

Muckamore Departmental Assurance Group (MDAG)**2pm, Wednesday 11 March 2026****By video-conference****Minutes of Meeting**

Attendees:		Apologies:	
Peter Toogood	DoH (co-Chair)	Maria McIlgorm	DoH
Mark McGuicken	DoH	Aine Morrison	DoH
Lisa Brady	DoH	Sean Scullion	DoH
Fiona Rowan	DoH	Petra Corr	Northern Trust
Mary Frances McManus	DoH	Lorraine Ringland	PHA
Darren McCaw	DoH (Note)	Kerrylee Weatherall	Belfast Trust
Mark Killen	DoH		
Ciara McKillop	DoH (SPPG)		
David Petticrew	DoH (SPPG)		
Peter Sloan	Belfast Trust		
Billie Hughes	Belfast Trust		
Olga O'Neill	Belfast Trust		
Gareth Farmer	Northern Trust		
Rachel Gibbs	South Eastern Trust		
Jan McGall	Southern Trust		
Karen O'Brien	Western Trust		
Dawn Jones	Family Rep		
Brigene McNeilly	Family Rep		
Siobhan Rogan	PHA		
Lynn Long	RQIA		
Grainne Close	Mencap		
Richard Whitehouse	NI British Psychological Society		
Elaine Armstrong	Cedar		

Agenda Item 1 - Welcome/Introductions/Apologies

1. Peter Toogood welcomed attendees to the meeting and noted apologies had been received from Maria McIlgorm, Aine Morrison, Petra Corr, Sean Scullion, Lorraine Ringland and Kerrylee Weatherall.
2. Peter advised MDAG that this was Grainne Close's final MDAG meeting before moving from Mencap to Praxis. Peter thanked her for her contribution and the

insight she had provided to the work of MDAG and conveyed best wishes for the future. MDAG were advised that Barry McMEnamin would represent Mencap going forward.

Agenda Item 2 – Minutes of Previous Meeting

3. Members were advised that the draft minutes of the meeting on 11 November 2025 (MDAG/12/25) were circulated on 21 January 2026 with comments requested by 4 February. Following receipt of one minor amendment the updated minutes were published on the Departmental website on 13 February. There were no further comments on the minutes.

Agenda Item 3 - Update on Action Points

4. An update was provided on the open actions from the November meeting with Peter outlining that 26/11/AP1, 26/11/AP2, 26/11/AP3 and 26/11/AP4 had all been actioned following the meeting. As a result, MDAG agreed that all the actions from the November meeting were closed.
5. In relation to 26/11/AP1, to circulate updates and recommendations on the outstanding open actions from previous meetings to MDAG for consideration, Darren provided some further detail, confirming that no responses had been received that disagreed with the proposed courses of action circulated. As a result, it was agreed that actions 17/04/AP2 and 13/12/AP2 could now be closed. However, action 18/12/AP6 would remain open pending approval of the draft Learning Disability Service Model and the commencement of the second phase of the Regional Workforce Planning Review of Adult Learning Disability Services.

Agenda Item 6 – Update on MAH Closure

6. Peter advised attendees that today's agenda would be taken out of order to concentrate initially on progress around the resettlement programme and work to close the hospital.
7. Peter outlined regular meetings, held weekly or fortnightly, which involved the Department, the Belfast Trust and Dr Patricia Donnelly, Chair of the Regional Resettlement Oversight Board. This meeting monitored progress on completion of the planned resettlements and the closure of the hospital. Mark confirmed that these meetings were not a replacement for the Oversight Board meetings which were still continuing.
8. Mark advised that there were seven patients still remaining in Muckamore and of these, three had plans for resettlement due to take place in March and two had plans due to be actioned in April. In relation to the remaining two patients, members were advised that plans were in place for both, however work was taking place to ensure all the necessary arrangements were in place. As a result, it was possible that these patients may also be resettled during April.
9. Given this, it was very likely that there would either be a very small number of patients, or none at all, resident in Muckamore by the end of April. It was confirmed that as patients were leaving their wards these were then being closed, further reducing the hospital's footprint.
10. Mark paid tribute to the work of the Trusts in expediting the remaining resettlements and advised that advice would be provided to the Minister in the coming weeks on the potential next steps.
11. Mark also highlighted the recent statement by the Chair of the Muckamore Abbey Hospital Inquiry on the delay to the expected publication of the Inquiry's final report until June. Mark added that no further information was available in relation to this timeframe, however he was confident that the report would be published in June.

12. An update was also provided on the progress of the Adult Safeguarding Bill, with Mark advising that the Health Committee had formally written to the Department requesting that the Bill be paused until the MAH Inquiry report had been published to ensure the Committee's consideration was fully informed and took account of the Inquiry report findings.
13. Finally, Mark also confirmed that advice on the future of the Muckamore site would be provided to the Minister, highlighting that once the remaining patients had been resettled then decisions in relation to the site would be for the Department's Health Estates colleagues to consider.

Agenda Item 5 – RQIA Inspection Report Update

14. Given the connection to the current status of Muckamore and the reducing patient population, Peter invited Lynn to provide an update on the related work of the RQIA.
15. Lynn advised that the RQIA had carried out an inspection at Muckamore between 1st and 8th December to ensure care and treatment remained safe and appropriate and also to see if the patients were experiencing any issues with the ongoing closure of the site.
16. Attendees were advised that the inspectors had witnessed great care being provided throughout the inspection. Lynn highlighted the difficulty for the Trust in continuing to ensure this remained the case with the reducing numbers at the hospital. Wider evidence has shown that the continued operation of such a large site with such a small patient population becomes more difficult.
17. Added to this, there was a need to ensure that there was not a prolonged impact on the remaining patients from the environmental issues associated with the retraction of the site.
18. As set out in the inspection report, Lynn reiterated the RQIA view that once the number of patients on site had reduced to five then this no longer supports safe

and high-quality care. At this stage there would be a need to implement contingency arrangements and there were two recommendations within the report in support of this. Lynn added that whilst everyone would want patients to be moved only once, and to their forever homes, this needed to be balanced against any potential detriment or risk to the remaining patients once the numbers reduce.

19. Dawn agreed that the updates provided by Mark and Lynn made sense, but outlined the need to ensure that the remaining resettlements were not rushed on the basis of the RQIA recommendations.

20. Peter Toogood confirmed that the Regional Resettlement Oversight Board, chaired by Dr Patricia Donnelly, were continuing to meet and oversee the remaining resettlement processes and had not changed their approach. Peter also added that through the regular meetings between the Department, Trust, and Dr Donnelly he was reassured that it was actually the opposite with the necessary time being taken as needed with the patient at the centre of everything being done. Whilst it was a dynamic process, he was also very assured on the diligent and meticulous way it was being led and actioned.

21. Peter Sloan also confirmed that every care was being taken for each resettlement and this approach had not changed following the RQIA report.

22. Mark set out that rushing has never been part of the work of the Oversight Board, and whilst at points he had been critical over the time taken in some instances, the Trusts had been correct in taking the time needed. Mark also added that whilst it was inevitable there would be issues when the site and resources were reducing there had been no indications that the site is unsafe. Dawn agreed that it would not be comfortable for the patients still to remain on site when the numbers were reducing.

23. Dawn outlined how delighted she was with how her son had been placed in the community and how this had positively changed their lives and thanked all involved in that. Peter Toogood added how delighted he was to hear that update when it aired recently and it was a testament to all those involved.

24. Brigene raised an issue in relation to the MAH Inquiry delay on the timeframe for the publication of their final report setting out that this was inappropriate and disgusting. Brigene highlighted the lack of adherence by Core Participants to set timescales for responses to the Inquiry as disgusting and emphasised the further hurt this delay was causing to the families involved. Peter Toogood reminded attendees that, as it was an independent inquiry, it was up to the Chair to determine the time required to produce the final report.

25. Mark also outlined that, in addition to the timescales for responses to Rule 13 requests from Core Participants, the MAHI Chair's statement also set out a number of other items which required time to fully consider in advance of the report's publication. Notwithstanding this, Mark recognised the impact of the further delay on the families and the hurt this may cause.

26. In relation to the proposed RQIA review of resettlements from Muckamore, Lynn advised that a meeting was due to take place with Mark and Sean Scullion on 15 April to discuss the draft ToR for the review. As part of the proposal the RQIA have been liaising with the Royal College of Psychiatrists (RCPsych) on aspects of the work and were hopeful of receiving the necessary resources to support that work. A further update to MDAG was proposed following the April meeting.

AP1 – An update on progress with the proposed RQIA review of resettlement to be circulated to MDAG following the meeting of the RQIA and the Department on 15 April 2026. (DoH/RQIA)

27. Mark referenced the Department's difficult resource position currently, but reiterated its commitment to deliver this review. Peter Toogood highlighted the importance of this proposed review and how it would serve to comprehensively round off the work of the Group.

Agenda Item 4 – Draft Assurance Report (MDAG/01/2026)

28. Peter reminded attendees that the Trust provide the Department with additional detail in relation to Adult Safeguarding referrals in advance of the MDAG meetings. This material is considered within the Department in advance of the circulation of the Assurance Report, and where it has the potential to identify individual patients it is not included in the Report.
29. Darren provided a summary of the main points included in the circulated Report (MDAG/01/2026), highlighting the ASG detail in Section 1 including the summary of referral information for the period October 2025 to January 2026, detail on resettlement as set out in Section 2 flagging that this had since moved on per the update provided earlier in the meeting, and the charts on patient safety included in Section 3.
30. Detail on the current workforce position in Muckamore was set out in Section 4, and an update on RQIA inspection activity was included in Section 5, with an update on this having been provided earlier in the meeting.
31. In relation to Section 8, which provided a progress update on the MAH Action Plan, it was confirmed that updated detail had been provided and included at paragraphs 8.10 and 8.11 further to the action from the November meeting.
32. Also, in relation to Section 8, Darren highlighted the detail at paragraphs 8.13 to 8.15 and the proposal that updates on these actions would no longer be provided to MDAG. This was on the basis that they would be carried over to the other oversight mechanisms as set out in the paper, such as the implementation of the Learning Disability Service Model and consideration against any recommendations from the MAH Inquiry.
33. Peter Toogood requested that, in support of this proposal, the detail on these actions be circulated to MDAG for consideration, with responses from members to be provided by written procedure to help inform the final decision.

AP2 – HSC Action Plan update annexe to be circulated to MDAG for consideration/comments on proposed actions included to aid decision on future monitoring. (DoH)

34. On the information contained within the Assurance Report, Mark highlighted the potential for individual patients to be identifiable once the population in Muckamore reduces to 5 patients or fewer. In this case the Trust would still provide the Department with the current level of detail, and any required discussions with the Trust would continue, however the material provided in any future Assurance Reports would need to be carefully considered to avoid any potential patient identification. Peter Toogood agreed confirming the future format of the Report and MDAG meetings would need to be considered at that stage.

35. Further to the staffing update in Section 4, Mary Frances noted the fact that there were no longer any substantive Band 5 registrants in Muckamore, they were now all agency staff. Whilst this was raised as a concern, Mary Frances acknowledged the Trust position in relation to the trajectory for closure of Muckamore. Billie confirmed that the agency workforce was stable and that the Trust was not actively recruiting substantive staff due to the hospital closing. As a consequence, those substantive staff at the hospital were taking redeployment opportunities as they arose. Olga also reinforced Billie's point on the agency workforce confirming that some of the agency staff had worked at Muckamore for 6 years plus, and offered to meet with Mary Frances outside of MDAG to discuss further if helpful.

Agenda Item 7 – AOB

36. Mary Frances raised an item of AOB, advising MDAG that a shared learning workshop on fitness to practice had taken place in November 2025 with a number of agencies, including the PSNI, in attendance. A report from the workshop was currently in draft but was proposed to share once approved. Peter Toogood thanked Mary Frances for the update and agreed the report would be useful to share once finalised.

AP3 – Final report from fitness to practice workshop in November 2025 to be circulated to MDAG for information once cleared. (CNO/Secretariat)

37. No other items of AOB were raised.

Agenda Item 8 – Date of Next Meeting

38. Peter Toogood advised the Group that the potential date for any future meeting would be kept under review for an appropriate point to reconvene and would be dependent on progress on the resettlement programme over the coming weeks.

39. The role of MDAG will be considered as the patient population decreases and the hospital moves towards closure, mindful that at that stage the context for MDAG will no longer be the same as when the Group was created. Peter highlighted that it was a positive development that MDAG was moving to that stage.

40. MDAG agreed it was content for secretariat to advise in due course on the date and nature of the next meeting.

Summary of Action Points – MDAG 11 March 2026

Ref.	Action	Responsible	Update	Open/ closed
11/03/AP1	An update on progress with the proposed RQIA review of resettlement to be circulated to MDAG following the meeting of the RQIA and the Department on 15 April 2026.	(DoH/RQIA)		
11/03/AP2	HSC Action Plan update annexe to be circulated to MDAG for consideration/ comments on proposed actions included to aid decision on future monitoring.	(DoH)		
11/03/AP3	Final report from fitness to practice workshop in November 2025 to be circulated to MDAG for information once cleared.	(CNO/ Secretariat)		