

1 wheelchairs feeling every movement. Putting sugar in a
2 drink. Everything could be questioned, watched.
3 CHAIRPERSON: Okay. That probably would be a good
4 point for a break. It doesn't look to me as if we're
5 going to get any reading done today, and that is 12:54
6 absolutely fine, because I think it is important that
7 we give this witness as long as you need. So, we'll
8 break for a bit of lunch. I'm going to ask you again,
9 please don't speak to your supporters about the
10 evidence. And I think lunch has been or will be 12:55
11 brought in for you, so you don't need to leave the
12 building. So we'll see you back at about 2:05.
13 A. Sorry, 2:30?
14 MR. MCEVOY: 2:05.
15 CHAIRPERSON: 2:05. 12:55
16 A. 2:05. Okay. Thank you.
17 CHAIRPERSON: Thank you. If you'd like to go with the
18 Secretary to the Inquiry. I'm not that generous, I'm
19 afraid.
20 12:55
21 LUNCHEON ADJOURNMENT
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1 are absent due to sickness to assess if it is in their
2 best interest to return to work or not. In an effort
3 to mitigate risks to staff, where possible, only male
4 staff work on the assessment side of the ward which the
5 patients in general seem to like.

16:12

6
7 Reasonable adjustments to mitigate the risk of
8 patient-on-patient incidents have been made, often
9 these incidents arise because patients do not want to
10 live together. For example, P54 has his own space in
11 an annex which helps him. I have put plans in place to
12 ensure that patients who upset each other eat at
13 different times and areas. I, along with my team, try
14 to provide the best environment for patients until they
15 are resettled.

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16
17 A weekly live governance report is provided to the
18 divisional nurse. All incidents are included in the
19 report. H807 of corporate governance reviews any
20 incidents and advises if they meet the threshold to be
21 deemed a significant incident and, if so, provides
22 details of the steps to be taken.

16:13

23
24 Although I work in a challenging environment, the
25 culture and practices on the ward are good. As a
26 manager I ensure safe and effective practice to meet
27 RQIA standards. I do my utmost to ensure that staff
28 treat each other and patients with respect. I have a
29 good relationship with adult safeguarding which means

16:13

1 if a patient makes a complaint or staff notice, for
2 example, unexplained bruising, all concerns are
3 referred to the team. There is a dedicated adult
4 safeguarding team for MAH. RQIA carry out up to two
5 inspections a year, one is announced and one is
6 unannounced. RQIA has the power to review Datix,
7 PARIS, rotas, and assess the ward generally. Where
8 feedback is provided by RQIA, I, along with another
9 Band 8A nurse, create an action plan to comply with any
10 recommendations made by RQIA.

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11
12 The Chief Executive of Belfast Trust and the Executive
13 Director of Nursing often visit Six Mile to speak to
14 patients and staff about practices and how things are
15 generally, to ensure a safe and effective service is
16 provided. I understand they feed back to the Executive
17 Team within the Belfast Trust.

16:14

18
19 As a Band 7, and now a Band 8A, I carry out audits on
20 patient's finance and property. I check each patient's
21 ledger to ensure the figures balance. The finance
22 officer in MAH conducts monthly audits on two randomly
23 selected patient ledgers. There are times when family
24 come to visit and give staff money when they are there.
25 When accepting the money, staff offer families a carbon
26 copy of a handwritten receipt. Families do not always
27 take a receipt, but it is offered to them. Some
28 families have requested that ledgers are sent to them
29 each week. Where they raise any queries I ask the

16:15

1 finance officer to carry out a review of the ledger and
2 money held. Recently a family member thought that the
3 ledger for her son, she was the next of kin, was £50
4 short as it showed £50 coming into the account and then
5 out. The payment of £50 was from the Belfast Trust
6 Charitable Funds Scheme to buy patients a Christmas
7 present. We sent her a copy of the ledger and receipts
8 for expenditure. The finance officer carried out an
9 audit and the query were resolved. Where patients own
10 higher value items like mobile phones or jewellery,
11 these are listed, and checks are done to make sure the
12 property belonging to the patient matches what is
13 listed.

16:15

16:16

14
15 I have been involved in patient discharges since I
16 began working in MAH as a Band 5 and continue to do so.
17 I provide information to assist the multidisciplinary
18 team with assessing patient need and link in with a
19 supported living provider. As a Band 8A, I arrange
20 In-reach and Out-reach, which means that the provider
21 can come onto the ward to learn about the patient's
22 care plan, or a member of staff goes to the provider to
23 help them set up for the patient's arrival. I attend
24 ward rounds to discuss progress on resettling the
25 remaining patients on the ward.

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26
27 I cannot fault the support given to my team. My
28 day-to-day working team is comprised of one Band 7, two
29 Band 6 and Band 5 staff. As a manager my aim is to

1 provide patients with the best life they can have on
2 the ward. I am available to speak to family members
3 when they call, but obviously I cannot always be
4 available. I asked senior management to create
5 Expression of Interest (EOI) positions that would allow 16:17
6 other members of my team to speak to families to ensure
7 that families can talk to someone immediately if I am
8 not available. This was approved. I have arranged
9 cinema nights for patients and senior management has
10 approved any request for funds to bring in projectors 16:17
11 and associated costs.

12
13 I believe the work of the Muckamore Inquiry to be
14 extremely important and that any lessons that should be
15 learned are learned. I have found the statement making 16:17
16 process to be extremely challenging."

17
18 The witness goes on in that paragraph to make some
19 observations about that for the attention of the Panel.
20 CHAIRPERSON: Yeah. And I've actually made a statement 16:17
21 earlier this week in relation to why I felt it
22 necessary for witnesses to make statements to an
23 independent firm of solicitors. All right.

24 MS. BRIGGS: There is one more paragraph, Chair.

25 CHAIRPERSON: Yeah. 49? 16:18

26 MS. BRIGGS: 49. I'll pick up there:

27
28 "Since the allegations of abuse came out and the Public
29 Inquiry started, there have been times when I have

1 taken patients out to Antrim town and members of the
2 public have made derogatory comments to me about
3 working in MAH. I am proud to work in MAH and with the
4 patients on Six Mile. My aim is to provide patients
5 with the best care and support possible until they are 16:18
6 resettled in the community and I will continue do this
7 to the best of my ability."

8
9 The witness then signs and dates the statement.

10 CHAIRPERSON: Okay, Ms. Briggs. Thank you very much 16:18
11 indeed.

12
13 In relation to last week's transcript, last wednesday,
14 and in relation to the evidence I think it was of H260,
15 at page 54 of the transcript line 8, there was 16:18
16 apparently an error. It wasn't the transcriber, it was
17 counsel. For MAH staff members H578 and H788, it
18 should have read H78 and H778. We will get that
19 corrected.

20 INQUIRY SECRETARY: Did you say H471? 16:19

21 CHAIRPERSON: was it H471? Ah, sorry, my fault. Thank
22 you. In any event, we can get that transcript now
23 corrected and put up.

1 Tomorrow, I'm going to make a short statement in
2 relation to criticisms of staff by other staff and how
3 the Inquiry is dealing with those. Otherwise we are
4 sitting tomorrow at 10:00 o'clock. Okay. Thank you
5 everybody. See you at 10:00 tomorrow.

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7 THE INQUIRY ADJOURNED UNTIL TUESDAY, 14TH MAY 2024 AT
8 10.00AM.

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