

**MUCKAMORE ABBEY HOSPITAL INQUIRY  
WITNESS STATEMENT**

**Statement of Jan McGall**

**Date: 23<sup>rd</sup> January 2023**

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

The statement is made on behalf of Southern Health and Social Care Trust (the Trust) in response to a request for evidence by the Inquiry Panel. Information used to prepare this statement has been collated from historical records made available to me from the Directorate of Mental Health and Disability, Southern Health and Social Care Trust and information provided within the Delegated Statutory Functions (DSF) Reports on behalf of the Southern Health and Social Care Trust from 2008 onwards. I was not employed by the Southern Trust between 2008 and 2020.

This is my first statement to the Inquiry.

In exhibiting any documents I will use my initials "JMcG" so my first document will be "JMcG/1".

**Section 1: Qualifications and Position**

**1.1 Qualifications:**

Master of Public Administration (MPA) (UUJ)

Bachelor of Science Occupational Therapy (UUJ)

HCPC Registered Occupational Therapist

**1.2 Position:**

Director of Mental Health and Disability, Southern Health and Social Care Trust.  
Appointed March 2022.

## **Section 2: Module 2: Health Care Structures and Governance, Section (g): Inter-relationships between the Trusts re patients admitted to Muckamore**

**2.1** I have reviewed available patient records and documents to outline the inter-relationship between the Southern Health and Social Care Trust and Muckamore Abbey Hospital in relation to patients admitted to this facility. It is my understanding that the majority of patients from the Southern area were admitted to Muckamore Abbey Hospital prior to the establishment of the Southern Health and Social Care Trust. A review of available patient records indicate that admissions were in four broad categories:

- a) Admission of a child to the specialist children's ward
- b) Transfer of an individual admitted as a child to an adult ward in Muckamore Abbey Hospital when aged 18 years
- c) Admission of an individual whose behaviour/needs exceeded what was available in Longstone Learning Disability Hospital
- d) Admission of an individual with forensic issues/criminal convictions

**2.2** There are case records in relation to admission of children from the Southern area to Forster Green and latterly, the regional under-18 inpatient facility at Iveagh Ward for the purposes of assessment, diagnostic formulation, medication review and systemic family work.

**2.3** Case records in relation to admissions to Muckamore Abbey Hospital indicate the presence of clinical discussions on the appropriateness of admission between referring and accepting Consultant Psychiatrists and at times other members of the multi-disciplinary/management team. There is evidence in records, most specifically in relation to individuals admitted with forensic issues/history, of inter-Trust (also referred to as Multi-Agency Case Discussions and Core Group Meetings) meetings to discuss risk update/assessment; planning for home leave; changes in clinical placement e.g. ward moves / consideration of an Extra Contractual Referral to facilities outside of Northern Ireland; changes in clinical presentation; and when preparing for discharge. There is also evidence of family involvement in these such meetings.

**2.4** There is evidence of joint meetings to discuss, plan and review care; the sharing of written clinical information in report and letter format; and documentation of telephone discussions between clinical teams in Muckamore Abbey Hospital and the community teams in legacy/Southern Trust. There is evidence of the sharing of speech and language therapy and social work reports, including detentions under the Mental Health Order (NI) 1986; as well as family/carer review meetings completed by the community learning disability staff whilst their relative was an inpatient in Muckamore Abbey Hospital. Clinical records in some cases note that community learning disability staff from the legacy/Southern Trust in-reached to review and meet with individuals whilst they were an inpatient in Muckamore Abbey Hospital, usually for the purposes of an update on the assessment of clinical need, risk assessment and preparation for discharge. A clinical case from 2019 in Iveagh Ward also notes the participation of Southern Trust Community Learning Disability staff and Advocacy in a ward based multi-disciplinary Best Interests Meeting.

**2.5** There is evidence of inter-Trust working to support the resettlement of individuals from Muckamore Abbey Hospital in line with the regional resettlement process, with Southern Trust successfully supporting the resettlement of six individuals. There is evidence of inter-Trust team working in establishing assessed need under the case management process, risk assessment and establishing options for placement and day care/day opportunity input. Southern Trust commissioned Advocacy was also a strong feature in supporting individuals in the resettlement process.

**2.6** There is evidence of the attendance of Southern Trust senior managers at regional meetings focusing on resettlement both from Muckamore Abbey Hospital and Longstone Learning Disability Hospital in the Southern Trust area. There is reference in correspondence to adherence of the Southern Trust to resettlement targets set by the Department of Health and Health and Social Care Board.

### **Section 3: Module 2: Health Care Structures and Governance, Section (i): Outline of provision for community based services**

**3.1** The Southern Health and Social Care Trust came into existence in 2007 following the Review of Public Administration in Northern Ireland. The Trust replaced the former Armagh & Dungannon, Craigavon Area Hospital Group, Craigavon & Banbridge and Newry & Mourne legacy Trusts. The Trust employed some 12,000 staff, serviced a population of 327,000 and had an income of £400 million.

#### **3.2 Management Structures**

**3.2.1** The Directorate of Mental Health and Disability (The Directorate) was created in 2007, within which the Learning Disability Division (The Division) was established. There was a single responsible Director of Mental Health and Disability, supported by an Assistant Director for Learning Disability, an Assistant Director for Mental Health and an Assistant Director for Physical Disability and Sensory Services. JMcG1.

**3.2.2** In 2007, within the Learning Disability Division, there were four head of service structures: Hospital and Acute Services (Longstone Learning Disability Services); Community Services (Community Learning Disability Team); Supported Living Services and Day Care; and Specialist Services Development. JMcG1.

**3.2.3** 1<sup>st</sup> April 2008 – 31<sup>st</sup> March 2009: The organisation of the division of Learning Disability continued as outlined above. An Associate Medical Director and Clinical Director for Disability, as well as a Head of Psychology joined the Directorate management structure

**3.2.4** 1<sup>st</sup> April 2011 – 31<sup>st</sup> March 2012: There was managerial and leadership restructuring in the Directorate in 2011/2012 financial year on the back of Trust cost saving measures. The Directorate combined the roles of Assistant Director for Physical and Sensory Disability with the Assistant Director of Learning Disability to create a combined Assistant Director of Disability role. The management team continued to be supported by the clinical leadership of the Associate Medical Director, Clinical Director for Disability and Head of Psychology Services. At Head of Service

levels, the structure changed to include: two posts (Northern and Southern Sectors) for Supported Living and Day Care; one post for learning disability and physical disability community teams; one post for hospital services; and one post for resettlement and specialist services. There was no change to front line service configuration.

**3.2.5** 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020: A collective leadership team was formed in the Directorate of Mental Health and Disability to include a Directorate Lead Social Worker and a Directorate Lead Nurse, alongside the management roles outlined above.

### **3.3 Community Services (including resettlement from and closure of Longstone Learning Disability Hospital)**

**3.3.1** 1<sup>st</sup> April 2007 – 31<sup>st</sup> March 2008: This was the first delegated statutory functions report for the newly established Southern Health and Social Care Trust. This period was one of significant change for staff at management levels in the Trust, with much activity centred on the establishment of new structures. Hospital inpatient learning disability services were provided in Longstone Hospital. Learning disability community services were provided by three locality based teams: Craigavon and Newry, which were multi-disciplinary in nature and Armagh which was a social work team, with access to a community nursing team in this locality area. The Directorate planned to develop multi-disciplinary teams consisting of Social Work, Nursing and Allied Health Professions, with access to Psychology and Psychiatry, across the three locality areas.

**3.3.2** 1<sup>st</sup> April 2010 – 31<sup>st</sup> March 2011: The learning disability division carried out a review of the assessment of need model to ensure consistency and standardised approaches across the three locality areas. This review demonstrated comprehensive assessment and risk assessment was in place, particularly in areas of forensic issues and challenging behaviours. Service improvements in the 2010/2011 year included the implementation of a Transition Protocol between Mental Health and Disability Directorate and Children and Young People's Directorate to ensure early identification of need and planning of care for individuals moving from Children's to Adult Services

at age 18 years; as well as training development for specialist posts including forensic learning disability practitioners and community access practitioners. There was a focus of resources in the 2010/2011 year on supporting hospital discharges as per Directives from Department of Health and Health and Social Care Board and it was the view of the Trust that this was at the expense of services to carers in the community. The Division participated in a regional pilot scheme of discharge of patients from hospital and the implementation of Promoting Quality Care risk assessment schedules. Service improvements in the 2010/2011 The Directorate continued to monitor the numbers of delayed discharges from Longstone Hospital, which numbered 5 at the end of March 2011 and were as a consequence of a lack of placements for complex presentations and resettlement breakdowns.

**3.3.3** 1<sup>st</sup> April 2011 – 31<sup>st</sup> March 2012: The focus of community teams was to progress delayed discharges from inpatient hospital care – with over 20 individuals resettled in the time period; as well as developing community services. To this end, the learning disability forensic service was established as a first in Northern Ireland and aimed to support individuals with a forensic history to be resettled and live a safe and meaningful life in the community. The Division also developed proposals for the creation of a Crisis Response Home Treatment Service to support community care and prevent hospital admission. This proposal for funding was submitted to Commissioners in 2011/2012. There was a noted pattern of individuals under the age of 18 years with a learning disability requiring admission to the adult interim assessment and inpatient unit. This was an area of concern for the Division, noted in the DSF report.

**3.3.4** 1<sup>st</sup> April 2012 – 31<sup>st</sup> March 2013: The Division continued to progress the recommendations of a review of the Care Management, Provision of Services and Charging Guidance (HSC ECCU 1 2010) to include caseload weighting for community teams and review of processes for assessment and care planning. There was a review of the duty arrangements for unscheduled/urgent queries in community teams and a robust system developed to ensure timely and responsive input to individuals and carers. The Division continued a focus on individuals transitioning from Children's to Adult services to promote timely and planned interventions prior to age of 18-years. The Division had highlighted individuals under the age of 18 with an intellectual

disability having to be admitted to an adult intellectual disability inpatient ward and supported the Directorate of Children and Young People in the development of a Consultant Psychiatrist in Learning Disability within Child and Adolescent Mental Health Service, which aimed to address this issue. The Division continued a focus on resettlement from long stay wards on the Longstone Hospital site and met targets set by the Health and Social Care Board. There was a focus on delayed discharges, which mainly related to individuals with challenging behaviour and/or a forensic history. A Patient Advocate was recruited in 2012/2013 to support the resettlements process. The Trust achieved resettlement of all long stay individuals from Longstone in Autumn 2013, with a projection of a new Inpatient Assessment and Treatment Unit within an 18-month period. To support discharge from the planned new Inpatient Assessment and Treatment Unit at Dorsy Ward, Bluestone Unit, Craigavon Area Hospital and to promote placement sustainability, the Directorate invested in the creation of a community Learning Disability Crisis Response Home Treatment Team.

**3.3.5** 1<sup>st</sup> April 2103 – 31<sup>st</sup> March 2014: There was an options appraisal commenced on team management / team restructuring, to examine the structures in place to deliver services in Learning Disability Community Teams and include review the number of teams; professional makeup of teams; geographical location; skill mix and single or mixed programmes of care teams. The Division in the 2013/2014 year continued to embed the recommendations of the review of the Care Management, Provision of Services and Charging Guidance (HSC ECCU 1 2010), with all community keyworkers having a weighted caseload. There was a focus on supporting carers, with monitoring of carers assessment activity and the establishment of a Learning Disability Carers Forum alongside Learning Disability Management Team, with the aim of working together on service development and evaluation. Service improvement work focused on a co-produced pathway and support pack between staff and carers of individuals with a learning disability at risk of developing dementia. The Division completed the resettlement of all individuals from Longstone Hospital in 2013 and had completed assessments with individuals known to the Southern Health and Social Care Trust who were inpatients in Muckamore Abbey Hospital. Dorsy Ward, Bluestone Unit, Craigavon Area Hospital opened in 2014. The Learning Disability Crisis Response Home Treatment Team was operational throughout 2013/2014, with monthly activity reported to the Health and Social Care Board. There was a focus on embedding this

new team within the wider Learning Disability Division to ensure appropriateness of referrals and timely input for individuals. There was a view that the Crisis Response Home Treatment Team had provided an essential contribution to the appropriate use of the Inpatient Assessment and Treatment Unit and utilised admission avoidance approaches as required. The forensic learning disability service in 2013/2014 saw an increase in referrals, particularly in relation to adults with a learning disability who had a history of violence or were involved with the Criminal Justice System. The Trust invested additional financial resource to introduce a social worker and support worker to the team. Specialist training was also developed and undertaken focusing on sexual offenders. Additional investment was also made to the Behaviour Support Service, with the introduction of a Clinical Psychologist and four Behaviour Support Assistants. The aim of this growth in community services was to promote earlier intervention in the management of challenging behaviours, support carers and service users and potentially reduce the demand for inpatient admission or bed based short break provision.

**3.3.6** 1<sup>st</sup> April 2014 – 31<sup>st</sup> March 2015: The Directorate continued with a review of community services as part of a Regulation and Quality Improvement Authority (RQIA) review, understanding the merits of combining learning and disability programmes of care on a locality basis, together with reviewing skill mix and team composition. This review formed the basis for the Case Management Model in which Social Workers and Nurses in Community Teams would manage all aspects of a case including those which would have fallen within Care Management Teams. In 2015, Northern Ireland Single Assessment Tool (NISAT) was implemented across Learning Disability Community Teams. The Division also introduced 'Assessment and Care Planning Guidance', integrated with Promoting Quality Care Risk Assessment Guidance in February 2015. The Division began to prepare for the move to electronic patient records (PARIS). With regards to service development, the Division recruited an additional Band 6 Nurse to the Epilepsy Service. The Community Forensic Learning Disability Service delivered a range of new therapeutic interventions to individuals referred to their service. The Division continued to develop the Crisis Response Home Treatment Learning Disability Team in the provision of emergency, short term assessment, support and treatment to effectively manage crisis in the community and avoid hospital admission where possible. The Crisis Response Service operated 7-



days per week, 16 hours per day and there were plans in the year ahead to progress the Home Treatment element of the service to facilitate earlier discharge from hospital. The Behaviour Support Service continued to face increased referrals for input and to address this, developed training and consultation modules for community learning disability teams.

**3.3.7** 1<sup>st</sup> April 2015 – 31<sup>st</sup> March 2016: The multi-disciplinary teams across community Learning Disability continued to expand in terms of professional groups of staff, with psychiatry, psychology, learning disability nursing, social work, occupational therapy, speech and language therapy and physiotherapy available to individuals as required. In relation to Service Development, the Division funded a Speech and Language Therapist for the Behaviour Support Service. The Health Facilitation Team, a service aimed at reducing health inequalities in individuals with a learning disability, continued to promote the Direct Enhanced Service and assisted with the provision of annual health checks within the 71 General Practices participating in the scheme. The Forensic Learning Disability Team continued to develop Day Opportunities for this population, providing over 400 placements per week. The Division continued to invest to create an Advocacy Service available across all teams. In September 2016, the Adult Disability Transition Team was established, to assist young people and their carers/families at the point of transition from Children and Young People's Service to Adult Services. This was a multi-disciplinary team, inclusive of social work, nursing, occupational therapy and speech and language therapy. The Crisis Response Home Treatment service continued to develop to provide safe and effective community based care. The Home Treatment element of the service commenced in December 2015. Data analysis demonstrated a 60% in admissions to inpatient learning disability beds since establishment of this service.

**3.3.8** 1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2017: Community Services, in support of the updated Case Management process, increased the number of team leaders, resulting in the creation of six community learning disability teams across three locality areas of the Trust, in addition to the Transition Team. Specialist services included the Forensic Learning Disability Team, the Epilepsy Service and the Learning Disability Crisis

Response Home Treatment Team. Service developments in the Division in 2016/2017 included: review of the role of Band 4 Assistants to support case management functions; planning for the move to electronic patient records (PARIS); addition of social work to the Crisis Response Home Treatment Service; commissioning of an external independent review of the Carers Forum to establish impact; and the creation of a Learning Disability Project Manager for the implementation of the Dementia Pathway in Learning Disability Services.

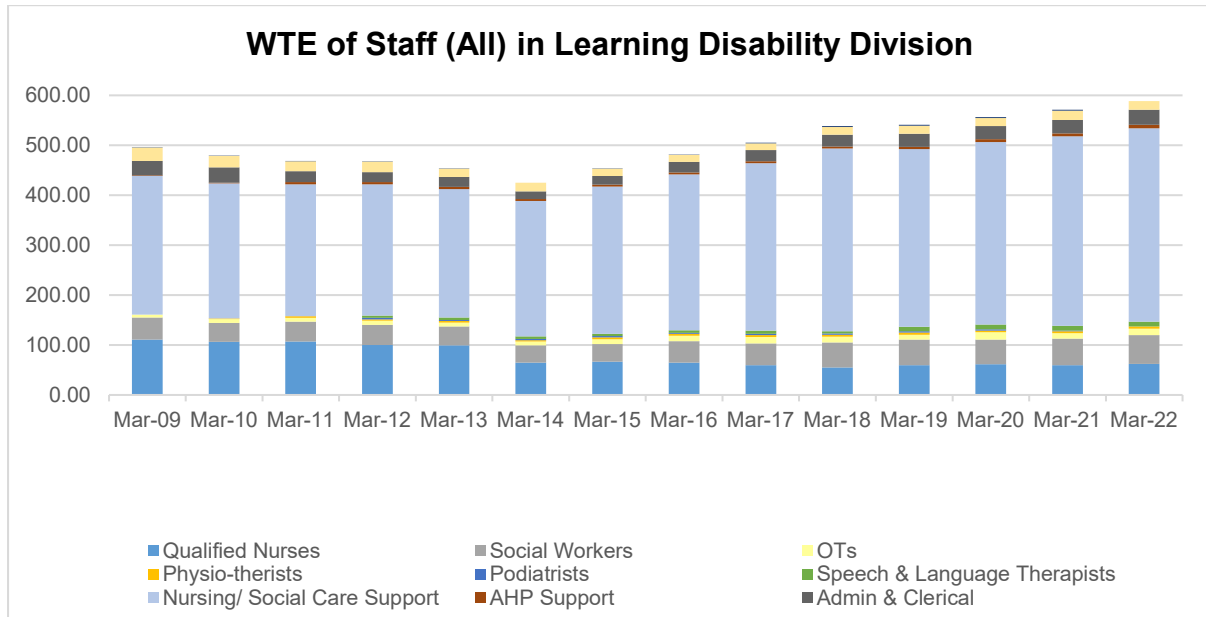
**3.3.9** 1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2018: Service developments included: development of a learning disability dementia care pathway to support individuals and their families/carers; expansion of a pilot on Family Group Conferencing into Adult Learning Disability services; development of Self Directed Support Project; and in-reach of Behaviour Support Service into Dorsy inpatient ward to support and prepare individuals for discharge to community living. In addition, the Complex Care Team was established in 2017, with the aim of providing a holistic, collaborative and coordinated approach to complex health care needs in the home. Following a review, the Division continued to invest in the Crisis Response Home Treatment Service, enabling early engagement at ward level to support hospital discharge and increase support to community services to prevent hospital admission.

**3.3.10** 1<sup>st</sup> April 2018 – 31<sup>st</sup> March 2019: Service developments continued investment in the staffing and model of Adult Transition Team to support a smooth transition of care from Children's Disability Services; the implementation of electronic patient records (PARIS) delayed from 2017; enhancement of the epilepsy service clinic model; and the growth of the behaviour support team with the addition of a psychology associate.

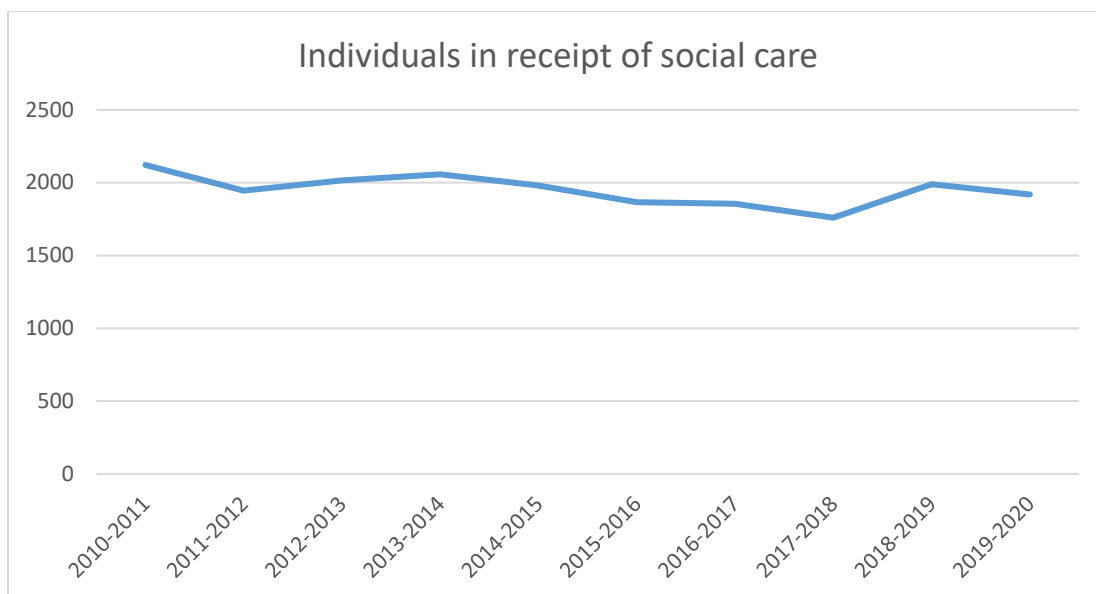
**3.3.11** 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020: Community Services were delivered via six multi-disciplinary learning disability teams across three locality areas of the Trust, in addition to the Transition Team. Specialist services included the multi-disciplinary

Forensic Learning Disability Team, the Learning Disability Crisis Response Home Treatment Team, the Complex Care Team and the Epilepsy Service.

**3.3.12 Summary Data: Whole Time Equivalent (WTE) Staff in Learning Disability Division 2009-2022 (SHSCT Human Resources Department, March 2022)**



**3.3.13 Summary Data: Individuals in receipt of social care (DSF Reports, Southern Health and Social Care Trust)**



### **3.4 Day Services and Day Opportunities**

**3.4.1** In 2007, Statutory Day Care was provided from seven centres across the Trust locality areas.

**3.4.2** 1<sup>st</sup> April 2008 – 31<sup>st</sup> March 2009: Challenges identified by the Division included limited capacity in day care and the need for consideration of alternative approaches. This position was maintained in the period 1<sup>st</sup> April 2011 – 31<sup>st</sup> March 2012.

**3.4.3** 1<sup>st</sup> April 2012 – 31<sup>st</sup> March 2013: A Reform and Modernisation of Day Care, linked to the Transforming Your Care Review, was commenced aiming to create a greater range and diversity of opportunity for service users and develop further day time opportunities and community access services. Following reassessment of need, there were transfers of individuals from Day Care to Day Opportunities in this year.

**3.4.4** 1<sup>st</sup> April 2013 – 31<sup>st</sup> March 2014: The Division continued to prepare for the opening of a new day care facility in the Banbridge area providing places for 40 individuals with a learning disability and 20 individuals with a physical disability. As part of Transforming Your Care Day Services Modernisation agenda, eligibility criteria for day care services was developed with a clear emphasis on the promotion of a community first ethos. Demand for day care exceeded capacity and a waiting list for provision was created. Within the Division, a Community Access Service was developed, with community access officers sourcing day opportunities in locally based community settings.

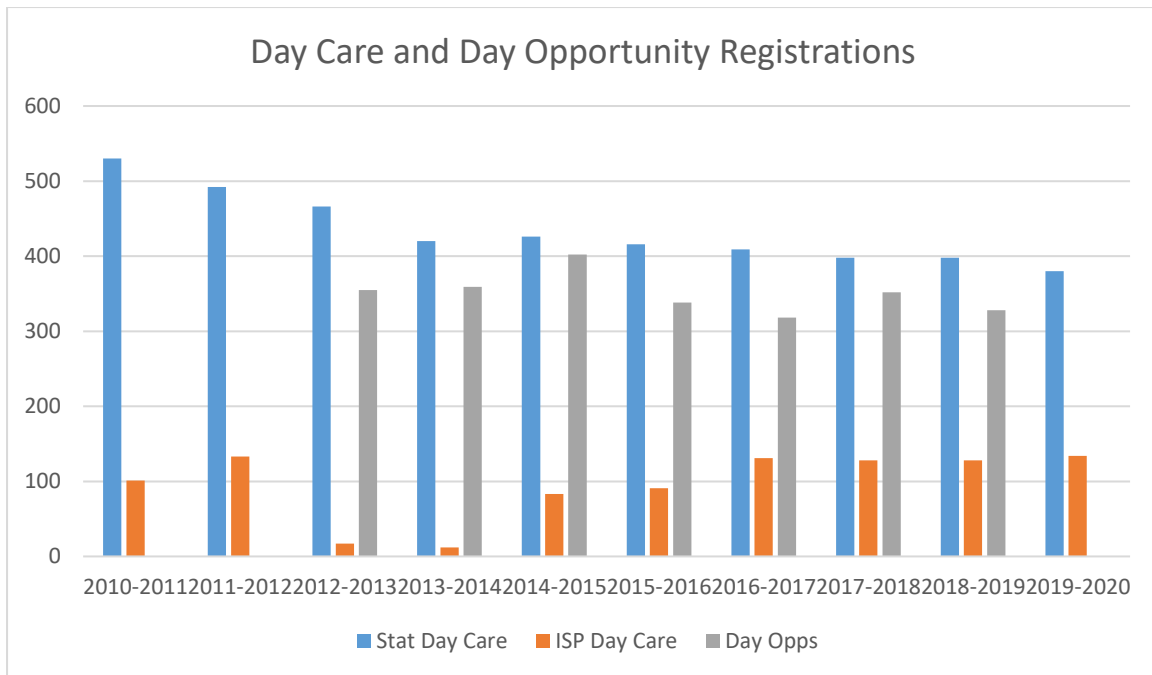
**3.4.5** 1<sup>st</sup> April 2014 – 31<sup>st</sup> March 2015: There were eight statutory day centres for adults with a learning disability and the Division continued to develop options and alternatives to day care for individuals. The Division recognised a growing need to create capacity to meet the needs of individuals with complex care needs and/or behavioural support needs, as well as young people transferring from special education. The Division continued to engage with RQIA in relation to the management of individuals with challenging behaviours in a day care setting.

**3.4.6** 1<sup>st</sup> April 2015 – 31<sup>st</sup> March 2016: Linenbridge Day Centre opened in January 2016, providing 40 placements for individuals with a learning disability in start of the art facilities.

**3.4.7** 1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2017: The Division aligned funding to expand day opportunities staffing to further grow and develop this service as an appropriate alternative to centre based day care. Challenges in capacity, complexity and suitability extended to Day Care and the uptake of Day Opportunities continued to be a challenge for carers based on availability, affordability and sustainability of transport.

**3.4.8** 1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2018: Service developments included a comprehensive review of Day Services to inform future models of service delivery, which continued into the period 1<sup>st</sup> April 2018 – 31<sup>st</sup> March 2019. Day Care and Day Opportunities continued to be constrained by increased demand and complexity until end of reporting period 2020.

**3.4.9** Summary Data: Individuals registered with Day Care and Day Opportunity Placements (DSF Reports, Southern Health and Social Care Trust)



### 3.5 Supported Living

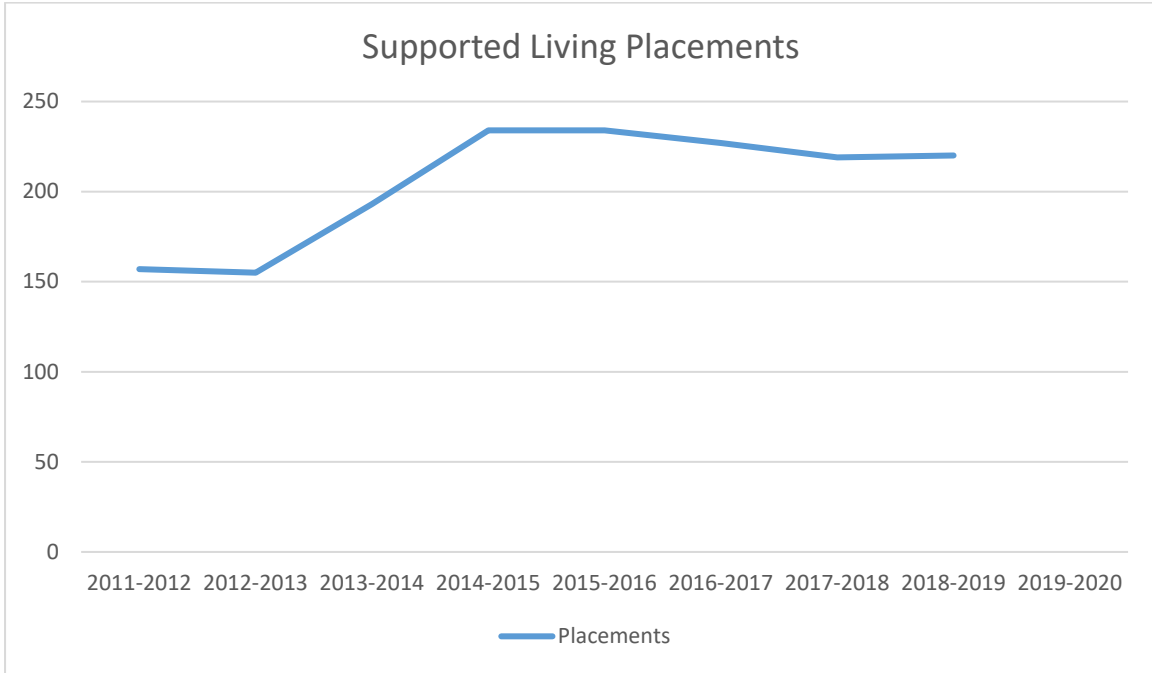
**3.5.1** In 2007, There were five statutory supported living units, three in Newry and one each in Craigavon and Armagh. The period 2008 – 2009 saw challenges in the available capacity of available supported living placements impacting on the numbers of delayed discharges in Longstone Learning Disability Hospital. Each of the individuals in supported living, nursing and residential placements were managed by the Community Learning Disability Teams through the Care Management Process.

**3.5.2** 1<sup>st</sup> April 2013 – 31<sup>st</sup> March 2014: Granville statutory Supported Living Facility was registered and opened in June 2013 providing placement for 25 individuals with a learning disability. This resulted in 8 statutory supported living across the Southern Trust. The Division completed the resettlement of all individuals from Longstone Hospital in 2013 and had completed assessments with individuals known to the Southern Health and Social Care Trust who were inpatients in Muckamore Abbey Hospital. The majority of these individuals were placed in supported living schemes across the Trust area. In 2014/2015, the Division invested significantly in terms of staffing and service models to enhance the quality of supported living care.

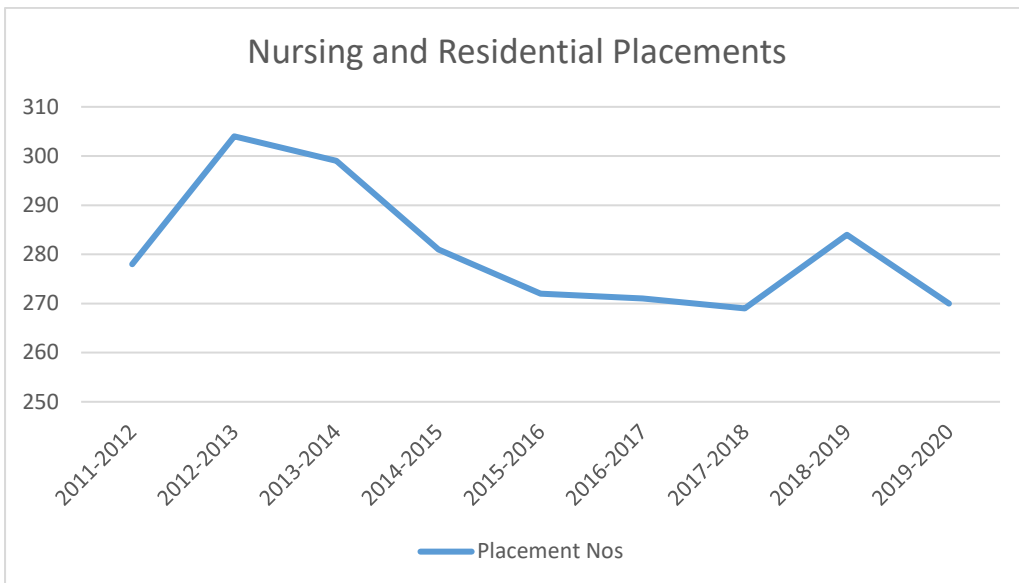
**3.5.3** Service developments in 2017/2018 included the development of an accommodation panel to oversee the accommodation needs and placement of

individuals referred for social care support. In 2018/2019, The Forensic Learning Disability Team worked with independent sector providers to support the return of individuals in receipt of care in specialist facilities outside of Northern Ireland.

**3.5.4 Summary Data: Individuals in Supported Living Placements (DSF Reports, Southern Health and Social Care Trust)**



**3.5.5 Summary Data: Individuals Placed in Nursing or Residential Placements (DSF Reports, Southern Health and Social Care Trust)**



## **3.6 Respite/Short Breaks**

**3.6.1** Community learning disability teams have been responsible for the organisation of respite/short breaks for individuals with a learning disability and their carers. From 2010-2011, the Division highlighted capacity issues in meeting the required demand for respite provision.

**3.6.2** 1<sup>st</sup> April 2012 – 31<sup>st</sup> March 2013: The Division continued to face challenges in the provision of respite services, with Longstone Hospital ceasing to provide this specific service as of 31<sup>st</sup> March 2013. Under the Transforming Your Care Review, the Division undertook a review and modernisation of bed based respite, to be known as short break services, to develop and identify community capacity to support individuals and carers.

**3.6.3** 1<sup>st</sup> April 2013 – 31<sup>st</sup> March 2014: The Division undertook an assessment of bed based short break demand across all three community learning disability teams, with the recommendation of an increase in the number of beds from 27 to 33. Potential models of bed based provision were developed, with procurement through expressions of interest sought from independent sector providers. Service Users with a range of complex health and behavioural needs who previously availed of short breaks in Longstone Hospital transferred to Woodlawn House, a Trust-run bed-based short break facility. There was a noted ongoing gap in short break opportunities for individuals with complex medical needs in the independent nursing home sector.

**3.6.4** 1<sup>st</sup> April 2014 – 31<sup>st</sup> March 2015: The Division continued to be challenged to meet the demand for bed-based short break provision. Woodlawn House, the Trust provided short break facility, faced issues with compatibility and complexity of need of service users in receipt of this care resulting in a year of under occupancy of beds available.




**3.6.5** 1<sup>st</sup> April 2015 – 31<sup>st</sup> March 2016: In relation to Service Development, The Short Break Provision option appraisal was concluded: Woodlawn House was selected to be retained to provide a Trust wide facility for individuals with a learning disability and challenging behaviour; and 27 beds were to be commissioned from the Independent Sector for individuals with complex health and moderate learning disabilities. 2015/2106 saw the Division focus on the Adult Shared Care Scheme and the viability of this model going forward.

**3.6.6** 1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2017: The Division continued to promote Shared Care as an alternative to bed based short breaks and a dedicated small team continued to offer support to existing host families and facilitate new host families to uptake this role. Short break capacity continued to be a challenge, with significant difficulty in finding suitable options for young people with challenging behaviours.

**3.6.7** 1<sup>st</sup> April 2018 – 31<sup>st</sup> March 2019: An adult placement service for short breaks was created, consisting of team lead, social work staff and respite coordinators to provide planned short breaks for service users.

#### **Section 4: Declaration of Truth**

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

Signed: 

Date: 23<sup>rd</sup> January 2023

**List of Exhibits (Jan McGall)**

JMcG/1: Organisational Chart

Southern Health & Social Care Trust  
Directorate of Mental Health & Disability

2007

