challenging behaviour
- Reporting and escalating concerns

Members were advised of weekly supervision with line manager, **H291**. It was noted the staff member is fully compliant and well engaged in the process, the staff member is keen to learn and establish how learning can be applied to practice.

Adult Safeguarding colleagues are content that evidence of learning is ongoing however wished to highlight the importance of the supervisory role and other assurance mechanisms in this case.

RQIA and PSNI colleagues are content with the current arrangements.

3.4 – **H67**

Previously a Band 6 Nurse since secured a Band 7 Charge Nurse post in Cranfield one.

A meeting took place on 21 December 2018 placing the staff member on a supervision and training programme. A number of incidents were reviewed prior to Mrs Lowry's appointment as Senior Nurse Advisor, seven meeting the threshold of supervision and training. Information recorded throughout lists the staff member as a witness or someone in the vicinity. Upon review themes identified are as follows:

- Management of challenging behaviour
- Reporting and escalating concerns
- Appropriate use of seclusion
- Leadership and management of staff
- Documentation and record keeping

Members were advised of monthly supervision with supervisor, **H290**. Line Manager. An additional assurance mechanism in this case is, the location of ASM, **H409**, based in Cranfield, allowing regular visits to the ward(s) to observe practice.

Adult Safeguarding colleagues highlighted the importance of the ASM in this instance and welcome further discussion prior to signing off the interim protection plan to ensure all aspects are covered.

RQIA colleagues raised concerns regarding the promotion of this staff member and queried other registrants on shift. It was confirmed that

some registrant staff would be agency however, it was noted most agency are long standing and are provided with a clear understanding of their roles and responsibilities and rigorous training, they are also aware of the ongoing investigation and the importance of reporting and escalating concerns.

PSNI colleagues are content and accept the additional assurance mechanisms in place.

3.5 – **H906**
RO96

A meeting was held on 11 April 2019 placing the staff member on a supervision and training programme. A number of incidents were reviewed prior to Mrs Lowry's appointment as Senior Nurse Advisor, eleven meeting the threshold of supervision and training. However, upon review themes identified are as follows:

- MAPA
- Management of challenging behaviour, de-escalation
- Dining experience, adherence to SALT recommendations
- Impact of patients physical health on challenging behaviours

Members were advised the member of staff recently returned to work from sick and maternity leave and is currently on a phased return providing two days working from home.

Adult Safeguarding colleagues recognised the need for further discussion before the staff member returns to work in the clinical environment.

RQIA and PSNI colleagues are content with the current arrangements and note the importance of the staff member completing MAPA training before providing direct patient care.

3.6 – **H1024**
RO96

A meeting took place on 17 October 2018 placing the staff member on a supervision and training programme. A number of incidents were reviewed prior to Mrs Lowry's appointment as Senior Nurse Advisor, ten meeting the threshold of supervision and training. However, upon review themes identified are as follows:

- MAPA
- Management of challenging behaviour, de-escalation
- Impact of patient's physical health on challenging behaviours
- Appropriate boundaries with patients / inappropriate use of horseplay

Members were advised there are no current concerns regarding the staff member's current practice however; the mental impact on this staff

member was noted. The staff member has required a lot of support however, he is keen to learn and reflect on his role.

In-depth discussion took place regarding the theme of appropriate boundaries with patients / inappropriate use of horseplay and was recognised as an additional theme from those agreed with PSNI colleagues. The importance of distinguishing themes was discussed and the importance of the staff member understanding the difference in themes was highlighted. PSNI colleagues agreed to take the lead from BHSCT colleagues and are open to further discussion when necessary.

RQIA colleagues are content and accept the current arrangements however, wished to note the importance of the staff member understanding the theme prior to providing direct patient care to ensure this behaviour does not occur again.

Close monitoring of this individual and further discussion with Adult Safeguarding colleagues is required.

3.7 – **H261**

RO96

A meeting took place on 23 October 2019 placing the member of staff on a supervision and training programme. A number of incidents were reviewed prior to Mrs Lowry's appointment of Senior Nurse Advisor five of which met the threshold of supervision and training. However, upon review themes identified are as follows:

- MAPA
- Management of challenging behaviour
- Appropriate use of seclusion
- Reporting and escalating concerns

Members were advised of ongoing supervision with ASM, **H230** also based on Sixmile.

Evidence gathered by this staff member include participation on good record keeping training, participation in Armidillo training, review of the whistleblowing policy and discussion with the line manager about applying the learning to practice.

Adult Safeguarding are content with the current arrangements and again noted the importance of other assurance mechanisms such as the role of ASM in this case.

RQIA and PSNI colleagues were content with the current arrangements.

3.8 – **H661**

RO96

<p>A meeting took place on 07 December 2020 placing the staff member on a supervision and training programme. Five incidents met the threshold of supervision and training, themes identified are as follows:</p> <ul style="list-style-type: none"> · Dining experience · Adherence to SALT observation levels · Management of challenging behaviour, de-escalation · Leadership and management of staff <p>Members were advised of weekly supervision with supervisor, H409 [REDACTED]. The collation of evidence is ongoing.</p> <p>Adult Safeguarding colleagues are content with the current arrangements however, require further clarification around the theme of dining experience, further discussion is required.</p> <p>RQIA and PSNI colleagues are content with the current arrangements.</p> <p>Action – Mrs McKinney will amend all interim protection plans to reflect all protection measures discussed so they are explicit in each individual plan.</p> <p>In addition to the above discussions, other assurance mechanisms were noted. Members were notified of the following assurance mechanisms:</p> <ul style="list-style-type: none"> · Evidence matrix – this will allow a more robust process to identify specific requirements · A four to six weekly report issued to the Divisional Nurse – this identifies any issue of concern and allows adaption of the interim protection plan if required · Daily Safety Huddle – To discuss any issues of concern from the previous 24 hour period · 9:30am ASM Safety Call – To address any issues of concern from the previous 24 hour period · 10:30am Collective Leadership Call – To address issues of concern from the previous 24 hour period · Weekly live governance · MAH Safety and Governance Forum · CCTV in operation in all areas except patient bedroom and bathrooms – One fill shift is reviewed weekly by an independent reviewer and a report submitted to the Divisional Nurse · Service Manager and Divisional Nurse visible on all wards · Out of hours senior rota · Personal alarms worn by staff on all sites 	<p>Trish McKinney</p>
<p>4. AOB</p> <p>Mrs Shaw thanked members for their engagement and welcomed members to provide feedback.</p> <p>Mrs Curran advised a number of key stakeholders highlighted the importance of themes and the ensuring staff understood identified themes. Mrs Curran advised that ongoing communication with PSNI colleagues continue regarding the disclosure of information. Mrs Curran</p>	

<p>also discussed ongoing work with PSNI colleagues in relation to staff who have a lower number of incidents placing them on a supervision and training programme and recognised an internal piece of work is required to remove them from the protection plans.</p> <p>Mrs Lowry recognised the implementation of protection plans prior to her appointment as Senior Nurse Advisor and advised the group of a communication strategy being developed which includes briefing sessions with supervisors implementing protection plans.</p> <p>Mrs McKnight wished to note the important role of Trish McKinney, Divisional Nurse and recognised the positive impact her contribution has had in relation to the interim protection plans.</p> <p>Mrs Gill and Mrs Bell found the meeting very useful and also wished to note the effectiveness of local interaction/communication.</p> <p>Mr Harrison found the meeting useful and feels it is important to review processes in place for a long period of time.</p> <p>Mrs McGregor recognised the need for staff to be placed on protection plans even those who have a small number of low level incidents. However, there may come a time when these should be reviewed with the view to standing the protection plans down once consideration has been given to a number of factors, criminal investigations, practice issues, training and supervision requirements having been achieved, any subsequent incidents. Any decisions the Trust makes would be in accordance with normal Trust policy and discussed at the operational group.</p> <p>Action – Mrs McGregor will provide feedback to seniors in RQIA, The Department of Health and BHSCT regarding the usefulness of this meeting.</p>	<p>Wendy McGregor</p>
<p>5. Date of next meeting To be confirmed.</p> <p>Action – Miss Dickson to arrange further meetings.</p>	<p>Laura Dickson</p>