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HISTORICAL INSTITUTIONAL ABUSE INQUIRY  
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being heard before:

SIR ANTHONY HART (Chairman)

MR DAVID LANE

MS GERALDINE DOHERTY

held at  
Banbridge Court House  
Banbridge

on Wednesday, 13th April 2016

commencing at 10.00 am

(Day 201)

MS CHRISTINE SMITH, QC and MR JOSEPH AIKEN appeared as  
Counsel to the Inquiry.

1 Wednesday, 13th April 2016

2 (10.00 am)

3 (Proceedings delayed)

4 (11.05 am)

5 WITNESS LS7 (called)

6 CHAIRMAN: Good morning, ladies and gentlemen. Can I remind  
7 everyone, please, to ensure that if you have a mobile  
8 phone, it's either been turned off or placed on  
9 "Silent"/"Vibrate". May I also remind everyone no  
10 photography is permitted here in the chamber or anywhere  
11 on the Inquiry premises.

12 Yes, Ms Smith?

13 MS SMITH: Good morning, Chairman, Panel Members, ladies and  
14 gentlemen. Our first witness today is LS7. She is  
15 "LS7". LS7 wishes to take a religious oath and she also  
16 wishes to maintain her anonymity.

17 WITNESS LS7 (sworn)

18 CHAIRMAN: Thank you, LS7. Please sit down.

19 Questions from COUNSEL TO THE INQUIRY

20 MS SMITH: Now, LS7, as I was explaining to you, I am just  
21 going to tell the Panel Members where there are some  
22 documents in our bundle of papers relevant to you.

23 LS7's statement to the Inquiry is at 1389 to 1398.  
24 She spoke to police and her statement to police is at  
25 31240 and 31239. That can't be right. I have obviously

1 written that down incorrectly. Then her police  
2 interview is at 31536 to 31541.

3 There are three statements from people who have  
4 spoken to the Inquiry to complain about LS7: HIA172, his  
5 statement is at LIS007 to 020; HIA38 at 048 to 058; and  
6 HIA119 at 001 to 006.

7 Now, LS7, you will see that the witness statement  
8 that you have given to the Inquiry is on the screen in  
9 front of you. Can you see that all right or --

10 A. Yes.

11 Q. You might need your glasses, but the writing is quite  
12 big.

13 A. No, I can see it quite well.

14 Q. I just wanted to reassure you that although your full  
15 name is given there, before this is published on the  
16 Inquiry website we will have blacked out your name to  
17 protect your identity.

18 In paragraphs 1 and 2 your personal details and  
19 career path are set out. I know from talking to you  
20 that you also mentioned to me that as well as those  
21 qualifications you had also received an SEN in the  
22 Jubilee Maternity Hospital. Isn't that correct?

23 A. Yes.

24 Q. You worked -- at paragraph 3 here you talk about how you  
25 came to Lissue and someone essentially recommended you

1 for the job. You received no formal training in child  
2 psychiatry, but at that point you were a very  
3 experienced general nurse with very specific  
4 experiences. You worked in Lissue from

5

6 where you continued to work until your  
7 retirement in .

8 A. Yes.

9 Q. You comment on the fact that you loved working in  
10 Lissue. You have brought some photographs to the  
11 Inquiry, which we will look at later on.

12 A. Yes.

13 Q. Paragraph 8 -- just to reassure you also, LS7, the  
14 Inquiry Panel has read your entire statement and I am  
15 not going to go through it paragraph by paragraph.  
16 I just want to highlight a few things that you talk  
17 about in it.

18 Paragraph 8 you talk about some general matters.  
19 The staff in Lissue didn't wear any uniform. Nurses  
20 called each other by their first names, and I was asking  
21 you whether the children also called nurses by first  
22 names.

23 A. Yes, they did.

24 Q. We have heard that Lissue worked on a multi-disciplinary  
25 team basis and that each morning there would have been

1 team meetings where the children's treatment plans and  
2 behaviours and so forth were discussed. I take it you  
3 had input into those meetings?

4 A. Yes.

5 Q. I have also seen documents in relation to some of the  
6 children who were in Lissue where you would have been  
7 keeping records of things that they were doing, how they  
8 were behaving. You were observing their behaviours and  
9 making a note on the in-patient nursing notes.

10 A. Yes, we were doing -- it would get marked on to the  
11 charts. They would be on the wall in the nursing  
12 office.

13 Q. Sorry. What was marked off on the charts?

14 A. We would mark the charts for whatever they were on, you  
15 know.

16 Q. You are talking about medication. Is that what you --

17 A. No. The medication was on their charts.

18 Q. Sorry. Just to be clear, I mean, I have seen some  
19 examples of where, for example, one person who came to  
20 speak to the Inquiry, you had recorded something that he  
21 explained about something that had happened to him  
22 before he came in to Lissue and you had made a record of  
23 that on his notes.

24 A. Yes. It would be on his records --

25 Q. Yes.

1 A. -- on his chart.

2 Q. Yes. Well, paragraph 9 here you talk about what you  
3 remember about the children that you cared for. You  
4 remember there were about twenty from young infants  
5 right up to about 12 or 14.

6 A. Yes.

7 Q. The Inquiry has heard that up until 1983 there were  
8 children who were even older than 14. There were some  
9 15-year-olds and one who was almost 16.

10 A. Yes.

11 Q. "They had a range of problems. Sadly some of them came  
12 from very disturbed and what would now be called  
13 dysfunctional families. Some of the children had been  
14 shown no apparent love and their interactions with their  
15 parent or parents who called could be quite  
16 heart-rending. As a member of nursing staff I would  
17 have participated in the morning meetings",  
18 as we were discussing there.

19 We have heard that in later years the case mix of  
20 the children who came into Lissue made them more  
21 difficult to manage. Is that your memory or what can  
22 you say about that?

23 A. Well, they hadn't much kind of space to -- the small  
24 children were with the elder children.

25 Q. So they were mixed in together?

1 A. Uh-huh.

2 Q. We have heard that they were divided into groups.

3 A. We would divide them into groups after school, and they  
4 went to school from 5 years of age, and the other -- the  
5 small children would remain in the unit --

6 Q. Yes.

7 A. -- and then when they came out, we'd put them into  
8 groups, with the older groups together, you know,  
9 according to age.

10 Q. It's been --

11 A. We took them all swimming except the small toddlers.  
12 They went swimming every week.

13 Q. Every day they went swimming or every week?

14 A. Every week.

15 Q. Every week. I know you are going to tell us a little  
16 bit more about some of the other places they went to,  
17 but if I can just deal with a couple of other matters  
18 first, it's been described as a challenging environment  
19 in which to work.

20 A. Yes.

21 Q. Medication, I was just going to ask you a little bit  
22 about that. In the body of your statement, in fact, at  
23 paragraph 11 here, you say that any medication were  
24 prescribed by the doctors.

25 A. Yes.

1 Q. You would have given the medication as prescribed --

2 A. Yes.

3 Q. -- in accordance with the dosage. Occasionally you were  
4 able to assist the doctors in terms of, "Well, I think  
5 that's maybe a bit too much for that child" or, you  
6 know, "That child would need a stronger dose" --

7 A. Yes.

8 Q. -- that kind of information. Did you yourself have any  
9 discretion about giving medication? We have heard some  
10 people complain that they were sedated, that they were  
11 given an injection to sedate them. Would you have had  
12 any discretion about that?

13 A. Only one child got it, and it was Dr Nelson that gave  
14 it. The rest of them, they weren't on injections at  
15 all.

16 Q. No, but I am saying --

17 A. Except for if somebody -- the doctor would take a blood  
18 test for -- to the lab.

19 Q. I think what I am trying to get at is we know that they  
20 may have been prescribed medication either in liquid  
21 form or tablet form.

22 A. Yes.

23 Q. But in terms of giving an injection, if a child was  
24 particularly out of control, would -- I mean, we have  
25 heard that the prescription on their treatment plan may



1 have been "Prescribe as necessary".

2 A. Not by injection.

3 Q. Not by injection?

4 A. No.

5 Q. Just you could have given them more tablets. Is that  
6 possible or ...?

7 A. No. The doctor would talk about it in the room when we  
8 were all together in the morning about the tablets, that  
9 there were some side effects.

10 Q. Yes. Perhaps I am not being entirely clear about  
11 what -- if -- I mean, if it were foreseen that a child  
12 might behave in a certain way, would you then have been  
13 able to give them medication to calm them down even --

14 A. Not without the doctor writing it down on the chart and  
15 telling us.

16 Q. And we heard that there were registrars in the unit  
17 daily.

18 A. Yes.

19 Q. And you would have gone to that doctor to get them to  
20 give you the medication. Is that -- or to give you the  
21 permission to use it?

22 A. They were there and able to see the child themselves and  
23 then make up their minds, but usually it was left to the  
24 consultants.

25 Q. Well, LS7, you know that there have been three people

1 who have come to speak to the Inquiry who make  
2 allegations about you. As I explained to you, I am not  
3 going to go through all of those allegations. Those  
4 people have spoken to the Inquiry and the Panel have  
5 heard recently what they had to say. In summary they  
6 allege that you slapped, hit, nipped or kicked children,  
7 that you humiliated them and that you made an example of  
8 them.

9 A. No, no way. None of the nurses would. Nor I didn't do  
10 it either.

11 Q. I mean, I think you described to me that the children  
12 that you looked after were spoilt?

13 A. They were all spoilt.

14 Q. You said that --

15 A. Even the untrained staff, the assistants, were terrific  
16 with them.

17 Q. When we were talking earlier, you said that they got  
18 more attention at home --

19 A. Yes, definitely.

20 Q. -- from you than they got at home?

21 A. No, from everybody.

22 Q. When I say "you", I mean you as a unit rather than you  
23 personally, but they were taken on outings and went --  
24 you were explaining that there were various places that  
25 they were taken to.

1 A. Yes.

2 Q. Marble Arch caves was one of the places.

3 A. Yes.

4 Q. The North Antrim coast.

5 A. Yes.

6 Q. Taken to parks. Lady Dixon Park and Lurgan Park I think  
7 were a couple of the places.

8 A. Yes, and Carnfunnock Park.

9 Q. Carnfunnock. You even said that you took them to see  
10 the Orange parades --

11 A. Yes. Uh-huh.

12 Q. -- in July. You said the police actually kept a place  
13 for the minibus for you.

14 A. Yes.

15 Q. You also took them to church. Those small numbers who  
16 were kept in over the weekend were taken to church or to  
17 chapel.

18 A. Yes.

19 Q. You address the allegations that are made about you,  
20 LS7, both in your interviews and statement to the police  
21 and also in your Inquiry statement, which is at the next  
22 page here, paragraph 12. Now you essentially deny that  
23 you treated children as alleged and in some instances  
24 you offer an alternative account for something that  
25 a child might have misremembered, if I can put it that

1 way. I am not going to go through those in detail, but  
2 from both your police statement and interview and from  
3 this Inquiry statement there's a number of things that  
4 have come out that I just wanted to explore with you, if  
5 I may.

6 One of things is about children smoking in the unit.  
7 You describe at (b) here:

8 "As regards smoking, it was actively discouraged and  
9 all cigarettes were put into the bin if any were  
10 smuggled into the unit."

11 You recall on one occasion a father suggesting that  
12 his daughter's behaviour was improved by smoking  
13 cigarettes and the unit agreed that she would be allowed  
14 to smoke, but it wasn't something that she was made to  
15 do:

16 "We would have preferred if she did not smoke."

17 You disagreed with the view that any minor should be  
18 given cigarettes. In fact, when we were talking, you  
19 said that you yourself refused to give her cigarettes.

20 A. She was under age and I told the doctor that I wasn't  
21 going to do -- give her cigarettes and he told the  
22 father that -- to ask any of the other nurses that  
23 wanted to do it.

24 Q. But you yourself refused to do it?

25 A. I wouldn't give it to her.

1 Q. I am going to use names in here, LS7, because it is  
2 easier for you to know who we are talking about, but  
3 I just want to remind people that we don't use the names  
4 outside of this chamber. I was asking, "Was that a girl  
5 called LS47?" and you said that it wasn't her.

6 A. No, it wasn't.

7 Q. You did mention about another boy who you named as  
8 bringing cigarettes in --

9 A. Yes.

10 Q. -- to the unit.

11 A. Yes.

12 Q. And if I have understood what you were saying is that  
13 staff could smell that somebody, some child in the unit  
14 was smoking.

15 A. Night nurses said they could smell smoke, but they  
16 couldn't trace where -- who had them.

17 Q. But you suspected this particular boy, and I will just  
18 use his first name, LS97 .

19 A. Yes.

20 Q. And you actually were telling me that you searched him  
21 for the cigarettes.

22 A. Sunday night when he came back from the weekend and like  
23 he took his -- took the jumper -- he took the jumper off  
24 and I made him -- I checked pockets and asked him to  
25 take the trousers off, and I gave him a towel to put

1 round himself, but he still had the trunks on. The  
2 shoes, I tried it. When I went to hand the shoes back,  
3 one fell, and the matches -- loose matches, red-headed,  
4 were between the heel and the sole, and I noticed that  
5 he was standing awkwardly. I asked him to spread the  
6 legs out a wee bit and just cigarettes fell on the  
7 floor.

8 Q. So he was, in fact, smuggling cigarettes into the unit?

9 A. Yes, and he was giving them to other children, younger  
10 children as well. They were afraid of him.

11 Q. He is, in fact, the boy who you describe as the vicious,  
12 deceitful bully --

13 A. Yes.

14 Q. -- whenever you were talking later on. He was the only  
15 child that you didn't actually like.

16 A. No. He kept -- he was at secondary school in Lisburn  
17 and he would have -- he came out of class and he brought  
18 some boys out or else through the break he hadn't  
19 returned to school, but one of the teachers found him in  
20 parts of the ground with other children and they were  
21 all smoking and he reprimanded them. I don't know  
22 whether LS97 attacked him in the grounds or in the  
23 school, but he attacked a teacher. He was sent out of  
24 school. That's why we got him.

25 Q. He ended up in Lissue as a result of that, of having

1 attacked his teacher.

2 A. Uh-huh.

3 Q. You talk at paragraph (c) here about:

4 "The method of trying to create an orderly  
5 atmosphere was that if a child was beginning to lose his  
6 or her temper or behave in a manner that was disruptive,  
7 they would be invited in reasonably firm terms to stand  
8 facing a corner. This isn't ..."

9 You go on to say:

10 "In most instances standing facing a corner for  
11 three minutes does have a calming and salutary effect.  
12 The second stage of that strategy, if the first failed  
13 to produce calm, then the child would be taken by two  
14 members of staff in an established planned method to  
15 his/her room and placed upon their bed. They would not  
16 be stripped of their clothing and would be told that  
17 they would return upon amendment of their behaviour.  
18 I was trained in restraint techniques at that time and  
19 these would have been used if the situation required it  
20 for the safety of the child in question, the other  
21 children and the staff members, but a child would not  
22 have been struck by me, nor was a child struck in my  
23 presence. Equally children's hair was not pulled, nor  
24 were they nipped. I entirely disagree with any  
25 suggestion by any witness that this behaviour took place

1 either through me or any of my colleagues."

2 Now if I can just explore that a little bit more, if  
3 I may, LS7, you say, first of all, you were trained in  
4 restraint techniques.

5 A. Yes.

6 Q. How -- how were you trained?

7 A. Watching the -- watching other nurses when an episode  
8 like that would happen.

9 Q. So just you learned really from seeing what others did?

10 A. Yes.

11 Q. There was no actual formal training course or anything  
12 like that that you went on?

13 A. There wasn't, no, and you talked to them in a soothing  
14 voice while they were down there, whether they were  
15 screaming or -- to calm them down.

16 Q. Yes. I am just going to go on. You say there were two  
17 nurses, two members of staff --

18 A. Always two nurses.

19 Q. Always two nurses?

20 A. Always two nurses.

21 Q. When we were describing -- when we were talking earlier,  
22 you described that they were removed from the situation.

23 If they were in a group with other children, they were  
24 taken out into the corridor and then taken to the  
25 bedroom, to the dormitory.



1 A. If there was a lot of children about, you would have  
2 removed them.

3 Q. Two nurses did that?

4 A. Two nurses.

5 Q. When we were discussing this, also you said that they  
6 were walked --

7 A. Yes.

8 Q. -- to the room. Were they held when they were walked?

9 A. Just held by the arm, walked up.

10 Q. In what manner were they held? Were you grabbing them  
11 by the arm, or was the hand open, or what was the  
12 position?

13 A. No. I'd put my hand on them to hold them, but not  
14 tight, just to lead them (gesturing).

15 Q. I think you said that the child was then put down on the  
16 bed or sometimes on the floor.

17 A. On the floor if there was few children in the room.

18 Q. So the restraint would have taken place if there weren't  
19 very many children about in front of a couple of  
20 children?

21 A. Yes.

22 Q. But if there were a lot of children, they were moved --

23 A. Not if there was any small children or you would  
24 frighten them.

25 Q. Okay. So if there were very few children about, the

1 child would be put on the floor and held on the floor?

2 A. Yes.

3 Q. And how were they held, LS7?

4 A. One nurse would hold the two arms out and the other one  
5 would hold them by the ankles to prevent them from  
6 kicking.

7 Q. If there were a number of children about, that holding  
8 down took place in the dormitory, in the bedroom. Is  
9 that right?

10 A. Yes.

11 Q. And they were placed on the bed and held on the bed  
12 until they calmed down?

13 A. Yes.

14 Q. And again having their arms held down and their feet  
15 held down?

16 A. Yes, because they would be struggling.

17 Q. Yes. I think you were actually explaining to me that on  
18 one occasion one -- I think it was a girl, was it, who  
19 was kicking so much that her foot was going to come down  
20 and hit the end of the bed. Is that --

21 A. Yes. She was a new child came in. The father brought  
22 her in, and he didn't tell her she had come to see the  
23 doctor or anything, and after Dr Nelson had spoke to  
24 them he left. As soon as he left she went berserk.

25 They had to take her up to the bedroom, and Dr Nelson

1 was there and he was the one -- one of the ones that  
2 held her down, but she was well-built and she was  
3 struggling, and every time she struggled the legs came  
4 up and she'd put the heel in and she was moving further  
5 down the bed.

6 The two of them had a busy job holding and bringing  
7 her up again, but she would slide down again, and she  
8 was screaming at the top of her voice, and when they  
9 came up, they came down heavy. I noticed she had come  
10 down to the bottom of the bed. So I went round to the  
11 bottom and when the leg came down, I put my hand out and  
12 her heel came down, and she had the shoes still on, and  
13 the heel came down and hit my hand and jammed it against  
14 the top of the bed.

15 Dr Nelson asked for LS21 to take over, and he asked  
16 me to go down with him, and he went down and he got  
17 Paraldehyde. I got the syringe and the kidney receiver  
18 and the pieces of gauze and that, and he looked up  
19 a book to see the dosage and he went up and gave her the  
20 injection, and she settled very quickly and was out  
21 sleeping.

22 Q. You were telling me, LS7, you still have problems with  
23 that hand that was hit after that incident.

24 A. Yes. Dr Nelson examined it and said there was no bones  
25 broken, but the muscle is affected here and I can't grip

1 well.

2 Q. LS7, just a couple of other things that the Inquiry has  
3 heard about and I just wondered if you had any  
4 recollection. We have heard there was a train set like  
5 a model railway in Lissue. You have no recollection of  
6 that?

7 A. No, no. The only place it can be is --

8 Q. I think we were talking about there was an occupational  
9 therapist at one stage --

10 A. At one stage.

11 Q. -- and you thought it might be in the room that they  
12 used?

13 A. Yes. She had a room of her own beside the school and  
14 she took them up.

15 Q. You don't remember an arts and crafts room either?

16 A. No. It could -- must have been in the same room.

17 Q. I was asking you what would you do if children were  
18 fighting? I mean, if one child was hitting another,  
19 it's been alleged that staff basically just observed,  
20 made notes and didn't intervene in any way.

21 A. We always intervened in case it got out of control or  
22 some child got hurt.

23 Q. In what way did you intervene? What exactly was done?

24 A. You talked to them, and if they lost their tempers and  
25 were out of control and keeping on and the other child

1 was older, you would have took -- brought him or her and  
2 done -- grabbed -- get a nurse -- usually there were  
3 other nurses about -- and take them to the bedroom.

4 Q. When they were in the bedroom, they were restrained  
5 until they calmed down.

6 A. Yes.

7 Q. Then they were kept there for a period of time before  
8 they were allowed out. Is that right?

9 A. No. Well, we would have sat and talked to them,  
10 explained to them that if we had allowed it to happen  
11 and the other person got the better of them, they would  
12 have come out the worse, and there was no shame to walk  
13 away from things like that. We would let them stay  
14 there for a short time to settle down and then come up  
15 -- come out.

16 Q. The Inquiry has heard that restraint was used  
17 inconsistently, that staff dealt with restraint in  
18 different ways. Is that your memory?

19 A. No.

20 Q. You say that all of the staff --

21 A. All the staff --

22 Q. -- did the same thing?

23 A. Yes.

24 Q. Then at paragraph -- on the same page here you say --  
25 you talk about not having any particular animosity

1 towards the child whose name is there. There was only  
2 this one boy, LS97, who you really did have a degree of  
3 animosity towards, because of his behaviour, bullying  
4 other children, and you were explaining to me he got  
5 other boys to do things and then let them take the  
6 blame.

7 A. Yes.

8 Q. You go on to describe parents needing to be given  
9 an explanation as to the treatment and the various  
10 strategies that were being used in respect of the  
11 children. I was asking you whether parents perceived  
12 the treatments that were being used in respect of their  
13 children as cruel.

14 A. We had got some children with ME and at home the mothers  
15 were washing them and doing everything for them, and  
16 this girl came in and Dr McAuley said to put -- she lay  
17 with one pillow and he said to put another pillow in and  
18 the mother objected to that, for the child was  
19 complaining to her that it wasn't comfortable, and we  
20 had to get the doctor to tell her -- get the doctor for  
21 her to talk. She thought it wasn't right that the girl  
22 had pain, but she agreed to go with it, and then we put  
23 the third pillow in and that happened, and we got -- we  
24 talked to her about that. Dr McAuley talked to her  
25 about that. Then we got -- after the -- we were told to

1 move the commode close to the bed. Two of us put her  
2 and held her on to the commode. Every so often we would  
3 move it further towards the door. When we got it to the  
4 door, we took it out to the corridor. When we got her  
5 out to the corridor, the next thing was to walk her to  
6 the toilet, a short way away. Every time anything  
7 changed the mother thought, you know, it wasn't right  
8 the child should do this. Then we got her down to the  
9 dining room, and when she seen it, she was glad it had  
10 been done --

11 Q. Yes.

12 A. -- and it had worked and the child was normal again.

13 Q. In fact, you were telling me that later that mother  
14 actually wrote you a letter thanking you for the help  
15 you had given --

16 A. Yes.

17 Q. -- to her child.

18 A. Yes.

19 Q. I know we have that. I have not put it into the bundle,  
20 LS7, but I will let the Panel see it later, the letters  
21 that were written to you.

22 A. Yes.

23 Q. Were the children ever given any explanation as to why  
24 they were treated in the way they were? I mean, did you  
25 ever explain, you know, "The doctor says this is to be

1 done because it is going to help make such-and-such  
2 better. You are going to find it easier to do  
3 something"?

4 A. Yes. You, you know, sympathised with them, with their  
5 illness and that.

6 Q. Right. You said to me that the children knew they were  
7 on medication, but they might not have known why they  
8 were on medication.

9 A. Some of them who were too young to understand.

10 Q. We have heard that Lissue, the building itself, wasn't  
11 actually fit for the purpose of this Psychiatric Unit.  
12 You had mixed age groups and children had different  
13 treatment plans.

14 A. Yes.

15 Q. Was there -- would you think that might lead to some  
16 confusion among the children, the different treatment  
17 plans, that, you know, "He is being treated differently  
18 to me".

19 A. Round about the same age and that they would have been  
20 in a group and we would have taken them to one of the  
21 rooms where there's two -- screens and they were using  
22 for family, you know, and for that, and we would use  
23 that room and we would play games with them. The other  
24 nurses would have the middle lot of children doing  
25 something or going for walks or something. Then the



1 other younger children, somebody would stay with them.

2 Q. What I am really asking is, you know, if a child saw --  
3 even within the same age group, two children might be  
4 being given different treatment plans.

5 A. No.

6 Q. They weren't given different treatment plans?

7 A. No, they weren't.

8 Q. Okay. So there's no way then one child might see  
9 a child as being more badly treated than they felt they  
10 were being treated --

11 A. No.

12 Q. -- or better treated than they felt they were being  
13 treated?

14 A. No. They liked a game where they all sat round in a  
15 chair and you gave them the names of an orange -- or  
16 a fruit. You would have called the name of the fruit  
17 orange, and the two of them had to swap chairs. The one  
18 that got the chair kept it and the one that didn't get  
19 it was put out. That game went on until there was only  
20 one, and they enjoyed that.

21 Q. It is a bit like Musical Chairs, only without the music.

22 A. Yes, without.

23 Q. I was just asking -- we have heard that each child had  
24 a main nurse who was to look after that child and each  
25 nurse might have had up to about four children to care

1 for as a main nurse.

2 A. Yes, but the other nurse worked as much as what she did,  
3 but she would take them one at a time and talk to them  
4 and, you know, have a conversation with them.

5 Q. You were telling me about one particular child, who was  
6 constantly being put in the naughty corner, as it were,  
7 for using a swear word. On one occasion you noticed him  
8 in the corner and you noticed that he was there for some  
9 considerable time and you thought, "Has somebody  
10 forgotten that they have put that child there?"

11 A. He was one of the older boys and he was at a special  
12 school and they couldn't get him to do anything. The  
13 children were all afraid of him, but he never -- he just  
14 kept walking about, and when you were out for a walk, he  
15 got a branch and he would hit the bank with it, and he  
16 had an awful habit of walking about saying the f\*\*\*  
17 word. So when we heard him, we would tell him to go  
18 into the corner.

19 One day I noticed he was too long in the corner and  
20 I went round the staff. None of the staff had put him  
21 in there. So I went out and asked him who put him in.  
22 He said himself. I said, "Why?" He said he said --  
23 well, he said the word. I says, "Well, you have done  
24 long enough now. Come out".

25 Q. So he put himself in there?

1 A. And he couldn't settle in the school. If they didn't  
2 settle in school, they were given the school work or the  
3 nurse was phoned up, applied to, and he would have come  
4 down. LS5 sat with him and taught him his early tables.  
5 She taught him the circles, the rectangles, the squares,  
6 things like that there, and he sat with her, and the  
7 psychologist came down from he was placed to test him  
8 and she asked him to draw a circle. He says, "No,  
9 I would rather draw a rectangle".

10 Q. The psychologist was impressed that he had moved on so  
11 much because --

12 A. She couldn't believe it. She said she would get him  
13 placed in a suitable school.

14 Q. Well, just one other thing. You recall that the buzzer  
15 system was used for bedwetters to get them up at night.

16 A. Yes.

17 Q. Were children ever left in a wet bed?

18 A. No, never.

19 Q. Fussy eaters. Now you describe they were not pandered  
20 to in the sense that they were not given any alternative  
21 food to eat, but was it the case that food might have  
22 been left for them to eat at the next meal or the next  
23 day?

24 A. Definitely not. The only ones we would be worrying  
25 about would be the anorexics. They had to eat a certain

1 amount of food, and if they didn't eat it, they were  
2 given glasses of Complian.

3 Q. I think you were telling me in respect of the anorexics  
4 there would -- you had to be firm with some of them.

5 A. Yes.

6 Q. You -- I think in terms of the Complian, if I have  
7 understood what you told me, and, please, if I have got  
8 this wrong, correct me, but you said they may have been  
9 told, "You have to drink one of those, and if you don't  
10 drink one, we will make you drink two".

11 A. No. If they refused, we would say, "Right. You are  
12 going to get two now", and the two would come up, and if  
13 they refused, we said, "That's okay. We will bring the  
14 third one up and we will put it down with a tube". So  
15 they went back and drunk the first one -- drunk the two.

16 Q. So you threatened them with making them drink it through  
17 a tube --

18 A. Yes.

19 Q. -- or that you would put a tube in.

20 A. Yes.

21 Q. Was that ever actually done?

22 A. No, never.

23 Q. Paragraph 9 on 1396 you talk about the example that was  
24 given of you putting Jif Lemon into a child's mouth.

25 You recognise that another child might perceive that as

1 something other than treatment. I wonder did you ever  
2 explain to other children why another child was getting  
3 a certain type of treatment? Were they ever -- was it  
4 ever explained to them?

5 A. This was a very young baby on bottles of milk. We  
6 didn't explain to the children at all.

7 Q. But even in the case of a young baby or another child  
8 did you ever say, you know, "Joe has behaved badly. So  
9 that's why he is being taken to his room", or anything  
10 like that so that --

11 A. No.

12 Q. Now, LS7, I know we have gone through the transcripts of  
13 what people have said, and I am going to go through them  
14 briefly again and give you the opportunity to comment.

15 Just one thing before I do. We were talking  
16 a little bit about student nurses, and you explained  
17 that at any given time there would have been -- there  
18 were no student nurses when you first started in Lissue,  
19 but at any given time there would have been two there.

20 A. Yes, from Purdysburn.

21 Q. And they came from Purdysburn and they would have spent  
22 about four or six weeks on rotation?

23 A. Yes.

24 Q. There might have been a gap before another two came, but  
25 it would have been a maximum of two student nurses in

1 the unit?

2 A. Yes.

3 Q. One other thing just in terms of holding children on the  
4 beds. We have heard -- I think it might have been in  
5 one of the documents -- that someone had said that there  
6 were gloves that could be used to restrain children and  
7 keep them not actually tied to the bed but some sort of  
8 gloves to keep them in the bed. Anything like that you  
9 remember?

10 A. No way. No, there wasn't.

11 Q. The first person who complained about you, and that's  
12 HIA172 and his first name is HIA172, you do remember  
13 him.

14 A. Yes.

15 Q. At 70078 -- I am just going to go through the various --  
16 not his entire transcript, but just so we can follow  
17 this. He speaks about you, and you were telling -- he  
18 made an allegation that he had made himself a pair of  
19 white shorts from a bed sheet and that you had taken  
20 those off and humiliated him. You are saying well, no.  
21 There was an episode involving him and sports, but they  
22 were black shorts -- a pair of black trousers that he  
23 had taken out of the store and cut up and cut too short.  
24 He was going to humiliate himself because they were so  
25 short was really what you were saying. You spoke to the

1 police about that and you also spoke about it in your  
2 Inquiry statement.

3 When he was asked about that here, he said --  
4 Mr Aiken is saying to him:

5 "Now I am right in saying that even as we've  
6 discussed it today, this potential cutting up of  
7 trousers to create black shorts, you have no memory of  
8 that at all?

9 A. No.

10 Q. And you were saying to me, 'Is there no record  
11 of me cutting up a white sheet?'

12 He was saying there was a record of him cutting up  
13 a shirt at home but not a white sheet in Lissue.

14 A. No. He stole a pair of black trousers out of the linen  
15 cupboard. When the night staff had been getting clean  
16 sheets for some of the beds he had went in and got it.  
17 We were going out. I went up to see where he was. He  
18 had his -- he was dressed, but he had a pair -- he had  
19 a pair of trousers and he had cut them, and they were  
20 cut right up to the groin and they weren't even in  
21 a straight line and he wanted these. All the -- in  
22 summer all the other boys were in shorts, and I says,  
23 "You can't wear them", and he went to start crying and  
24 all the rest of it, and LS99 was there.

25 Q. LS99 you were telling me was one of the

1 assistant nurses.

2 A. One of the assistant nurses, and I told him to get into  
3 his own trousers and to come down, and LS21 came up and  
4 spoke to him. Then he came down and went out with us,  
5 but the mother kept the clothes clean, but the other  
6 boys would be running about with Bay City Roller jumpers  
7 on and different shirts, whoever they admired, singers  
8 or actors or that, and he was dressed in the plain  
9 clothes and he was out from the other boys and dressed  
10 well.

11 Q. Well, you go on to -- you do remember him. One of the  
12 things you told me was you remembered him being on the  
13 roof and that there was a visiting consultant there that  
14 day and his car was damaged by HIA172 throwing slates  
15 off the roof at the cars and at staff.

16 A. Yes.

17 Q. You also -- if I can go on to the next page, which is at  
18 70086, he is, in fact, talking about other members of  
19 staff making comments to him about:

20 " 'Your parents don't give a damn about you' ."

21 If we can scroll on down there, and comments:

22 " 'Your mother doesn't care and she doesn't want you.

23 Your parents don't give a damn about you' ."

24 He said:

25 "These would be -- would all be the likes of LS7 --



1 LS7 and LS6 and these were frequent psychological things  
2 that were said to me that disturbed me greatly and  
3 probably set me off I think, you know."

4 So he is saying that you among other staff members  
5 made that kind of comment to him.

6 A. Never spoke to a child in that manner at all.

7 Q. At 70097 he goes on at the bottom of this page -- sorry.  
8 If we can just maybe scroll up a little bit:

9 "Whenever I say school punished, whenever I say LS7  
10 punished me, I am referring to the fact that I didn't  
11 actually go to school."

12 Then he goes on. At the bottom there at 18 it says:

13 "LS7 made it her mission to punish me as frequently  
14 as she could. I could not step out of line or make any  
15 sort of mistake whenever she was around or I would be  
16 put in my room, or I would be standing with my nose in  
17 the corner, or there would be something, something,  
18 anything -- anything would set her off and I would face  
19 the consequences because of it, and I wasn't the only  
20 one. There were lots of other kids, you know, and most  
21 of them probably haven't come forward because most of  
22 them don't want to go through this."

23 So he is saying that you made it your mission to  
24 punish him, LS7.

25 A. No way. The only time I put him out, if he did

1 something wrong, but not -- nothing -- you never made a  
2 difference between them. The only thing when you took  
3 him out, you had to keep an eye on him, because he would  
4 steal. When the parents brought comics in and the like  
5 of those cards that you match up, not the cards that men  
6 would play, the child would come and say somebody had  
7 taken it out of the room and it was him and he had no --  
8 no guilt.

9 Q. He said -- sorry.

10 A. The mother -- he got -- I think the money he got for the  
11 tuck was given by the Health Service and the mother  
12 never brought him a present up or a comic up or  
13 anything.

14 Q. You said that he was actually never made to stand in  
15 a corner when we were talking earlier.

16 A. No, no. He wasn't put in the corner.

17 Q. Because he --

18 A. Because he habitually would be in that big temper, you  
19 know, before it.

20 Q. And had to be restrained?

21 A. And he was treated like the other children.

22 Q. He also said that -- in 71... -- sorry -- 70102 -- if we  
23 go to -- that's 70102. 70102. Technology problems here  
24 at the moment, LS7, but we will get there. Yes. This  
25 is a continuation of the transcript. Mr Aiken is

1 speaking to him and saying:

2 "Now you return to LS7 more generally in your police  
3 interview. I am going to summarise this. You say that  
4 she was the worst, that she was an ogre, that she  
5 assaulted you on thousands of occasions.

6 A. Well, quite frequent occasions, yes."

7 He said -- if we can scroll on down, please:

8 "Her physical manner in dealing with me was quite  
9 aggressive."

10 Over the page he said:

11 "She would have grabbed me by the hair, grabbed me  
12 by the ears or dragged me down the corridor by my arm,  
13 literally being quite physical and rough."

14 A. Definitely not.

15 Q. He also then talks about on the next page I think it  
16 is -- yes, it is the next page -- talking about the  
17 incident, giving more details about the child who had  
18 Jif Lemon squirted into its mouth, and he said:

19 "When LS73", who was another member of staff, "did  
20 it, she simply just took the child, stood behind the  
21 child and held it and squirted the Jif Lemon into the  
22 child's mouth. Of course, the child spat it out again  
23 and that was fair enough. It was kind of horrible to  
24 see that there, but whenever LS7 did it, she did it so  
25 viciously it was in and the lemon juice was pumped so

1 hard into her mouth it came out of the child's nose and  
2 the child was in serious distress. The face was bright  
3 red with distress, whereas when LS7 had done it (sic),  
4 it wasn't. It was uncomfortable and the child" -- sorry  
5 -- "when LS73 had done it, it wasn't. It was  
6 uncomfortable and the child was crying about it, but  
7 they were not that distressed. You know, it is one of  
8 the strongest images that I have of my time there. You  
9 know, it still kind of shocks me, just the aggression  
10 behind what she'd done. I can't really draw a picture,  
11 you know, between the difference between LS73's approach  
12 and LS7's approach. You know, it's two completely  
13 different things."

14 That's what he remembers about the child being given  
15 lemon juice. When we were talking earlier, you were  
16 telling me that you actually refused to give the child  
17 the lemon juice.

18 A. Yes. The child was admitted to The Royal and they said  
19 there was nothing wrong with it. It wasn't putting on  
20 weight. When you gave it a bottle, it would only take  
21 so much, and Dr McAuley said "Put lemon juice on its  
22 mouth, on the tongue", thinking that maybe it would take  
23 more if it got into the habit that it knew it was going  
24 to get this sour stuff, and LS73 was the nurse that  
25 would have fed it all, but I did feed it, but I wouldn't

1 give it the lemon. I didn't like giving a baby a sour  
2 thing, and I noticed it was only taking the same amount  
3 each time, and I said to that doctor who he accused as  
4 well or who LS97 accused.

5 Q. Sorry. This was a doctor of Pakistani origin who was  
6 working in Lissue.

7 A. I don't know. I thought he came from Turkey.

8 Q. But he was certainly --

9 A. There was him and the wife. He was the doctor for the  
10 out-patients The Royal and the wife was working in our  
11 place, and I explained and she said she would see to it,  
12 and the next day they sent the child to The Royal, and  
13 they found out that there was something blocking it.  
14 I didn't hear what it was.

15 Q. The child had to have an operation.

16 A. It had to have an operation, but I never was rough with  
17 a child or anybody, but I wouldn't touch child like that  
18 there.

19 Q. Can I just be clear, LS7? There was lemon juice put  
20 into the child's mouth and did the child become  
21 distressed when that happened and is that why you  
22 refused to do it?

23 A. No. I didn't think it right for a child -- for a sour  
24 thing to be put in such a young baby. There were some  
25 of the other nurses did the same.

1 Q. Well --

2 A. And then when it tolerated the bottle, it was coming out  
3 of its mouth and out its nose and it was crying. That  
4 was without the lemon.

5 Q. Well, at 70108 your police interview is being put to him  
6 and it is being put that children were put into the  
7 corner for three minutes -- sorry -- just at the bottom  
8 of that page, and he said -- in answer to that he said:

9 "Does it take three minutes for the sun to go down,  
10 because I remember being put in my room for a long  
11 period of time and the sun actually going down. That  
12 would take more than three minutes. I remember going in  
13 the day time and coming out at night-time, sitting there  
14 for maybe a couple of hours. I don't think -- if you  
15 were to compel every child that went to Lissue for  
16 behavioural problems and ask them how long they were in  
17 time out for, I think they would clarify that it was  
18 a bit longer than three minutes."

19 I was wondering, LS7, about that. When a child was  
20 brought in the way that you have described to the room  
21 and once they had calmed down you would have  
22 a discussion with them, were they then let out  
23 straightaway or did they remain in their room for  
24 a period of time after they had calmed down or what was  
25 the position?

1 A. Sometimes some of them were -- they were told to settle  
2 down because their faces would have been all tears and  
3 all of that, and to let them calm themselves, and then  
4 they could come out on their own, and they weren't kept  
5 any longer than that. Nobody even was in for half  
6 an hour, never mind all day.

7 Q. At 70111 what you said in your Inquiry statement is put  
8 to him. At the bottom of the page -- this is just about  
9 the nurse's uniform where he says that, in fact, he  
10 agreed that it wasn't actually a uniform that staff  
11 wore, but it was a type of clothing that you and another  
12 member of staff would have worn. Did you and another  
13 member of staff wear a distinctive type of clothing?

14 A. No. We would wear what we would wear if we were at home  
15 and I have the -- I bought the album in and showed the  
16 solicitor photographs.

17 Q. Yes. We will be able to look at them just at the end,  
18 when we come to the end.

19 A. Uh-huh.

20 Q. So I will be able to show those to the Inquiry. At 0145  
21 he talks about an incident where he said that LS21  
22 intervened when you were mistreating him. That's at the  
23 bottom of page 70145. He says:

24 "I can remember an occasion where he had -- where he  
25 had come out into the hallway as LS7 was dragging me

1 down once again to my bedroom, and I think maybe even he  
2 was just sick of seeing this woman constantly harass me  
3 and just intervened and said, 'Sure, let him come into  
4 the office with me and I'll deal with him' and that is  
5 what happened, I mean, and I think LS7 was just, 'I want  
6 this kid out of my way. I can't be bothered with this  
7 kid'."

8 Was there any occasion that you can recall where  
9 LS21 --

10 A. No.

11 Q. -- would have intervened in the way described?

12 A. No, because if I was going down, I would have another  
13 nurse with me.

14 Q. Even if you and another nurse were taking this boy down  
15 to his room, would LS21 have said, "Look, just I'll --  
16 you know, I will take him this time" --

17 A. No.

18 Q. -- or anything like that you remember? At 0... -- 70149  
19 he said that he could be on time out for half the day if  
20 you put him on time out. I think your comment to me  
21 about that was that no child was on time out for that  
22 length of time.

23 A. No, not even when they went up to the roof.

24 Q. Sorry. Not even ...?

25 A. When they were up on the roof and throwing the slates



1 down.

2 Q. Another person that has spoken to the Inquiry is HIA38.  
3 You covered his allegations in your statement which --  
4 I read that part of your statement dealing with him.  
5 That's the boy HIA38. You can't even remember him.  
6 Isn't that right?

7 A. No.

8 Q. At 70174 this is where he is talking about the  
9 medication. So I'm putting it to him. I said --  
10 I'd read what you'd said in your statement. I said:  
11 "That is what I am saying to you -- was saying to  
12 you earlier, that she is saying, 'We only gave out what  
13 the doctors prescribed. We couldn't have given drugs  
14 ourselves without that say-so'."

15 His response to that was:

16 "Completely untrue, and I say, if you don't mind me  
17 interrupting, in paragraph 8 it says there about if any  
18 cigarettes were smuggled into the unit, they were  
19 binned, but --"

20 Then I said:

21 "I am just coming to the bit about cigarettes."

22 If we turn over the page, I read out that  
23 paragraph and I said to him:

24 "You were wondering if the girl that she is talking  
25 about was the girl LS47, who you say smoked cigarettes

1 and who was made to smoke cigarettes with you.

2 Yes, and it also shows that I in actual fact am  
3 telling the truth that cigarette smoking did go on in  
4 Lissue Hospital."

5 Now you have given two examples of the girl whose  
6 father wanted her to smoke and you refused to give her  
7 cigarettes --

8 A. Yes.

9 Q. -- and of the other boy who smuggled in cigarettes --

10 A. Yes.

11 Q. -- and you caught him with those when you searched him.  
12 Were there any other children who were allowed to smoke  
13 in Lissue?

14 A. Just that one girl.

15 Q. Just the one girl. Apart from this boy LS99 were there  
16 any other children who smuggled cigarettes in who would  
17 have been smoking?

18 A. Well, the night staff would have said they could smell  
19 smoke, but we couldn't get anybody.

20 Q. About -- I read out what you say about time out and  
21 being invited to stand in the corner. I said:

22 "Do you remember that happening to yourself or other  
23 children?"

24 He said:

25 "No. You were just pushed around and slapped, so

1       you were, and that's -- where did they read that from,  
2       a book about standing on the naughty step and stuff?  
3       That didn't exist back in the 1970s."

4               Then I read some more of your statement to him. If  
5       we can just go to 70177, I read through the rest of your  
6       Inquiry statement and then at the end -- bottom of that  
7       page I said:

8               "So that is what she said in response in her -- to  
9       your Inquiry statement. Is there anything more you want  
10      to say about that, HIA38?

11              A. My response to that load of rubbish, to be quite  
12      honest, is that it appears that this woman should be  
13      nominated to become a saint and if I was up in court or  
14      faced with that sort of allegation, I would probably  
15      paint myself out to be like that as well. So it's her  
16      duty -- it's her duty to try and deny it all now, so it  
17      is, but myself and other people will probably confirm  
18      all of what I have said over the next few months or  
19      however long this Inquiry goes, but she's lying."

20              So he essentially takes issue with what you say and  
21      says that you are lying in your Inquiry statement.

22              Then your police statement was put to him at 70194.  
23      Again in your police interview you talked about the  
24      cigarettes and at line 13 there it says:

25              "See, the problem I have with that bit is that any

1 cigarettes that were found were confiscated and  
2 destroyed. Then how come me and the other girl who has  
3 already been proven were allowed to smoke? That's it."

4 I said:

5 "Well, that's what she said when she was asked about  
6 the matter by the police."

7 His response to that was:

8 "She's obviously going to -- if I was accused --  
9 I will reiterate what I was saying -- if I was accused  
10 of such things and I wanted to protect myself, I would  
11 probably come off with that spiel myself."

12 Then in response I think to Ms Doherty's question to  
13 him at 70196 when he was -- sorry. It was in response  
14 to me actually in respect of what recommendations the  
15 Inquiry should make, at line 14, if we can scroll down,  
16 he said:

17 "My number one recommendation is that I would love  
18 to have eye to eye contact with some of the people that  
19 are still alive from Lissue, especially LS7, and I just  
20 want to look into their eyes and I want to see it, see  
21 them denying it. With my own eyes I want to see it."

22 He goes on to describe how he was badly bullied at  
23 school:

24 "... and locked up in a mental hospital and they  
25 decided through drugs to destroy my life."

1           So that's his response to what you said in your  
2           Inquiry statement and to the denials that you made.

3           Is there anything else that you want to say to the  
4           Inquiry about that, LS7?

5    A.   No, that's all lies.  There were no children physically  
6           or mentally abused.  They all got the same treatment.  
7           They got love, and more love sometimes than in some of  
8           the houses.

9    Q.   Well, the third person who spoke to the Inquiry about  
10           you was HIA119, and he is HIA119.  Now your statement  
11           was read to him at 70220, and his response, when I read  
12           the statement, was to say, "She's a liar", just there  
13           midway down the page -- on down -- at line 16.

14           He also then in response -- it was him who said in  
15           response to Ms Doherty at 70228 that there were three  
16           members of staff who he really was complaining about and  
17           that you were one of them:

18           "It was constant shouting and shouting in your face  
19           and poking up.  This was all the time and keys on them.  
20           They were bullies.  They were parasites.  Everywhere you  
21           went they were there, you know, and when your family  
22           came up, sitting close by, you know, like that there.  
23           They would have sit and dirty looks -- everybody got  
24           dirty looking.  I would get dirty looks."

25           So, in other words, he was suggesting that there was

1 no privacy for him and his family, that the staff were  
2 always present on family visits. Is that correct? Were  
3 staff always present when families came to visit?

4 A. They could go down to the canteen and have tea and take  
5 the children with them.

6 Q. And is that --

7 A. And they could take them down to their bedroom and the  
8 staff weren't with them. They could take them down and  
9 give them whatever they brought them, clean clothes.  
10 There were plenty of places to talk.

11 Q. There was evidence given to the Inquiry by LS21. At  
12 70239 he talked about how he had argued to get you  
13 a higher pay grade essentially, because, as he put it,  
14 because -- he forcefully applied for your status to be  
15 upgraded because of your competence and skill. I made  
16 the point that you didn't have the RMN qualification,  
17 and he said, if we can scroll on down, please, that you  
18 were a very competent individual.

19 Other people who spoke to police about -- when  
20 police were investigating allegations that had been made  
21 about Lissue, they spoke to various members of staff.  
22 I am not going to call it up, but it is 31333. You were  
23 described by a member of staff as something of  
24 a matriarch. Another member of staff said:

25 "The older staff", of which you would have been one,

1 "would have been stricter than the younger staff."

2 Is that -- would you have seen the younger staff as  
3 being less strict than someone like yourself, LS7?

4 A. No. We all did the same.

5 Q. And I think you would say that the children were treated  
6 the same by all staff?

7 A. I would have been firm with the ones -- the anorexics  
8 and that.

9 Q. You would have been stricter with them maybe than some  
10 of the younger staff?

11 A. Yes. Uh-huh.

12 Q. Dr McAuley when he was spoken to by police described you  
13 as a fairly fundamentalist person, who was tough minded,  
14 but he wasn't aware of any abuse or assaults at Lissue.

15 That's essentially all that I wanted to ask you  
16 about, but is there anything -- we are going to look at  
17 some photographs shortly, but is there anything more you  
18 want to say about Lissue or about the allegations that  
19 were made?

20 A. They are all lies, and I had a letter from one of the  
21 patients, and she asked me -- she wrote to me and would  
22 I give her my telephone address -- my telephone number  
23 that she could come and visit. I gave it to her.

24 I wrote to her and there was no reply, and the day

25 I went to see the solicitor that night at 10 o'clock at

1 night the phone went and it was LS101 , and she said  
2 that I had left out a digit in the telephone number, but  
3 she had met somebody else and they had given her the  
4 number, and she wanted to know could she come down and  
5 visit me.

6 She also was with -- she said she was in touch with  
7 two others and they would like to come too, and I said  
8 that was all right. I says, "Have you heard about the  
9 allegations?" She hadn't, and when she heard it, she  
10 was annoyed, and she says, "I want you to get in touch  
11 with a solicitor and I'll go as a witness". She phoned  
12 the other one and she said the same. The other one  
13 didn't phone for a few days, and it was one of the worst  
14 anorexics we had. She told me she was in London, she  
15 was married and she says, "Do you mind if I come?" and  
16 I says, "No". She says, "I can't thank you enough".  
17 I says, "I was firm with you". She says, "We wouldn't  
18 be here today if you weren't". She is coming over on  
19 23rd.

20 Q. Well, thank you for that, LS7. I am just going to call  
21 up some of the photographs at 1423. The top photograph  
22 here, LS7, I was saying to you there were nurses in  
23 white uniforms, and that's the Paediatric Unit that we  
24 are looking at --

25 A. That's the Paediatric Unit.



1 Q. -- which would have been just downstairs on the ground  
2 floor in Lissue House.

3 A. Yes, and that's the female doctor and the male doctor  
4 that they made allegations against about them, the  
5 injections.

6 Q. Yes. Just if we can -- just before we move on from that  
7 there is another photograph that we will see where we  
8 can see a nurse in nurse's uniform and again you are  
9 telling me that's Lissue. You were explaining to me  
10 that the nurses from the Paediatric Unit, they could  
11 have come up and just had a chat with staff on your  
12 corridor.

13 A. Yes.

14 Q. So children would have seen nurses in uniform.

15 A. Yes. Uh-huh.

16 Q. But not you. Those staff who were assigned to the  
17 Psychiatric Unit did not wear uniform.

18 A. No.

19 Q. If we can scroll on down to the next photograph. Some  
20 of these are not -- I should have said, LS7, these were  
21 photographs that were in a scrapbook that was given to  
22 you when you retired, but this is the front entrance to  
23 Lissue.

24 A. That's the front entrance to Lissue.

25 Q. And I was asking about the children who are shown in it.

1           These are Psychiatric Unit staff and children. Isn't  
2           that right?

3    A.   Yes, and there is the paediatric staff there as well.

4    Q.   As well. So it was both?

5    A.   Yes, the one that's kneeling, sitting there, and that's  
6           the army at Thiepval Barracks. That's some of the bands  
7           used to come down and play for the children.

8    Q.   Then if we can scroll on to the next page, this is  
9           obviously an outing, a staff outing --

10   A.   Yes.

11   Q.   -- from Lissue and a number of members of staff shown in  
12          that. If we can scroll on down. You identified I think  
13          the doctor there.

14   A.   LS8 there and the two doctors again.

15   Q.   The two people wearing glasses were the doctors you  
16          thought were of Turkish origin.

17   A.   Yes, and that's LS8's wife and that's some of the social  
18          workers and the clerk and her husband.

19   Q.   If we can scroll on down, I think again it is probably  
20          the same outing.

21   A.   Yes. Uh-huh.

22   Q.   Here are more photographs of staff from Lissue. Scroll  
23          on, please. Again. Then over the next page. Now we  
24          might have to -- we will look at these, first of all,  
25          and then we might have to look at them, but this seems

1 to be you --

2 A. In fancy dress.

3 Q. -- in fancy dress. We can see some children I think in  
4 fancy dress. I wondered if that was Hallowe'en.

5 I think we might have missed out the one on the  
6 children. There was like a fancy dress party held at  
7 Hallowe'en for the children.

8 A. Yes. Uh-huh.

9 Q. Then these outings, the minibus is shown in the  
10 background of this one that is on the left-hand side.  
11 These are all photographs of staff and children in  
12 Lissue and some of the outings that they were taken on.  
13 The next page, please. Again these are from Lissue and  
14 from outings. Is that right?

15 A. Yes.

16 Q. Or was this actually Lissue House in the background?

17 A. That's Lissue. That could be out in the grounds.

18 Q. Yes.

19 A. And the bottom one is taken inside and that's  
20 Dr McAuley.

21 Q. Yes, and I think you were saying that the lady in blue  
22 on that sort of top of the photographs that we now see  
23 was the secretary.

24 A. Yes, LS77 .

25 Q. LS77 . Then we can see here that there is a nurse in

1 a blue uniform, maybe a student nurse. Did the student  
2 nurses wear uniform?

3 A. No, student nurses didn't wear it at all.

4 Q. So this might have been a nurse from the Paediatric  
5 Unit?

6 A. I think that was a nurse that joined us and she wore the  
7 uniform on the first day.

8 Q. Right. Okay.

9 A. And then she went with us to Forster Green.

10 Q. Very well. Then the next one, if we can just scroll  
11 down again, is examples of outings.

12 A. That's a teacher and two children.

13 Q. Okay. Go on down, please. Some younger children. So,  
14 I mean, there seem to have been -- certainly in that top  
15 photograph there's a mix of age of children there.

16 A. Yes.

17 Q. Then scroll on down. Again maybe we can invert that  
18 one, please. If we can rotate it rather than invert it.

19 A. There is a teacher there.

20 Q. Yes. This may be the same child. Is that -- the girl  
21 in the red trousers, is that one of the children?

22 A. It is, yes.

23 Q. Then we can see the minibus and what looks maybe like  
24 the minibus driver, the elderly man with glasses there.

25 A. That must be one of the ones -- he only did the one run.

1 It is not the usual bus driver, and that nurse beside  
2 the teacher -- the teacher is in the white coat and  
3 that's one of the assistants from our place beside her  
4 and that's the children.

5 Q. Some of the children. Again then if we can scroll to  
6 the next page, I think you are actually seen in the next  
7 one with your arm round one of the boys.

8 A. That's LS102 and a child and myself and a child.

9 Q. And the next one, please. Again is this -- we are not  
10 sure where this was, but it might have been on one of  
11 the day trips --

12 A. It could have been on one of the day trips.

13 Q. Is that the normal driver there that you can see in the  
14 photograph?

15 A. He was with us after LS91 and that's LS103 at the  
16 back there with her arms on the boy's shoulder.

17 Q. The photograph at the bottom, if we can scroll down, is  
18 that inside Lissue or is that maybe part of that same  
19 day trip?

20 A. That must be paediatric. That's none of ours.

21 Q. Some more. If we can just scroll on down through these  
22 again, Lissue, the steps. Is that at Lissue or is that  
23 --

24 A. Well, it's with a few children.

25 Q. Scroll on down then.

1 A. We could have been out somewhere where there was steps.

2 Q. Then there's a final photograph. If we can just rotate  
3 that, please, that page, and that's -- that's you on the  
4 right-hand side --

5 A. Yes.

6 Q. -- LS7. Then we can see somebody is getting -- they are  
7 celebrating a birthday.

8 A. Yes. Uh-huh.

9 Q. That again is inside Lissue. Is that right?

10 A. Yes.

11 Q. Now I know there are other photographs largely relating  
12 to Forster Green, which we have not put into the  
13 bundle, and there are some cards and that which I will  
14 show to the Panel later, but, LS7, that's all I want to  
15 ask you about. The Panel Members may have some  
16 questions for you. So if you just stay there a moment,  
17 please.

18 Questions from THE PANEL

19 CHAIRMAN: LS7, can I just take you back to what you have  
20 told us about the way in which injections were  
21 prescribed and then administered? Now do I understand  
22 you to be saying that if any injection was ever given,  
23 it was always one that had been prescribed by a doctor?

24 A. The doctor gave it.

25 Q. Well, there are two things I want to ask you about,

1 first of all, but was it always -- if we take the second  
2 first, are you saying that you as a nurse never actually  
3 administered an injection?

4 A. Not in Lissue.

5 Q. Not in Lissue, and it was always done by a doctor --

6 A. Yes.

7 Q. -- which presumably would either have been a registrar  
8 or a consultant, if the consultant had been there at the  
9 time?

10 A. The doctor -- I told you about Dr Nelson --

11 Q. Yes.

12 A. -- giving the injection to the girl and the doctors  
13 would have taken blood samples. I only seen one blood  
14 sample being done. I didn't see it done. He asked me  
15 for the syringe.

16 Q. But I am concerned about administering sedatives and  
17 medication by injection.

18 A. No.

19 Q. You never did that?

20 A. No.

21 Q. Did you see a doctor ever do it?

22 A. I seen Dr Nelson.

23 Q. Only Dr Nelson?

24 A. Yes, and I had left the syringe out for the foreign  
25 doctor.

1 Q. Yes. I am not talking about taking blood samples, but  
2 actually giving a sedative or something like that. We  
3 have heard of occasions when it was considered necessary  
4 to inject children to sedate them. Do you remember that  
5 happening?

6 A. Only with that one girl.

7 Q. You only saw it once you say?

8 A. Once.

9 Q. I see, and on that occasion was it Dr Nelson who did it?

10 A. Yes.

11 Q. I see. Thank you very much.

12 MS DOHERTY: Thanks, LS7. Can I just ask what induction you  
13 received into your role when you arrived at Lissue? You  
14 are obviously an experienced nurse, but in terms of  
15 working in Lissue did you receive any particular  
16 induction?

17 A. Just watching the other people.

18 Q. But nobody sat down and said to you, "This is what  
19 behaviour modification is" or "This is how we are going  
20 to use it"?

21 A. No.

22 Q. So no specific training. When you were working there,  
23 did you ever have individual sessions about your  
24 practice? Did anybody sit down and talk to you about  
25 how you were getting on or how you were finding it?



1 A. No, not at all.

2 Q. Did you act as a key worker?

3 A. Pardon?

4 Q. Did you act as a key worker for some children?

5 A. Yes.

6 Q. What did that involve? How did ...?

7 A. You were kind to the child and everything. So you tried  
8 to make friends with them and get some information. Did  
9 they like school and how -- you know, what they did,  
10 their hobbies and things like that, and got them to be  
11 friendly with you and -- what way would I put it -- that  
12 they could trust you.

13 Q. Would that be one-to-one time? Would you take them away  
14 from the other group of children --

15 A. Yes.

16 Q. -- and spend time --

17 A. Yes.

18 Q. -- separately with them?

19 A. Yes.

20 Q. You talked about the children being spoilt. Did you  
21 mean by that that sometimes they were over-indulged in  
22 Lissue?

23 A. No, no. It was children that, you know -- the Troubles  
24 were at the time. The children had difficult lives and  
25 they were -- some of their fathers were in prison and

1 all like that there, and we always took them out and  
2 we'd a good time.

3 Q. So trying to give them a good time?

4 A. Yes.

5 Q. We have heard about that at times it was very  
6 challenging, that you could have situations where  
7 a number of children were playing up at the same time.

8 A. Yes.

9 Q. Did you think there was enough staff on duty to deal  
10 with all that might come forward?

11 A. Yes, but night duty not. I had worked one day and I got  
12 a call from LS8 and he was out with some people, and the  
13 night staff couldn't settle the children. They were  
14 going wild. They were going to go on holidays the next  
15 day. There's a Catholic school down in the Antrim coast  
16 that's a boarding school --

17 Q. Garron Tower.

18 A. -- and they let the children have holidays down there,  
19 and some of the staff would go with them, social workers  
20 and that, where they could go to the beach and all like  
21 that there.

22 He asked me would I go up. I went to work on  
23 a moped. My husband used the car. I'd went on the  
24 moped, and I went in through the door and you could hear  
25 the noise and the squeals and the yells of them racing

1 up and down the corridor. We all had a pass key to go  
2 in if the door was locked and I walked in. As soon as  
3 they seen me some of them ran to their bedrooms  
4 immediately. Other ones continued. I turns round and  
5 I says, "Right. You go to bed now", and they didn't  
6 heed me. So I says, "Right. Anybody that doesn't go is  
7 not going on holidays tomorrow, and I'll keep to my  
8 word". They knew if I said anything like that, that  
9 I would do it all right. They started going to their  
10 beds, and the night staff went up with them. There was  
11 two corridors, and one boy said "No". I says, "You need  
12 to stand in the corner". I kept going to him and  
13 saying, "Are you going to bed?" "No, I'm not." "Well",  
14 I says, "you're for home tomorrow". He had a thunder  
15 face and he says -- I says, "I am on tomorrow and I will  
16 make sure you don't go" and he says, "If I go now, would  
17 you let me go?" and I says, "Yes", and he went and they  
18 were settled in no time at all.

19 Q. Okay.

20 A. So I stayed for an hour and I said to -- I whispered to  
21 the staff, "I'm going home now", but I shouted at them,  
22 "I'm going over to the mothers' flat and I will be  
23 sleeping, and if you need me, call me".

24 Q. So the children thought you would be around?

25 A. Yes. I got on my moped and I walked it down the path

1 right to the road and sped off and they had no bother  
2 the rest of the night.

3 Q. So the children saw you as somebody maybe not to kind of  
4 mess with?

5 A. Yes. Uh-huh.

6 Q. Was it hard sometimes, LS7, to keep your patience in the  
7 midst of all --

8 A. No.

9 Q. You didn't find it difficult?

10 A. No.

11 Q. Can I ask in relation to -- you were saying that it was  
12 a small place and therefore it was hard to keep the age  
13 groups separated. Was that what you were ...?

14 A. Yes. There was a big room, but it was used for  
15 interviewing parents, and there was a screen, a two-way  
16 screen --

17 Q. Uh-huh.

18 A. -- so that the other staff that were sitting there, the  
19 doctors and social workers and that -- and if it was  
20 empty and nothing on that day, we would use that as  
21 a room to play games.

22 Q. Uh-huh, and separate out the children?

23 A. Yes.

24 Q. Did the children come together to eat?

25 A. Yes.

1 Q. So there was quite a lot of mixing between the age  
2 groups?

3 A. Yes.

4 Q. Presumably that meant that children could observe other  
5 children playing up or different --

6 A. They never played up at the meal tables.

7 Q. But at other times like during the TV watching or  
8 whatever?

9 A. Oh, yes. The children would walk in front of them and  
10 they've had one of the youngsters crying or something  
11 like that there.

12 Q. So you needed always to be on your attention?

13 A. Uh-huh.

14 Q. We have heard about and read about clothing used as  
15 a restraint.

16 A. No, no way.

17 Q. You've no memory of ...?

18 A. There was no restraints.

19 Q. Okay. HIA251, who is one of the people we are going to  
20 hear from, who was one of the children who went on the  
21 roof, when he came back down again, and he did receive  
22 sedation, there was then a bit about keeping him in bed  
23 and that he would earn his way out of bed again. Do you  
24 remember that?

25 A. No, I don't. LS21 was there at the time. I had just

1           come on duty.

2    Q.   Okay.  You will be glad to know I am getting to my last  
3           two.  There was an incident of peer sexual abuse in 1983  
4           -- do you remember that -- where a boy said he had been  
5           sexually --

6    A.   What date?

7    Q.   1983.

8    A.   We got sexually abused children as patients.

9    Q.   No, but that a sexual abuse actually happened in Lissue.  
10           You don't remember that?

11   A.   No.

12   Q.   LS8 was called back off holiday to help in the  
13           investigation of it.

14   A.   I don't know anything about it.

15   Q.   You don't remember that.  Okay.  The last thing was just  
16           that we know that the National Board removed approval  
17           from Lissue to be a teaching establishment for nurses.  
18           Do you remember that?

19   A.   No.

20   Q.   No.

21   A.   Sorry.  He would send me on -- to the nursing on the  
22           Lisburn Road, there for lectures --

23   Q.   Right.

24   A.   -- but it was for different things, like how you would  
25           deal if you were -- somebody dead and how would you talk

1 to the relatives and the other thing was about diseases.

2 Q. So that's training that you received, but you don't  
3 remember -- you don't remember a time when student  
4 nurses didn't come to Lissue anymore?

5 A. No.

6 Q. No. Thanks very much, LS7. That has been really  
7 helpful.

8 MR LANE: You were obviously there for a long time, I think  
9 the whole of the time that Lissue was open. Were there  
10 other staff who were there for that length of time as  
11 well?

12 A. Yes.

13 Q. Nurses?

14 A. Yes.

15 Q. Could you say who they were, please?

16 A. LS5, LS25, LS104 .

17 Q. So you had a fairly stable staffing then at the core of  
18 it?

19 A. Yes. (Inaudible.)

20 Q. We have also heard that there was quite a lot of staff  
21 turnover.

22 A. No.

23 Q. Not even among junior staff?

24 A. No, not in the junior staff. The senior staff.

25 Q. Uh-huh.

1 A. There was LS105 when I was there --

2 Q. Uh-huh.

3 A. -- and they called her Sister LS106

4 and LS8, and LS21 --

5 Q. Uh-huh.

6 A. -- and then when LS105 left, LS8 got it, and

7 LS106 and LS8 put in for his

8 post --

9 Q. Uh-huh.

10 A. -- and LS8 got it and LS106 left. She thought she

11 should have got it, and we got new staff in then, and

12 then LS21 was up as Charge Nurse.

13 Q. Did that whole staff team move on then to Forster Green?

14 A. The rest of the -- the rest of the staff stayed.

15 Q. Right. What about changes in treatment methods during

16 the time you were there? Did you notice any major

17 changes?

18 A. No, because tablets were very, very good.

19 Q. Right. Okay. One last question about weekends. Did

20 a lot of the children go home at the weekends?

21 A. Yes.

22 Q. So you be would left with, what, four or five or

23 something like that?

24 A. Yes.

25 Q. You had a different sort of programme at weekends then,



1 did you?

2 A. Yes. We played games and took them walks round the  
3 ground and all. We had no minibus.

4 Q. Right. Okay. Thank you very much.

5 A. Thank you.

6 CHAIRMAN: Well, LS7, those are the questions we want to ask  
7 you. Thank you very much for coming to speak to us  
8 today.

9 A. Thank you.

10 (Witness withdrew)

11 MS SMITH: Chairman, both Dr Nelson and Dr McAuley are here.  
12 I would need some time to speak to both of them.

13 CHAIRMAN: Well, if we say not before 1.30.

14 (12.25 pm)

15 (Short break)

16 (2.20 pm)

17 DR ROGER MCAULEY (called)

18 MS SMITH: Good afternoon, Chairman, Panel Members. Our  
19 next witness today is Dr Roger McAuley and he wishes to  
20 affirm.

21 DR ROGER MCAULEY (affirmed)

22 CHAIRMAN: Thank you. Please sit down.

23 Questions from COUNSEL TO THE INQUIRY

24 MS SMITH: Dr McAuley's statement can be found at LIS480 to  
25 489. If we could pull that up, please.

1           Doctor, can I just confirm that this is the  
2           statement of evidence that you prepared for the benefit  
3           of the Inquiry?

4    A.   Yes, this is.

5    Q.   Your career history is set out in paragraphs 1 and 2 of  
6           the statement.  You make the point in paragraph 2, first  
7           of all, just that you became a consultant at The Royal  
8           Belfast Hospital for Sick Children in April 1976, and  
9           that included working in Lissue and later then in  
10          Forster Green until your retirement in 2000.

11   A.   That's correct.

12   Q.   You were unaware -- you make the point in paragraph 2  
13          that you were unaware of the Stinson, Jacobs and Devlin  
14          reports until this Inquiry, and I take it from that you  
15          were never spoken about its content.  Obviously they  
16          were prepared after your retirement --

17   A.   Uh-huh.

18   Q.   -- but you were never approached --

19   A.   No, no, I wasn't.

20   Q.   -- in any way to comment upon them?

21           Paragraph 3 of your statement -- and just to -- as  
22           I explained earlier, although I am just highlighting  
23           certain parts in your statement, you can be assured that  
24           the Panel have read the statement in its entirety,  
25           doctor.  Paragraph 3, you are describing the layout in

1 Lissue. You say that:

2 "The unit was located in an old country mansion."

3 We have seen some photographs of that.

4 "The rooms were spread over an area accessed by  
5 corridors and this was never completely satisfactory in  
6 facilitating children's whereabouts. It on occasions  
7 stretched nurses' resources."

8 I wondered if you could maybe give us a little more  
9 about what you meant by stretching the nursing  
10 resources?

11 A. Well, because it was so spread out, it was difficult  
12 obviously at times to supervise children, especially if  
13 there were difficulties with the children. You would  
14 have needed a lot more staff, you know, to supervise  
15 children in the different areas of the unit. It might  
16 have been easier if the population of children in the  
17 unit had been a more constricted -- to a more  
18 constricted age range, say, you know, from 5 to 10 or  
19 something like that.

20 Q. Well, you go on to describe staffing here. At 3.5.2 you  
21 say:

22 "Consultants in child and adolescent psychiatry.  
23 Between 1976 and '78 there were three consultants.  
24 Dr Nelson attended many times each week, one of his  
25 visits being for a complete morning multi-disciplinary

1 meeting."

2 I think also known as ward rounds:

3 "Dr Barcroft and I attended for one morning's MDM  
4 and usually on at least one other occasion each week in  
5 order to discuss cases or work directly with cases.  
6 After '78 Dr Barcroft left to take up a job in England.  
7 His input to Lissue was not replaced."

8 I wondered whether his leaving caused problems for  
9 the unit or for you and Dr Nelson?

10 A. Well, in that we would have had more cases each to deal  
11 with, which meant I suppose occasions at ward round  
12 meetings and things like that where on occasions more  
13 fraught, because there were more cases to get through  
14 each, you know, in terms of the week's activities.

15 Q. Am I right in thinking and from speaking to Dr Nelson  
16 I understand that the ward round meeting would have  
17 taken about three hours?

18 A. Yes. It was -- generally speaking, it was a full  
19 morning from 9.30 through to lunchtime with a break in  
20 the middle.

21 Q. Paragraph 3.6 then, if we can just move through to that,  
22 you say that:

23 "Patients up to the age of 14 years were in the  
24 main referred from Out-Patient Service at The Royal  
25 Belfast Hospital for Sick Children. Other significant

1 referrals came from Social Services. The referrals  
2 reflected a wide range of problems, including  
3 conduct/behaviour problems, emotional disorders, such as  
4 phobias, school refusal, anxiety, depression,  
5 self-harming, anorexia nervosa, psychosis, obsessional  
6 compulsive disorders, encopresis, enuresis."

7 So quite a mix of case type. The age went right up  
8 to 14. I am going to talk a little bit about that age  
9 mix in a while. Did the fact that patients were being  
10 admitted not just from Out-Patients in The Royal but  
11 also from Social Services, did that present problems for  
12 the operation of the unit?

13 A. Yes. It certainly did to some degree, simply because  
14 cases that came from Social Services were generally  
15 speaking more severe and more problematic in the sense  
16 that many of those cases were coming from families where  
17 there were sort of multiple problems, and I would have  
18 -- I suppose I would have tended to have managed the  
19 larger section of those cases as compared with  
20 Dr Nelson.

21 Q. Yes. I think Dr Nelson had more responsibility for what  
22 might have been termed pure psychiatric patients.

23 A. Well, the Social Service ones are pure if you take their  
24 diagnosis. I mean, they did have conduct disorders,  
25 whether you like it or not, and that's a recognised

1 psychiatric diagnosis.

2 Q. I didn't mean to take away from your work, doctor, at  
3 all by saying that.

4 A. No, I understand.

5 Q. But certainly he would think he was more in charge of  
6 those patients, the in-patient referrals --

7 A. Uh-huh.

8 Q. -- rather than the Social Services' referrals, but just  
9 in terms of the numbers who were coming and the routes  
10 they were coming, did that increasingly become more  
11 a referral from Social Services?

12 A. Well, there certainly over the years was more and more  
13 pressure for Social Services -- for help from Social  
14 Services with cases simply because of what was happening  
15 in terms of children's homes closing and young social  
16 workers being left to deal with much more difficult  
17 cases or the children's homes that were remaining having  
18 to deal with much more difficult cases in situations and  
19 circumstances where they had fewer staff to manage and  
20 so on. So we would often have been asked to help  
21 a child who perhaps was in a children's home and they  
22 were planning where they were going to move them next or  
23 a child who before going into a children's home maybe  
24 was required to be assessed and settled.

25 Q. I think you made the point when we were talking

1 earlier that -- I will come back to it actually. I am  
2 going to look at it shortly. Just at 4.2 you talk about  
3 children's meetings. The Inquiry has heard about  
4 children's meetings. We have heard that those were  
5 actually a device of -- an idea of LS21's,  
6 , in an attempt  
7 to defuse the time period between breakfast and the  
8 children going to school -- to occupy them during that  
9 period to defuse potential problems for staff.

10 I wondered did you ever yourself ever attend those  
11 children's meetings?

12 A. No, I didn't attend those meetings. I would have been  
13 aware of them, because the thing that's not in my report  
14 is that there was always a handover meeting about --  
15 between 9.30 and at 10.00 at which multi-disciplinary  
16 staff would have attended and perhaps any issues coming  
17 out of the children's meeting would have been discussed  
18 at that as well --

19 Q. At that time?

20 A. -- additionally.

21 Q. If we can scroll down to 4.8, and this is an issue that  
22 I was going to come along, you say that:

23 "Overall in spite of the frictions that occurred in  
24 multi-disciplinary teams, largely caused by different  
25 line management responsibilities of different

1 disciplines" -- and I will come back to that, if I may  
2 -- "my lasting impression was of a unit that largely  
3 worked well and reasonably cohesively. Of course, at  
4 times when the case mix was problematic, patience could  
5 at times be frayed. Such tended to be of a short  
6 duration. At worst it occasionally resulted in us  
7 having to discharge patients prematurely."

8 I was asking you about that. I think you were  
9 thinking that might have happened on two or three  
10 occasions, whether in Lissue or Forster Green, when  
11 a patient had to be discharged.

12 A. I am not sure whether -- in retrospect I am not sure it  
13 happened at Lissue, but it definitely happened in  
14 Forster Green. If you have cognisance of the fact that  
15 populations were often becoming more difficult, it  
16 sometimes became necessary to discharge a patient simply  
17 because they could not be managed within the unit, and  
18 also the disruption that it was causing for the rest of  
19 the children in there.

20 Q. I mean, there's one example that the Inquiry has seen,  
21 and I am going to use names, but just to remind people  
22 they can't be used outside the chamber. That's a boy  
23 I think HIA251, who was an emergency admission from  
24 a children's home.

25 A. Uh-huh. Uh-huh.



1 Q. He became -- he displayed very disruptive behaviour,  
2 climbing on the roof and causing damage to the unit.

3 A. Uh-huh.

4 Q. This is quite clear from some of the nursing notes in  
5 respect of him that staff were very unhappy about his  
6 placement in Lissue --

7 A. Uh-huh.

8 Q. -- and he was only supposed to be there on a temporary  
9 basis but then he seemed to be there for longer.

10 A. Uh-huh.

11 Q. There didn't seem to be anywhere for him to go.

12 A. Uh-huh. Uh-huh.

13 Q. Is that the kind of case that you are talking about, not  
14 necessarily him but that type of --

15 A. It could well -- it could well be. I suppose one of the  
16 difficulties with those kinds of cases was that I was  
17 the person trying to admit the case and then that would  
18 have to be discussed with nursing staff. So there would  
19 always be a sort of dance as to whether it is  
20 appropriate or not to go ahead with this, because you  
21 are putting a lot of stress on them.

22 Q. They were the people who had to deal with these children  
23 day-to-day.

24 A. Uh-huh, yes.

25 Q. I was wondering what happened if you did have to

1 discharge a patient prematurely and you were saying that  
2 unfortunately that was really up to Social Services  
3 then, because they were their responsibility.

4 A. It was unfortunately bumped back into Social Services'  
5 lap. It may well have meant that the juvenile justice  
6 system was used to house that young person.

7 Q. You also have made the point just about these children  
8 that Lissue you thought had a fairly high tolerance  
9 whereas children's homes couldn't have necessarily coped  
10 with these children.

11 A. Uh-huh.

12 Q. I wondered was that because there was a greater staffing  
13 ratio in Lissue than there would have been in  
14 a children's home?

15 A. Well, I think that's one factor in it, and I think also  
16 the fact that we are used to dealing with, you know,  
17 a difficult and sort of quite diverse population.

18 Q. And would have had greater training to do so than  
19 perhaps they had in a children's homes?

20 A. Greater experience I would say, because I think the  
21 training has already been talked about.

22 Q. Paragraph 5 you go on to discuss your own role within  
23 the Psychiatric In-Patient Unit. You talk -- you give  
24 an example here of problems with working with treatment  
25 regimes. One example you gave that might be regarded as

1 inappropriate or even abusive involved a serious case in  
2 which a 2-year-old, who had congenital oesophageal  
3 problems and had been treated surgically, continued long  
4 after the surgery to resist ordinary feeding. Many  
5 attempts by different professionals using different  
6 strategies were tried unsuccessfully. After nine months  
7 you took over the case and after careful consideration  
8 engaged in a force feeding regime with the parents'  
9 agreement, and that began to work well after about ten  
10 days."

11 I think the point you are making is that while force  
12 feeding a child might be seen in some circumstances to  
13 be abusive, this was part and parcel of the treatment to  
14 try to deal with the medical problem that this child  
15 had.

16 A. It simply dictates that, you know, what has happened  
17 before in terms of trying to manage this problem had not  
18 worked. Various things had been done by other people  
19 outside the unit and we are left with this. So if we  
20 hadn't done that, I suspect that this child would have  
21 continued to have fed himself by tube for the next n  
22 years.

23 Q. I think just in talking about tube feeding you were  
24 saying -- and I know you were here when LS7 gave  
25 evidence this morning --

1 A. Uh-huh.

2 Q. -- and you were saying that tube feeding would have  
3 happened. You are content that would have happened as  
4 part of treatment for a child, particularly the  
5 anorexics.

6 A. Well, when we were talking about that earlier,  
7 I certainly have recollections of one case, the most  
8 difficult young person I think we ever had, who was  
9 a boy of 10, and he was with us off and on for six  
10 years, up to 16, in spite of the things about age group,  
11 who later subsequently died. His anorexia was so severe  
12 that on occasions we had to resort to that, because  
13 otherwise he was going to become very ill.

14 Q. As you make the point, it was very much a last resort,  
15 though.

16 A. Absolutely, yes.

17 Q. It wouldn't be something that would have normally been  
18 done.

19 A. We had used -- he had lost weekends, maybe several  
20 weekends through not getting the small targeted weight  
21 gain, things like that.

22 Q. That was the kind of normal -- "punishment" is the wrong  
23 word --

24 A. Yes.

25 Q. -- but that would have been a loss of privileges --

1 A. Well, it is one the consequences, yes.

2 Q. -- a consequence of not behaving in a way that was  
3 expected.

4 A. Yes. I mean, obviously these children are often on  
5 bedrest simply to prevent them from exercising and  
6 losing weight that way. So if they eat and their weight  
7 increases, then they can get out of bed rest, you know,  
8 and move on to the next step of things.

9 Q. One of the -- one of the things that -- the fact that  
10 you had such a mix of children --

11 A. Uh-huh.

12 Q. -- and such different age groups, would you accept that  
13 some of perhaps the younger children maybe perceived  
14 what was being done to some older children as those  
15 children either being hurt or being abused in some way  
16 and this was a perception that was -- couldn't be  
17 avoided?

18 A. I mean, inevitably there is no way to avoid that.  
19 I mean, they must have seen some things. I think LS7  
20 this morning talked about the fact that children or  
21 older children who were being restrained, there would  
22 have been attempts to remove them to a more appropriate  
23 place. I mean, one does not want children of, say, 5 or  
24 6 years of age observing out of control 13-year-olds.

25 Q. But that happened in Lissue because of --

1 A. From time to time it would have happened inevitably.

2 Q. And the other side of that is that, you know, it may  
3 well have led to some children being scared by what they  
4 were witnessing, not just in terms of treatment of older  
5 children but in terms of older children's behaviour.

6 A. Possibly, yes.

7 Q. I think Dr Nelson made the point to me that --

8 A. Uh-huh.

9 Q. -- in fact, it could also lead some younger children to  
10 emulate some of the behaviours that they were  
11 witnessing?

12 A. That's possible. Yes, of course.

13 Q. One other thing I was asking you about was about the  
14 fact that there was no separation and this confusion in  
15 what a child might have perceived was happening in  
16 a situation. Is it possible that because each child had  
17 an individual treatment plan -- and we were talking  
18 about the points system that was in place for certain  
19 children --

20 A. Uh-huh.

21 Q. -- might that have led children to believe they were --  
22 some children were being given more favourable treatment  
23 than others?

24 A. Well, I mean, I suppose to answer that in one way there  
25 were often occasions when other children of a similar

1 age group would have raised the issue and said, "I am  
2 not on a points system". That can be easily discussed  
3 with and dealt with. "You don't need to be on a points  
4 system. You get all the things you would gain on  
5 a points system without having to be a points system."  
6 That --

7 Q. And that leads -- sorry -- that leads me on to my next  
8 question as it how much information was actually given  
9 to children about, first of all, their own treatment and  
10 about the treatment of other children?

11 A. Well, I mean, I think that largely depends on age and  
12 maturity. I mean, if you are dealing with a 5 or  
13 6-year-old, it is probably best -- and you are, say,  
14 working with the parents about management -- it is best  
15 that that comes through the parents. With older  
16 children certainly efforts would have been made to  
17 explain to them, you know, what their treatment was.

18 For example, if you are treating a 9-year-old with  
19 enuresis, you are going to explain what the treatment is  
20 about, because otherwise they may not cooperate with it  
21 very easily or may not understand it.

22 Q. Whereas you might not explain that to a 5-year-old?

23 A. Well, you make attempts to explain it. Well, you are  
24 not going to have a 5-year-old --

25 Q. A 5-year-old with enuresis.

1 A. -- on an enuretic alarm system.

2 Q. Well, in paragraph -- sorry. At paragraph 6 here you  
3 just talk about the kind of records that were kept.

4 Then in paragraph 7 you go on to what you term  
5 general issues and concerns about the Child Psychiatry  
6 Unit. You say that:

7 "The interests of different line managements  
8 resulted sometimes in a lack of empathy with the overall  
9 purposes of the unit. As already mentioned, issues  
10 regarding the building were dealt directly by Eastern  
11 Health & Social Services Board. Medics were the  
12 responsibility of the Health Board. Social workers were  
13 managed by North & West Belfast District, nurses managed  
14 by Lisburn & Down District, and psychologists by The  
15 Royal Group of Hospitals. The different Trusts were  
16 always looking to cut staff. In other words, there was  
17 little cohesive caring for our service, as might have  
18 occurred if we had operated under one Trust."

19 We have been looking at documents yesterday --

20 A. Uh-huh.

21 Q. -- which suggested that the Department --

22 A. Uh-huh.

23 Q. -- had, in fact -- whenever the 1973 reorganisation --

24 A. Uh-huh.

25 Q. -- was taking place, The Ministry of Health was being



1 taken over by The Department of Health & Social Services  
2 and the Eastern Health & Social Services and other  
3 district boards were being set up, or provincial boards  
4 I should say, there was a suggestion that Lissue remain  
5 part of North & West Belfast and The Royal Group.

6 A. Uh-huh.

7 Q. That didn't happen.

8 A. Uh-huh.

9 Q. Did it -- apart from the fact that you think there was  
10 this ethos of not caring for the unit as a whole, there  
11 was no-one with overall management or control as to what  
12 was happening in the unit.

13 A. Uh-huh. Uh-huh.

14 Q. Someone suggested yesterday if you walked across the  
15 doors of Lissue and asked, "Who's in charge?", the reply  
16 would have been "Of what"?

17 A. I think that's a fair enough statement. You know,  
18 nurses being managed by Lisburn, decisions being made  
19 about nursing staff from there, obviously attempting to  
20 cut the numbers of staff, things like that. Social  
21 workers from North & West Belfast. There were always  
22 attempts to extract a social worker from Lissue to use  
23 them elsewhere and it was a continuous struggle to do  
24 that.

25 The biggest situation was eventually -- when we

1 actually moved to Forster Green, was the lack of -- the  
2 difficulty in coordinating that move.

3 Q. You talk about this in 7.2. I think we have already  
4 dealt with the issue of the case mix and that becoming  
5 difficult to handle --

6 A. Uh-huh.

7 Q. -- as the years went on, but in 2 you say:

8 "The Lissue building was not exactly user friendly."

9 You have described some of the difficulties of  
10 supervision of children, for example.

11 A. Uh-huh.

12 Q. "As mentioned, it was spread out and this made  
13 supervision of a full unit difficult, especially when  
14 children were in different locations at a time when  
15 a particularly difficult child management problem  
16 occurred. The move to Forster Green made this a little  
17 easier, although initially this new building was  
18 horrendous in terms of its unchild-friendly space and it  
19 took years to gradually make improvements."

20 Now in 1987 there was discussions ongoing about the  
21 transfer of Lissue to Forster Green. At that time,  
22 doctor, and you know from documents we were looking at  
23 earlier --

24 A. Uh-huh.

25 Q. -- The National Board of Nursing withdrew Lissue from

1 the list of teaching hospitals and there was a memo that  
2 we looked at at LIS226. I think you also had the  
3 opportunity to look at the report, which I think is at  
4 1416. Sorry. That's a different report. I beg your  
5 pardon. We don't have -- I was explaining to you that  
6 we don't actually have --

7 A. Uh-huh. Uh-huh.

8 Q. -- the report from The National Nursing Board that led  
9 them to withdraw --

10 A. Uh-huh.

11 Q. -- approval for Lissue as a teaching hospital for  
12 nurses. So you were unaware of that. You were unaware  
13 -- I mean, when you were talking to me, you said that it  
14 was complete news to you.

15 A. Uh-huh.

16 Q. You do remember nurses -- student nurses being in Lissue  
17 and then that suddenly stopping, but nobody ever  
18 explained to you as one of the consultants in charge of  
19 this unit why that happened.

20 A. Yes. I mean, I would say several things about that. We  
21 weren't -- the consultants certainly weren't made aware  
22 of that report, which would have at least allowed us to  
23 at least monitor and look at the situation and try to  
24 help to ensure that the points that were being raised,  
25 critical points that were being raised, would have been

1        dealt with over time. Now I understand some of those  
2        were dealt with, but that was without our knowledge.

3            The other thing I would say is that I would be  
4        cynical about the reasons for withdrawing the training,  
5        because this would have happened -- I would have  
6        experienced this with medical students coming to us for  
7        training. They would have come and gone, because it was  
8        too difficult to fit it into their curriculum of  
9        training. So you cut the things that are least  
10       important, at least as they see it. I just wonder  
11       whether there was anything like that within the nursing  
12       thing. There just wasn't the space and time to send  
13       these nurses to this Cinderella service, as many people  
14       would have regarded it.

15    Q.    But, I mean, you certainly feel that that ought to have  
16       at least have been discussed --

17    A.    Absolutely, yes.

18    Q.    -- with the senior nursing staff --

19    A.    Absolutely, yes.

20    Q.    -- at the very least in the unit. Now it may well have  
21       been. We don't know. There must have been some  
22       discussion, because we know that some of the complaints  
23       that are recorded --

24    A.    Uh-huh.

25    Q.    -- in that -- well, in the minute of --

1 A. Uh-huh.

2 Q. -- where the report -- the minute of the Board where the  
3 report is discussed. That is at 1090. We don't need --

4 A. Just to add a little bit more to it, that might have  
5 been one of the areas where there were frictions,  
6 interdisciplinary frictions. The head of the nursing  
7 staff, as I perceived it, at Lissue was jealous of his  
8 own nursing hierarchy and may have adopted a view that,  
9 "That's not everybody's business. That's our business.  
10 We're not going to share that". Now --

11 Q. This was LS8.

12 A. -- I suspect that there might be an element of that.  
13 Why wouldn't he have shared it with us, you know?  
14 I don't know.

15 Q. If he received -- I mean, if I have understood you  
16 correctly --

17 A. Uh-huh.

18 Q. -- he was jealous of his own domain?

19 A. I would say he was remiss -- if he received that on his  
20 desk, he was remiss in not sharing that with us.

21 Q. And that would have been LS8 --

22 A. Yes, yes.

23 Q. -- who would have been in charge at that time.

24 Obviously sadly he is no longer with us. So we can't  
25 ask him about it.

1 A. Uh-huh. Uh-huh.

2 Q. But you would have been most surprised if he and LS21  
3 had not seen that information?

4 A. Yes, yes.

5 Q. Certainly he?

6 A. I would be surprised that LS21 even wouldn't have  
7 mentioned it to us, because I think we communicated well  
8 with him --

9 Q. So if LS21 --

10 A. -- got on well with him.

11 Q. -- had known about it, you think he would have told you  
12 about it?

13 A. Unless he was told not to. I don't know. This is all  
14 surmise.

15 Q. We were talking about this as an example where someone  
16 not having overall management control of Lissue could  
17 have led to that breakdown in communication.

18 A. Yes, yes.

19 Q. The actual content of what was there about it being a  
20 custodial environment, we see that there's -- I will  
21 come back to it, because -- I will come back to it in  
22 the context of another document that we will look at,  
23 but the broad context within which the Psychiatric  
24 In-Patient Unit functioned in the '70s and through to  
25 the '80s is discussed in paragraph 8 --

1 A. Uh-huh.

2 Q. -- of your statement.

3 A. Uh-huh.

4 Q. At paragraph 8.4 you make the point that many of the  
5 issues that you rehearse here are still not, in fact,  
6 resolved today. I know that -- we can see here that you  
7 are talking about -- where it -- in all of these  
8 paragraphs in paragraph 8 where it actually says "7.2"  
9 or "7." something, that should -- in fact, that's a typo  
10 and it should actually be "8." something, so that we can  
11 correct those for you. In fact, I will just make sure  
12 that we get them corrected on the record for you,  
13 doctor. That's at page -- the first is at 8.2.1.  
14 Instead of "7.1.1" it should be "8.1.1 to 8.1.3". Then  
15 here at 8.4 it should be actually "8.2" and not "7.2" as  
16 on the screen.

17 8.6, you are talking about -- again, doctor, you had  
18 not seen Stinson, Jacobs or Devlin until the Inquiry --  
19 this Inquiry through your representatives brought those  
20 documents to your attention. Isn't that correct?

21 A. Yes, yes. That's right.

22 Q. Now the -- as I said, you had retired by the time, but  
23 you have looked at them now and you say that:

24 "Dr Jacobs has been critical of our decisions to  
25 attempt to help with children whose problems and needs

1 suggest that a long-term secure and safe environment  
2 might often be preferable. That may well be that secure  
3 and safe environments outside the juvenile system can be  
4 found in London. In the years that Lissue existed that  
5 was not the case in Northern Ireland."

6 In other words, there was nowhere else for such  
7 children to be placed in Northern Ireland, and Lissue  
8 was a small unit.

9 A. Uh-huh.

10 Q. It could only cope with a maximum of twenty patients --  
11 isn't that right -- at any time?

12 A. Yes, yes, yes. That's correct.

13 Q. Paragraph 9 is entitled "My knowledge of the  
14 allegations", but, in fact, if one reads that, it's  
15 actually an assessment of the reports and the  
16 allegations that are in the reports. I am not going to  
17 go through them, but you can take it that they are read,  
18 but I wanted to know about what matters you actually  
19 knew about from first-hand knowledge.

20 The case that I talked to you about --

21 A. Uh-huh.

22 Q. -- was from 1983 -- again I am going to use names --  
23 a boy called LS71 --

24 A. Uh-huh.

25 Q. -- who was the victim of peer sexual abuse by another



1 boy, LS72.

2 A. Uh-huh. Uh-huh.

3 Q. Can you recall that, first of all?

4 A. Well, when you mentioned it first thing this morning,  
5 I~had no recollection, but as you were talking about it,  
6 I began to have vague feelings about it. I felt  
7 uncomfortable with it, and that -- but that's -- I can't  
8 -- I can't remember anymore about it than that.

9 Q. Well, we appreciate it is --

10 A. The only other thing was I suppose the important issue  
11 was the allegations didn't come out until some time  
12 after that child was discharged from our unit. Is that  
13 right?

14 Q. No. The allegations came out -- I will just remind you.

15 A. All right. Maybe I misunderstood.

16 Q. The allegations came out whenever the boy had been in  
17 Lissue.

18 A. Uh-huh.

19 Q. He'd gone back to the children's home that he was in,  
20 which I think was Marmion. Then he made -- was due to  
21 return to Lissue and disclosed to the social worker that  
22 this had happened to him. That then led to a police  
23 investigation.

24 If we look, in fact, at LIS239 --

25 A. Uh-huh.

1 Q. -- which is a record made by HIA71's social worker while  
2 he is in Marmion --

3 A. Yes.

4 Q. -- and she talks about going on 1st March '83 to the  
5 police station. If we can just scroll down, right down,  
6 please, you will see here that on 25th March --

7 A. Uh-huh.

8 Q. -- "Phoned Dr McAuley about allegation and to enquire if  
9 any progress made re identity of other boy."

10 Now that note suggests that Lissue was told.

11 Probably the boy didn't go back to Lissue at this stage  
12 pending the police investigation anyway.

13 A. Uh-huh.

14 Q. Therefore the social worker would have had to advise  
15 Lissue that he was not going back and try to find out  
16 who might have done this. So there's obviously some  
17 conversation with you --

18 A. Uh-huh.

19 Q. -- and the boy's social worker --

20 A. Uh-huh. Uh-huh.

21 Q. -- in respect of that.

22 A. Yes.

23 Q. Then Inspector LS 98 --

24 "Apparently CID had called at Lissue, but Dr McAuley  
25 was not there."

1 It says:

2 "Lisburn do not seem to have any sense of urgency."

3 That would be Lisburn CID, not Lissue.

4 A couple of things arise about this. I should say  
5 then what ultimately happened -- and I will raise this  
6 with Dr Nelson -- is that Dr Nelson signed off --

7 A. Uh-huh.

8 Q. -- on a decision not to allow children --

9 A. Uh-huh.

10 Q. -- beyond their 13th birthday to be admitted to Lissue  
11 --

12 A. Uh-huh.

13 Q. -- because we know that HIA71 was two years younger.  
14 The boy I think was 15 who abused him. To be clear,  
15 when police did interview the older child, he admitted  
16 --

17 A. Uh-huh.

18 Q. -- doing what he had said he had done.

19 A. Uh-huh.

20 Q. A number of members of staff were spoken to. LS8 for  
21 one was spoken to --

22 A. Uh-huh.

23 Q. -- and made a statement saying that he couldn't  
24 understand how this had occurred, because children were  
25 monitored in bed at night at fifteen-minute intervals

1 and sleep charts and so forth were kept. The allegation  
2 was that it happened on three occasions certainly.

3 A. Uh-huh. Uh-huh.

4 Q. None of that is ringing any bells?

5 A. Not really. Not really. I mean, you know, it's  
6 obviously a fairly serious --

7 Q. Yes.

8 A. -- thing to happen in an in-patient unit. I mean,  
9 I just wonder about the supervision at night-time. If  
10 it was every fifteen minutes, how was it not discovered?  
11 I mean, there were only I think, if it serves me right,  
12 two nurses on maybe during the night shift. It  
13 certainly was a lot less than during the day shift. So,  
14 you know, supervision of it may have been quite  
15 difficult.

16 Q. Certainly there was an investigatory nursing report  
17 prepared.

18 A. Uh-huh. Uh-huh.

19 Q. That can be seen at 1416. I know you have looked at  
20 that.

21 A. Uh-huh.

22 Q. It makes the point in that that, you know -- at 1422 it  
23 talks about:

24 "It must be accepted that if this allegation is  
25 true, then our policies and systems did not protect this

1 child."

2 A. Uh-huh.

3 Q. It gives four possibilities of how that occurred. I am  
4 not going to go through that, but clearly one would  
5 assume that that nursing investigatory report --

6 A. Uh-huh.

7 Q. -- ought to have been shared at the very least with  
8 yourself and with Dr Nelson.

9 A. Well, I mean, I am not -- I can't recollect whether it  
10 was or not at this stage unless there's some  
11 documentation to say so, you know.

12 I mean, the other thing I would add is that -- this  
13 doesn't excuse the thing -- but Lissue was operating  
14 from 1971 through to '89, and if we look at all of the  
15 allegations that are there to date, this would look like  
16 the most serious one that has been openly admitted by  
17 the abuser. When you consider the populations that we  
18 have coming through Lissue over that number of years --  
19 I don't know what the numbers are -- but something like  
20 this is bound to happen from time to time. It's just  
21 an unfortunate thing. You can try all you like to avoid  
22 it, but -- I am not saying that excuses it, but it's  
23 a reality.

24 Q. But one would have expected -- I hear what you are  
25 saying, doctor, but one would have expected that this

1 having come to light --

2 A. Uh-huh. Sure. Sure.

3 Q. -- and whatever your memory now is, clearly at the time  
4 you knew about it --

5 A. Uh-huh.

6 Q. -- and Dr Nelson would have known about it, and the  
7 decision was made in light of the recommendation that  
8 was in this investigatory nursing report to reduce the  
9 age of admission.

10 A. Uh-huh.

11 Q. So in light of that one would have expected that there  
12 would have been some discussion --

13 A. Uh-huh.

14 Q. -- among staff about the matter.

15 A. Uh-huh.

16 Q. Would you have advised and trained them about how --

17 A. Well, I can see -- I can see that the discussion would  
18 have been, you know, about the child who was abused and  
19 the child who was doing the abuser -- abusing. What was  
20 -- the child who was abused, was he in any way open to  
21 being abused? Was the abuser -- did we have any  
22 experience of his past to indicate that he might have  
23 been engaging in those behaviours? I mean, those are  
24 the sorts of things you are going to investigate,  
25 because at least you can then use those to hopefully

1 warn you about any future types of mix -- case mixes  
2 that might present those kind of problems.

3 Q. Presumably there would have been -- never mind the two  
4 children involved --

5 A. Uh-huh.

6 Q. -- but the wider implications --

7 A. Yes, yes.

8 Q. -- of how to manage children who may --

9 A. Yes, yes, yes. Uh-huh.

10 Q. -- be at risk.

11 A. Well, that's what I'm trying to say.

12 Q. Paragraph 9.6 you talk about the fact that it's  
13 important to view the context. Sorry. That is going  
14 back I should say to your statement, which is at 487 --  
15 488, in fact, if we can scroll on down. You say there  
16 that:

17 "Allegations ..."

18 Sorry. If you can just scroll back a little bit:

19 "Allegations have been made about breaches of human  
20 rights, eg restricting weekend pass and restraining  
21 children. These allegations completely ignore the  
22 context in which the allegations are said to have  
23 occurred. Sometimes powerful consequences are required  
24 in order to handle difficult situations. For example,  
25 restricting weekend home leave in a child who has

1           anorexia nervosa and has failed to gain what has been  
2           set as a reasonable weight gain in that week is often in  
3           their long-term best interest."

4           You explain why:

5           "A discussion with the parents of such children on  
6           this point will in most instances put you right."

7           You then go on to talk here about:

8           "Restraint is often viewed very negatively by health  
9           professionals and planners, but a 10-year-old child, who  
10          after all reasonable attempts to calm him continues to  
11          wreck all around and possibly damage himself, may be  
12          best managed through the use of restraint, which aims at  
13          holding him until he takes control of himself/herself."

14          Can I just ask a little bit about restraint? We  
15          have heard that there was an inconsistent approach to  
16          the use of restraint. First of all, can you recall what  
17          training was given about restraint?

18        A. It was -- it was really -- well, the first thing you've  
19          got to get right is what you actually mean by restraint,  
20          and if I just give two examples.

21          If you are talking about a 5-year-old who is out of  
22          control, if you were dealing with disobedience and stuff  
23          like that and he was in a full-blown tantrum and was  
24          damaging stuff and himself, then the best thing to do is  
25          to put the child on a parent's knee or on a nurse's knee



1 and hold the child till the child calms down.

2 That -- I mean, staff learn that from -- I don't  
3 know -- talk at ward rounds, having observed behaviour  
4 management stuff with, you know, myself working with  
5 parents and things.

6 With older children, that's your 10-year-old, who is  
7 in a much more difficult situation, where in order to  
8 manage them you have got to actually put them down on  
9 the floor and hold them down using a couple of members  
10 of staff.

11 Training on that I suppose was not in those days as  
12 sophisticated as it was, say, in the Forster Green days,  
13 when there were occasions during each year -- there  
14 would have been full days or half-day sort of workshops  
15 on doing restraint. I mean, that's just part of the  
16 changes over the time. In the '70s a lot of things were  
17 learnt just by observing other people. I think probably  
18 in the latter days, when it was more carefully managed,  
19 it maybe resulted in better -- better management of the  
20 situation, but, I mean, it's a terrible situation when  
21 restraint is so negatively viewed, because it's such  
22 an important basic thing that all health professionals  
23 should be able to do when and where necessary.

24 Q. I think the suggestion has been that it was over-used in  
25 circumstances where it might not have been strictly

1 speaking necessary. That comes back to the different  
2 approaches of staff.

3 A. Well, the different approaches of staff -- I mean, if  
4 you have got -- I think you have had LS21 talking. He  
5 would have been somebody who would have been much more  
6 able to talk to children when they would look as if they  
7 are getting into an out of control situation and maybe  
8 through that would have avoided it. There are other  
9 members of staff who are not as good as that and the  
10 situation blows and they get involved in a full  
11 restraint.

12 Now you could say that's inappropriate in the fact  
13 that some staff members need to improve their skills in  
14 being able to talk children down, I mean, and that's  
15 the -- I suppose that was the realistic mix of staff  
16 over time.

17 Q. I think just to be -- to descend into personalities, you  
18 would say that LS7 went straight to a management  
19 situation.

20 A. Would be more inclined -- I would have viewed more  
21 inclined to go straight to a management situation than  
22 take a long time -- not a long time -- you don't want to  
23 take too long -- just attempting to give the child the  
24 options to cool down, as it were.

25 Q. The use of time out. We have had -- I mean, again the

1 suggestion was that it should be a minute for every year  
2 of the age of the child, but other people have said it  
3 was not quite that prescriptive.

4 A. Yes. No. I mean, the basic thing about time out is  
5 with, say -- and this is just a rule of thumb -- would  
6 be in children of 5 or 6 the time out begins when the  
7 child is standing or sitting quietly and then it's just  
8 two/three minutes. In fact, you keep it as short as you  
9 can, because you don't want to create problems for  
10 yourself.

11 Q. Uh-huh.

12 A. With older children, 10 and 11, maybe five, ten minutes.

13 Q. But never as long as forty-five minutes or --

14 A. That's ridiculous, because that's a waste of time. It  
15 is an utter waste of time.

16 Q. It would be counter-productive essentially?

17 A. The only difference, that sometimes children were very  
18 smart and would say, "Well, I am staying here". You  
19 just let them get on with it and go and say, "You can  
20 come out when you want".

21 Q. One other thing I hadn't discussed with you and ought to  
22 have done before you came in is the issue of medication  
23 and the prescription of medication --

24 A. Uh-huh.

25 Q. -- and how much discretion nursing staff might have had

1           either to give medication or to give -- we have heard  
2           LS7 was talking about injections.

3    A.    Uh-huh.

4    Q.    She was saying she could not have given an injection.

5    A.    Uh-huh.    Uh-huh.

6    Q.    What do you recall about how much discretion nursing  
7           staff would have had?

8    A.    Well, if children needed medication, whatever it was, it  
9           was written up on the cardex as to whatever it was, with  
10          the dose and the frequency, and that was what would have  
11          been given to children.  Now I -- they weren't given any  
12          licence to have free rein with using medication.

13   Q.    Was there a possibility that -- I mean, I think it was  
14          LS21 who actually told us that there was "prescribe as  
15          necessary".

16   A.    Okay.  That's a different form of prescription and that  
17          opens the thing a little.

18   Q.    That would have allowed a nurse in a given situation --

19   A.    A given situation.

20   Q.    -- to be able to give medication --

21   A.    Yes, yes, yes.  That's right.

22   Q.    -- whether by way of injection or liquid medication.

23   A.    Well, I don't think by injection.  I mean, nurses these  
24          days can give injections.  In those days --

25   Q.    They didn't?

1 A. -- that wasn't the case.

2 Q. There were, however, registrars on site who could have  
3 given injections.

4 A. During the day, yes.

5 Q. Another matter. Do you ever remember inspections of  
6 Lissue?

7 A. Well, there would have been Mental Health Tribunal  
8 inspections and there would have been The Royal College  
9 of Psychiatrists' inspections with regard -- because of  
10 the trainees who were moving through that area. There  
11 would have been also Departmental inspections, in  
12 a sense treating Lissue like another children's home.  
13 So there would have been those three sets that I can  
14 recall. I mean, there may have been others. I am not  
15 sure.

16 Q. I mean, this is a matter that we are going to have to  
17 take up with the Department, because what you are  
18 suggesting --

19 A. Uh-huh.

20 Q. -- is that there was Social Services Inspectorate --

21 A. Uh-huh.

22 Q. -- or the Social Work Advisory Group who carried out  
23 inspections of Lissue to your recollection.

24 A. I am quite sure those occurred. I don't know how  
25 frequently, but at some time or another.

1 Q. You have a memory of that?

2 A. Yes. Yes.

3 Q. We can -- I am sure Mr Maginess will check that with the  
4 Department and see if there is anything that can be  
5 turned up in respect of that.

6 One other matter that I was going to ask about was  
7 the issue of Dr Morris Fraser, who hit the  
8 headlines quite recently, but you knew him from when you  
9 were training yourself. I was asking you had he been in  
10 Lissue and you felt that he must have been. Then you  
11 said, "Well, yes, I must have seen him there".

12 A. Yes. I must have been -- I am not sure of the actual  
13 amount of time, but I would have been there about a year  
14 during the time he was there. I don't recall ever  
15 having met him any more than maybe a couple of times and  
16 really just two or three words spoken. From that  
17 I assumed since I was working mostly in the in-patient  
18 -- out-patient department that I think he must have been  
19 working at the -- at Lissue during that time.

20 Q. Well, can I just ask given that he was probably working  
21 in Lissue and whenever the revelations about him came to  
22 light --

23 A. Uh-huh.

24 Q. -- I wondered whether any steps were taken to ascertain  
25 whether any of the in-patients had had direct contact

1 with him or had been abused by him in any way?

2 A. I don't think there were. The only thing I would say is  
3 he also worked with the Scouts outside I think. There  
4 were never any allegations came to light about his  
5 (inaudible).

6 Q. No, no. I just want -- I want to be absolutely clear  
7 that noone has spoken to the Inquiry --

8 A. No, no, no.

9 Q. -- and said that they were abused by him in Lissue --

10 A. No.

11 Q. -- but I just wondered that, you know, this was a man  
12 who is suddenly revealed --

13 A. Uh-huh. Uh-huh.

14 Q. -- as having sexually abused a child --

15 A. Yes.

16 Q. -- and been alleged to have abused others, which we know  
17 he subsequently pleaded to, but in those circumstances  
18 I just wondered whether any steps were taken to  
19 ascertain whether he had been -- had done anything  
20 untoward while he was in Lissue.

21 A. No. I think if it had occurred ten years later, there  
22 certainly would have been.

23 Q. Yes.

24 A. It's a mark of the times, because the sexual abuse  
25 allegations all began to, you know, get heated around

1 about 1978/'79 and then from that time onwards it was  
2 increasingly recognised how broadly it was happening.

3 Q. That brings me to another allegation. Again I am using  
4 names ---

5 A. Uh-huh.

6 Q. -- that can't be used outside. That's the girl LS66.  
7 You were aware of that allegation about LS21.

8 A. Yes, yes.

9 Q. You mentioned to me that when he was suspended and he  
10 came back, he was not the same person and ultimately his  
11 work deteriorated --

12 A. That's right.

13 Q. -- to such an extent that he took early retirement.

14 A. Uh-huh.

15 Q. We know that was between 1993 and '96?

16 A. Uh-huh.

17 Q. You were most surprised by these allegations --

18 A. Yes.

19 Q. -- in respect of him. Is that right, doctor?

20 A. Yes, absolutely. I mean, that amongst other allegations  
21 -- there were allegations made, for example, that he had  
22 trailed -- he and another nurse had trailed a child  
23 along the corridor by the hair and also kicked another  
24 child, and these things are just -- I mean, that doesn't  
25 say they didn't occur, but I cannot for the life of me



1 imagine any of these things having occurred.

2 Q. I know you made the point to me that you weren't around  
3 enough during the day --

4 A. No.

5 Q. -- to see all that was going on in the unit --

6 A. Of course not.

7 Q. -- but certainly your experience --

8 A. Uh-huh.

9 Q. -- was you had never had any suspicion--

10 A. No, no.

11 Q. -- that there was anything untoward or inappropriate  
12 happening --

13 A. No.

14 Q. -- with regard to staff and children?

15 A. No, no.

16 Q. One other matter, and we looked at this report, and if  
17 we can look at it, please. It is at 13716. This is  
18 a letter that was written or -- sorry -- a report that  
19 was written by Fionnuala McAndrew from the Health &  
20 Social Care Board and sending it to the Department after  
21 all of the reviews, the Stinson, Devlin and Jacobs  
22 review and indeed other reviews, had been done, and she  
23 says there:

24 "Examples of practice from the case notes indicate  
25 a harsh and punitive regime which promoted authoritarian

1 control of nurses over children."

2 I know when I read that to you, you were -- you  
3 didn't accept that at all.

4 A. I was far from pleased.

5 Q. You were far from pleased.

6 A. My first question would be: was this actually observed?  
7 Did she observe this, or is it just based on having  
8 a look at some notes or other reports?

9 Q. I should tell you that this is the formal view of the  
10 Health & Social Care Board --

11 A. Uh-huh.

12 Q. -- as expressed to the Department of Health and Social  
13 Services --

14 A. Uh-huh.

15 Q. -- following the Stinson, Jacobs --

16 A. Yes, yes.

17 Q. -- and Devlin reviews.

18 A. Yes.

19 Q. They are saying that this is what it discloses.

20 A. Yes. Well, when I saw that report, really just I am not  
21 interested in it. I think it's a terrible report.  
22 I have talked to some of the nurses who were in Forster  
23 Green about that report and they are just appalled by  
24 it.

25 Q. That's the Stinson report that you are talking --

1 A. No, no. The --

2 Q. This?

3 A. This report. The Stinson report is different. I mean,  
4 it's -- I would have different arguments about it, but  
5 this report I just -- I just find it difficult to ...

6 Q. I think the words you used to me is that you said that  
7 was very strong and inappropriately strong.

8 A. Yes, yes, yes.

9 Q. You also made the point it is not right to say that:

10 "There was little evidence of multi-disciplinary  
11 working and the use of restraint was clearly referenced  
12 in files."

13 A. There were multi-disciplinary meetings every day of the  
14 week, you know.

15 Q. Just about the authoritarianism of the nursing staff,  
16 I mean, you made -- you gave me an example of how you  
17 felt it would be a good idea to get the medical  
18 trainees, the medical staff --

19 A. Uh-huh.

20 Q. -- to act as nurses for a day to experience just what  
21 conditions they had to operate in --

22 A. Uh-huh.

23 Q. -- and the kind of behaviours that they had to cope  
24 with. That was not welcomed by the nursing staff.

25 A. Well, that was attempted during Lissue days.

1 Q. Yes.

2 A. I can't just remember which. Maybe about '87/'88. We  
3 thought it would be a good idea for other staff to  
4 appreciate what nurses had to actually go through, and  
5 I think we maybe operated this for a couple of months,  
6 but quite clearly people were -- the people who were out  
7 doing it were uncomfortable with it and I think the  
8 nursing staff were uncomfortable with it and we stopped  
9 it.

10 Q. Well, doctor, thank you. There is nothing more that  
11 I want to ask you, but I am sure the Panel Members may  
12 have some questions for you. Before I hand you over to  
13 them is there anything more that you want to say about  
14 either what's in your statement or any of the things we  
15 have looked at here this afternoon?

16 A. No. Thank you.

17 Questions from THE PANEL

18 CHAIRMAN: If I could just ask you about Dr Fraser, you  
19 accept, as I understand it, Dr McAuley, that although  
20 you have very little recollection of anything other than  
21 just the odd word exchanged with him --

22 A. Yes, yes.

23 Q. -- you recognise that he probably did work at Lissue  
24 from time to time. May I take it that would be as a  
25 senior registrar?

1 A. Yes, I think so, yes. I mean, I think Dr Nelson  
2 probably will be able to confirm that, but ...

3 Q. He never got beyond that rank, as I understood it?

4 A. No. He arrived for a consultant interview on that day  
5 (inaudible).

6 Q. So if he was there, it would either have been as a --  
7 were there house officers and registrars as well as  
8 senior registrar?

9 A. No.

10 Q. Just senior registrar?

11 A. I am not sure how long, because I only came --

12 Q. Yes.

13 A. -- about a year before this happened. So he may have  
14 been there longer. Again Dr Nelson may be able to give  
15 you more details on that.

16 Q. I was just trying to get clear in my own mind.

17 A. Uh-huh.

18 Q. Clearly there were at one stage three, and latterly two,  
19 consultants, but underneath yourself and Dr Nelson there  
20 would have been a much larger number, a transient  
21 number, of doctors of lesser experience.

22 A. Well, if you had had --

23 Q. Were they only Senior Registrar rank by the time they  
24 got to --

25 A. If you had the Senior Registrar, the Senior Registrar

1 normally speaking would have been in training for  
2 approximately three years before a consultant post. So  
3 it is possible that he was -- probable that he was there  
4 for, you know, several years.

5 Q. Exactly.

6 A. Then there would have been other staff, other medical  
7 staff who were rotating through mainly Out-Patients  
8 every six months --

9 Q. Yes.

10 A. -- on their general psychiatric training. Sometimes  
11 that six months was done at Lissue if there wasn't  
12 a Senior Registrar there.

13 Q. So in simplistic terms there could be quite a number of  
14 doctors there, but when you break it down, they are  
15 there at different levels of their training and  
16 professional experience?

17 A. Well, in the whole child psychiatry setting in The  
18 Children's Hospital and Lissue there probably would have  
19 been two psychiatric trainees, a senior registrar  
20 possibly and the registrar. Then occasionally we would  
21 have had a paediatric SHO come for three months'  
22 experience.

23 Q. Yes.

24 A. That happened over the years off and on. It wasn't  
25 consistent.

1 Q. This perhaps brings me to a point that may from our  
2 perspective be academic, but you are very critical in  
3 your statement of the diversity of the line management  
4 responsibilities.

5 A. Yes.

6 Q. I mean, you say, for example, psychologists were  
7 responsible to one set, social workers to North & West  
8 Belfast and so on and so on.

9 A. Uh-huh.

10 Q. The result of that was that, if I may put it this way,  
11 their line managers were not perhaps as open to the  
12 ethos of Lissue --

13 A. Uh-huh.

14 Q. -- or familiar with it --

15 A. Uh-huh.

16 Q. -- as might have been the case --

17 A. Uh-huh.

18 Q. -- if it was the case that all people were managed at  
19 least through, if not by, the same line manager.

20 A. Uh-huh. Uh-huh.

21 Q. Is that a fair comment?

22 A. Yes. I think so --

23 Q. From an administrative point of view.

24 A. -- and I think, I mean, we had the added difficulty that  
25 our multi-disciplinary staff were employed by different

1 organisations.

2 Q. Exactly.

3 A. If you go to other child psychiatry settings, say, for  
4 example, in Dublin, the multi-disciplinary staff may  
5 come from the same organisation, but you still have --  
6 they still have their own line managements and you still  
7 sometimes have the difficulties of communication between  
8 line managements, because line managements can say,  
9 "Well, you shouldn't be involved in this" or "You should  
10 do that" or "You should do ..."

11 Q. Yes. That I suppose --

12 A. It's just a perennial problem of multi-disciplinary  
13 teams in a way.

14 Q. It comes with a multi-disciplinary approach --

15 A. Yes, yes.

16 Q. -- because different strands have different priorities  
17 at certain times presumably.

18 A. That's right. That's right, yes.

19 Q. But does that type of unsatisfactory situation that you  
20 saw exist nowadays or is this something very much of the  
21 past? I appreciate you have retired. So you may not be  
22 in a position to answer?

23 A. Yes, yes. I mean, I don't know about now but -- I don't  
24 know that it is any worse. I mean, I would come back  
25 and say that we as a multi-disciplinary team both at



1 Lissue and Forster Green as individuals mostly got on  
2 well together, you know.

3 Q. Yes. You did make a general comment about the number of  
4 patients that went to Lissue in the seventeen and  
5 a half/eighteen years it was operating.

6 A. Yes.

7 Q. In fact, it is 1124 children were admitted as  
8 in-patients --

9 A. Yes, yes, yes.

10 Q. -- and then another 250 as day patients. So there were  
11 a great many children seen.

12 A. Yes.

13 Q. By definition they all were there because other methods  
14 of addressing their problems --

15 A. Uh-huh.

16 Q. -- had not been successful.

17 A. Yes, yes.

18 Q. So they were people who had considerable behavioural  
19 difficulties, to put it at its lowest.

20 A. Uh-huh. Uh-huh.

21 Q. The impression that we have been left with is that most  
22 of the children were not in Lissue for very long periods  
23 of time.

24 A. Uh-huh. Uh-huh.

25 Q. Now we have heard of one or two who were there and then

1           came back a few months later, but leaving out of account  
2           things like weekend leave and so on, insofar as there  
3           may have been an average time or a common period, are we  
4           talking about children being in Lissue for two to three  
5           weeks, two to three months, six months? I mean, where  
6           would the most common lie?

7    A. I'm guessing, but two to three months I would have  
8           thought. I think two to three weeks is really pretty  
9           short. No. When I was working with parents and young  
10          children, the parent admissions would have been for two  
11          weeks.

12   Q. Yes.

13   A. So the children may have come in, had their work and  
14          gone out, or if the parents' work wasn't finished, then  
15          sometimes the child would have remained until that work  
16          had finished with them coming up at out-patient level,  
17          but I would guess two to three months would be a sort of  
18          average.

19   Q. Thank you very much.

20   A. Maybe you might ask Dr Nelson the same question to see  
21          if he agrees with that kind of figure.

22   Q. Certainly of those who have spoken to us --

23   A. Yes.

24   Q. -- who may or may not be representative in terms of  
25          their times and experience --

1 A. Yes.

2 Q. -- in non-controversial ways, they do appear to be there  
3 for relatively short periods of time.

4 A. Yes, yes.

5 Q. Thank you very much, Dr McAuley.

6 MS DOHERTY: Thanks very much. I mean, it is very clear  
7 from listening to you and from reading the  
8 documentation, and we've had the chance to see the  
9 Horizon programme, that what you were really doing was  
10 cutting edge.

11 A. Uh-huh.

12 Q. At that time you were introducing new ways of working  
13 with children with very disturbed behaviour and their  
14 families. I was just wondering as the consultant --  
15 because it is described as consultant-led, but you were  
16 really dependent on the nurses for the day-to-day  
17 implementation.

18 A. Of course. Uh-huh.

19 Q. Was there -- did you have any times when you needed to  
20 really not just describe methods but in  
21 a multi-professional team try to get buy-in to methods  
22 and try to get people to commit to working with children  
23 in particular ways?

24 A. I mean, if you take the work at Lissue with the  
25 families, there would have always been a nurse -- if

1 I was working with them, there would have always been  
2 a nurse there. So the hope was that that would spread  
3 amongst several nurses. The reality was that there were  
4 really only maybe two or three nurses who were  
5 interested in becoming involved in that. There was some  
6 who really didn't want to do that work.

7 Q. Presumably there were only a few that were skilled  
8 enough to do that work, because it's --

9 A. Well, I mean, obviously if you have got two or three who  
10 are interested in it, then they get into it over two or  
11 three cases and can begin to do a fair bit on their own.

12 Q. I mean, that in a sense is specialised because it's with  
13 the families and helping them to model --

14 A. Uh-huh.

15 Q. -- but actually in terms of the care plans for children  
16 and working with them and how they should be treated and  
17 how their behaviour should be responded to --

18 A. Yes, yes.

19 Q. -- were there times that you -- that you felt or  
20 experienced or saw evidence that what was in the care  
21 plan wasn't being implemented consistently?

22 A. That's difficult to answer, because I would have had to  
23 have been there day in and day out, you know, or over  
24 a period of time to see. I mean, certainly you would  
25 have wondered sometimes if some staff members had

1 treated situations the way I would have liked them to  
2 have been treated. Those sorts of things would have got  
3 discussed at the ward rounds or, you know, the morning  
4 meetings.

5 Q. Would you have had the opportunity to look at the  
6 records --

7 A. Uh-huh.

8 Q. -- and see what the nurses were doing --

9 A. Yes, yes, yes.

10 Q. -- and then to discuss it with them?

11 A. Uh-huh. Uh-huh. Yes, yes.

12 Q. Can I ask: do you have any memory of ever having to talk  
13 to LS8 or LS21 about the behaviour of a nurse where you  
14 weren't satisfied with their practice?

15 A. Not immediately offhand.

16 Q. Okay.

17 A. I am sure it must have happened at times. It is  
18 impossible to see how over nearly twenty years it  
19 wouldn't have.

20 Q. Yes, even on the basis of, you know, helping somebody to  
21 be trained better or whatever.

22 A. Yes, yes, yes.

23 Q. Going back to a practical issue again about restraint,  
24 and this isn't about, you know -- it was very helpful,  
25 your answer about restraint, but we have heard about

1 jackets or clothing being used for restraint, gloves  
2 being used for restraint in beds.

3 A. Uh-huh. Well, I mean, when I saw first about restraints  
4 on beds, I wasn't really -- I didn't understand that.  
5 I wasn't aware of that, but restraints using clothes or  
6 things like that as far as I am concerned that's out the  
7 window. I wouldn't have been involved in recommending  
8 anything like that.

9 Q. Yes, because, I mean, that's from the Board, again from  
10 the report --

11 A. Yes.

12 Q. -- where they are accepting that that was in the -- you  
13 know, the notes, that it was being recorded that  
14 children were being restrained in that way.

15 A. Well, I suppose the thing about on the beds is I just  
16 wondered how they managed to do it, because it is not  
17 the best place to do it. It's -- it doesn't show much  
18 common sense in that sense.

19 Q. No. It is more difficult to control the child than on  
20 the ground.

21 A. Absolutely. Absolutely. Yes, yes.

22 Q. Can you --

23 A. I mean, I think LS7 gave an example of that happening  
24 and how it ended.

25 Q. Yes, people did.

1 A. I mean, perhaps if the restraint had been done on the  
2 ground on that occasion, it might have been given.

3 Q. Because as she described it, the child is moving down  
4 the bed, because it is in a bad situation.

5 A. Yes, yes, yes, yes, yes.

6 Q. There's just two issues from notes, if we could just  
7 look at them. One is 649. This is just to try and get  
8 an understanding of -- this is about HIA251 and it is  
9 about after -- I will give you a chance to read it. It  
10 is after he has been up on the roof. The things that we  
11 didn't understand was the bit about that he was being  
12 given a tranquilliser to relieve nursing pressure is  
13 what it seems to say, not given as a punishment for  
14 being on the roof, and that you asked that nursing staff  
15 were not to be negative towards the child.

16 A. Uh-huh.

17 Q. This is LS7 is actually recording this.

18 A. Can you scroll up?

19 Q. I know it's a long time ago, but it is just about trying  
20 to understand that phrase about relieving nursing  
21 pressure.

22 A. Well, I mean, occasionally children who were  
23 frequently -- who were very out of control would have  
24 been given tranquillisers, Valium, diazepam, things like  
25 that. I can remember it more in Forster Green, where

1 some children were very difficult.

2 I mean, one of the problems with the on the roof, it  
3 was very difficult to prevent access to the roof,  
4 because just the layout of the walls and things like  
5 that, and until that was corrected it was going to be  
6 very difficult to stop that behaviour continuing.

7 Q. And very dangerous. The relieving nursing pressure,  
8 would that be -- when I read that, one of the things  
9 I thought about was, you know, if you have got nurses  
10 trying to deal with the situation of children out of  
11 control, that actually just to manage the unit it was  
12 necessary to sedate the child.

13 A. Well, I think inevitably it helps that, you know.  
14 I mean, the other answer to that would be to get more  
15 nursing staff on at that time, which wouldn't have met  
16 with great sympathy, you know.

17 Q. That's one of the questions I was going to ask you,  
18 whether you felt that the nursing -- the level of  
19 nursing staff was appropriate for the level of work?

20 A. Mostly it was fine. I mean, at that time with the -- on  
21 the roof there were several children going on the roof.  
22 It just wasn't one, and it was -- it was quite chaotic  
23 until we drew up a policy of how to manage it.

24 Q. Yes, I saw the policy that managed it. One of the  
25 things with HIA251 as well -- we have not heard from him



1           yet; we are due to do so -- one of the issues was you  
2           giving advice about that he would earn his way out of  
3           his bed.

4    A.   Uh-huh.

5    Q.   So he was put into bed and then he would earn his way  
6           out.

7    A.   Yes, yes.

8    Q.   I just wondered if you could say a wee bit about that.

9    A.   Sorry. Which ones?

10   Q.   This is HIA251 as well, that he would earn his way out  
11          of his ...

12   A.   I'm not very sure about --

13   Q.   Okay.

14   A.   -- about just what the case is and what the significance  
15          of that is.

16   CHAIRMAN: Well, it is on the screen. If you look, doctor,  
17          it is just in the middle of 649.

18   A.   Oh, right. Right.

19   Q.   It is a little bit further on after the passage you were  
20          asked about earlier.

21   A.   Oh, right. Right.

22   Q.   Do you see? More or less in the middle of the screen:

23                 "Said child was to earn all his privileges back as

24                 he earned them (by positive behaviour)",

25                 and then ...

1 A. Yes. Okay.

2 MS DOHERTY: That is a different record to what I'm actually

3 ...

4 CHAIRMAN: That is not the same one?

5 MS DOHERTY: No. There is actually a different reference to

6 him literally earning his way out of his ... I mean,

7 it's --

8 A. I'm not -- I can't answer it.

9 Q. You can't help.

10 A. I'm not very sure what -- you know, what was being asked

11 in terms of points or whether even I had anything --

12 Q. To do with it.

13 A. I may have drawn up something. I just don't know.

14 Q. But that notion of reinforcing behaviour --

15 A. Yes.

16 Q. -- and having children be aware of the consequences --

17 A. Yes.

18 Q. -- I mean, that shines through in a way in terms of the

19 work that was being done.

20 A. Yes.

21 Q. One of the other issues, and again it is about asking

22 about an approach, is just 758. That's -- again this is

23 not -- you didn't have any involvement in this, but it

24 is just again about trying to look at the attitude.

25 This is about HIA3 and it is about the staff teasing

1 children. So it says:

2 "HIA3 unable to share a joke with his peers and  
3 staff. He likes to sit and have a laugh at other peers  
4 but doesn't like the joke to be on him. Tonight staff  
5 teasing him and he was unable to take it, ran out of the  
6 room and began to cry. When spoken to firmly, he  
7 settled quickly."

8 Then there's -- the thing that interested me about  
9 that was that it was recorded and that --

10 A. I am not happy about that.

11 Q. No, no, and I appreciate that isn't in line with what  
12 you would -- but that -- I mean, you would accept that  
13 that doesn't seem a very helpful way to work with a  
14 child?

15 A. No, no. It's not. It's not.

16 Q. No. Okay.

17 A. I share your concern about that.

18 Q. Okay. Thank you very much.

19 MR LANE: Just to follow up on that one, would you have read  
20 those sort of records when you did your ward sound?

21 A. You would have read some of the records. You wouldn't  
22 have read them all, because, I mean, if you consider the  
23 ward round was once a week, you've got a week's long  
24 records. So you are looking for your nursing staff to  
25 summarise the -- mainly to summarise the happenings in

1 the last week. I would have read some of the records  
2 from time to time if there were particular issues.

3 Q. That's the sort of issue that they might have drawn to  
4 your attention?

5 A. Well, I am not -- I am not sure that they would have  
6 drawn that to my attention, you know.

7 Q. One factual point. In terms of Social Services making  
8 referrals how did that work? Would the actual social  
9 worker contact the ward, or was it done through a GP, or  
10 a senior person in the Department or what?

11 A. Usually a social worker would have come through the  
12 Out-Patient Department.

13 Q. Right.

14 A. That may have been handled by a junior registrar and the  
15 other team members, social worker and so on, or it may  
16 have come directly to me. It would usually have  
17 involved after initial -- a discussion of the case and  
18 a discussion of what has been actually required and  
19 requested and then a decision made about whether we have  
20 got anything to offer or not.

21 Q. Would the child ordinarily attend the Out-Patients first  
22 before being admitted?

23 A. Not necessarily. I mean, it may -- you know, if it is  
24 an abuse case or something like that that was active, it  
25 may have been social workers came to us and had a case

1 discussion before the child was even seen --

2 Q. Right.

3 A. -- and then there would have been -- so the child might  
4 have been admitted to the In-Patient Unit not having  
5 been seen at the Out-Patient Unit --

6 Q. Yes.

7 A. -- but would have to have been a -- you know, there'd  
8 have been a full assessment done at that time.

9 Q. I would like to go back to the question of the dynamics  
10 within the unit. I realise what you said about the  
11 management outside being split between different  
12 agencies and the problems that that created.

13 A. Yes.

14 Q. I understand the basic model of the nurses providing the  
15 setting and doing the nursing --

16 A. Yes, yes.

17 Q. -- while the doctors decide on the treatment --

18 A. Yes.

19 Q. -- in an ordinary hospital ward --

20 A. Yes.

21 Q. -- but this one being described as consultant-led, is  
22 that unusual or is that often the case in hospitals?

23 A. Well, I think it's difficult. I don't -- you don't want  
24 it to be like that, but we are the people who clear the  
25 admissions through --

1 Q. Yes.

2 A. -- after discussing it with the team, and you hope you  
3 have enough flexibility in the system for teams to be  
4 able to influence whether that becomes an admission or  
5 not. So in that sense it is a consultant-led and  
6 I suppose the settings are hospital settings. So ...

7 Q. But you wouldn't, for example, control the budget?

8 A. No, no, no. That's ridiculous, controlling a budget.

9 Q. Some therapeutic places --

10 A. Yes, I know.

11 Q. -- they would have a top person --

12 A. I know. I know.

13 Q. -- who would control the lot, you know.

14 A. I know. I know. Well, I mean, obviously if we could  
15 control the budget, then we can control the whole thing  
16 and it gives us a better handle on things.

17 Q. Uh-huh. The important thing, of course, is the sort of  
18 milieu that the patients were in and whether that was  
19 helpful towards their treatment.

20 A. Yes.

21 Q. So from that point of view when there were two or three  
22 doctors involved --

23 A. Uh-huh.

24 Q. -- in fact, at any one time, does that mean there was  
25 a problem in agreeing on that sort of -- what was the

1 most helpful atmosphere?

2 A. No, not necessarily. I think, you know, at each week at  
3 the ward round meeting things would be discussed and  
4 agreements would be reached about what should be done  
5 next.

6 Q. In the running of the ward?

7 A. Uh-huh. In the management of the child's case, whether  
8 it be what's done with the child, what's done with  
9 regard to the parents or whoever was the carer of the  
10 child at that time.

11 Q. I understand in the ward rounds that you would be  
12 looking at each individual case.

13 A. Yes, yes.

14 Q. There was the question of how the ward as a whole or the  
15 unit as a whole, I should say, was being run and whether  
16 that was assisting in the treatment of the individuals  
17 within it.

18 A. Well, I would like to think that it was assisting.

19 Q. Yes.

20 A. I mean, what more can you say about that other than they  
21 managed the children each day through school, on the  
22 ward, and then provided hopefully whatever treatments  
23 that were being suggested during that time.

24 Q. But each of the psychiatrists may well have their own  
25 approach to the work.

1 A. Oh, yes. Of course. Of course. Uh-huh.

2 Q. Okay. All right. Thanks.

3 A. I mean ...

4 Further questions from COUNSEL TO THE INQUIRY

5 MS SMITH: Sorry, doctor. There was -- I know I said I had  
6 asked you my last question, but I have been asked by the  
7 Department to just ask a little bit more, if I may,  
8 about inspections.

9 A. Uh-huh.

10 Q. I was wondering -- you seem to remember somebody from  
11 Social Services coming to carry out inspections.

12 A. Uh-huh.

13 Q. We have heard that there was a Northern Ireland Health  
14 Advisory Service. Might that have been the body that  
15 came to inspect?

16 A. It definitely came through Social Services or through  
17 the Social Serv... -- Inspectorate at the Department.  
18 It was through one of those things, because it was very  
19 like a children's home assessment, you know.

20 Q. Just can you recollect was it somebody who just came  
21 to -- for an informal inspection or was it more formal  
22 and structured? Can you recall?

23 A. I think it was quite formal and structured, yes.

24 Q. Thank you.

25 CHAIRMAN: Well, doctor, thank you very much for coming to



1 help us and answering our questions this afternoon.

2 I think Dr Nelson and yourself have come together.

3 Isn't that right?

4 A. Yes.

5 Q. Well, we will take a short break for the benefit of the  
6 stenographer and then we will deal with Dr Nelson's  
7 evidence.

8 MS SMITH: Yes.

9 CHAIRMAN: Ten minutes.

10 (3.35 pm)

11 (Short break)

12 (3.45 pm)

13 DR WILLIAM NELSON (called)

14 MS SMITH: Chairman, Panel Members, ladies and gentlemen,  
15 our next witness is Dr William Nelson and he wishes to  
16 take a religious oath.

17 DR WILLIAM NELSON (sworn)

18 CHAIRMAN: Thank you, doctor. Please sit down.

19 Questions from COUNSEL TO THE INQUIRY

20 MS SMITH: Now Dr Nelson's statement is at LIS714 through to  
21 719. If we could put that up, please.

22 Now, doctor, on the screen in front of you is the  
23 witness statement that you have provided to the Inquiry  
24 and I know that your draft had different numbering, but  
25 this is --

1 A. I have yours.

2 Q. -- the same. You set out in paragraphs 1 and 2 your  
3 qualifications and your career path and then in  
4 paragraph 3 you describe how -- that you started in  
5 the -- as the only consultant child psychiatrist working  
6 in Northern Ireland and we think that was as best we can  
7 estimate from the early 1960s.

8 A. Nothing on the screen here.

9 Q. Oh, there's nothing on your screen?

10 A. No.

11 Q. Oh, dear!

12 A. Just blank at the moment. It's up now.

13 Q. Great. So just paragraph 3 there is on the screen. We  
14 were talking about this and as best you can recall it  
15 was the early 1960s when you became the consultant. Is  
16 that right?

17 A. Yes. I would agree with that, yes.

18 Q. And paragraph 4 -- 4, 5 and 6, you eventually recognised  
19 the need for an in-patient unit in Northern Ireland and  
20 that opened at Lissue in 1971. You were instrumental in  
21 setting it up and you recall that before you could move  
22 in the building required some modification --

23 A. That's correct.

24 Q. -- for that.

25 Paragraph 7 there you say that:

1           "Both Out-Patients at The Royal Victoria Hospital  
2           for Sick Children and Lissue were set up as  
3           multi-disciplinary units. In Lissue we had a trainee  
4           psychiatric registrar, Senior Registrar full-time in  
5           in-patients and other professional personnel were a  
6           social worker and a clinical psychologist. For some  
7           years we had an occupational therapist, who was later  
8           withdrawn, despite our objections. Nursing staff made  
9           up one of the most important professionals, being  
10          full-time, 24 hours a day, caring for treating children  
11          with a Senior Sister or Charge Nurse at their head,  
12          and there was also a small school attached to the unit."

13           Just the occupational therapist being withdrawn,  
14          Dr Nelson, I presume that was one of the examples that  
15          we were talking about about the disparity of who had  
16          charge of Lissue and the fact there was not one overall  
17          umbrella organisation.

18          A. Well, she wasn't responsible to us as line management.

19          Q. Yes. So you could --

20          A. So it would be someone -- some part of Lisburn's  
21          line management system.

22          Q. Therefore you could not retain her even though you  
23          wanted to?

24          A. We had to accept what was decreed.

25          Q. Paragraph 8 you talk about Dr McAuley setting up the

1 unit for families to be admitted. We have heard that  
2 that was for two or three weeks.

3 Then in paragraph 10 you talk -- sorry. Just before  
4 that, this was the -- this unit at Lissue, the Child  
5 Psychiatry In-Patient Unit, was the first of its kind in  
6 Ireland.

7 A. It was the first general Child Psychiatry Unit. There  
8 had been an autistic unit in Dublin for autistic  
9 patients.

10 Q. Subsequently after Lissue opened there was a psychiatric  
11 unit then opened in Dublin also.

12 A. Yes. Oh, yes, and many of them probably in the South.

13 Q. You attended the ward round -- you talk about this --  
14 the multi-disciplinary ward round each week. When we  
15 were discussing that, you say those lasted about three  
16 hours.

17 A. Oh, yes. The full morning or -- yes, nearly always  
18 a morning, full morning.

19 Q. But apart from that at paragraph 12 you say that you  
20 used to visit Lissue every day at different times of the  
21 day and also during night hours with unannounced visits  
22 talking to staff/children and walking around the unit.  
23 You say that you might have just called in for  
24 fifteen minutes or half an hour or something like that.

25 A. Yes. It wouldn't have been anything formal, but

1 I thought it gave me an impression of what was happening  
2 in the unit.

3 Q. You said you deliberately changed what time of day that  
4 you might turn up.

5 A. It would be different times of the day depending on my  
6 other programme. My main -- most of my day was taken up  
7 with out-patient work in The Children's Hospital  
8 Out-Patient Child Psychiatry Department.

9 Q. Can I just ask about that? I mean, staff were used to  
10 you coming in unannounced, but they must have known what  
11 your timetable was, as it were. They must have known  
12 you would be at clinic in The Royal at certain times and  
13 that you were not going to turn up at those times.

14 A. Well, they may have been able to check that up.

15 Q. You said that part of the reason for doing that was to  
16 encourage staff and to make you aware of what was going  
17 on. You did have conversations with both the staff and  
18 the children. During these unannounced visits did  
19 anybody ever make any complaint to you?

20 A. No. No-one approached me with a complaint.

21 Q. Whether staff or another -- staff member about a staff  
22 member or about a child?

23 A. And I would have talked to both staff and children in  
24 an informal way -- well, children particularly in  
25 an informal way.

1 Q. I know when we were talking you say that now that you  
2 hear that there were issues with complaints being made  
3 about staff in Lissue and so forth, you find it  
4 disappointing that no-one did express anything to you at  
5 the time, because you felt then you could have dealt  
6 with it.

7 A. Well, I felt I had a good relationship with all the  
8 staff at Lissue and I'm disappointed that they weren't  
9 able to mention any of these difficulties or problems to  
10 myself.

11 Q. Just in relation to that, when you were coming around or  
12 visiting Lissue, whether announced or unannounced, did  
13 you yourself ever witness any inappropriate behaviour by  
14 staff in terms of how they reacted to children or dealt  
15 with children?

16 A. I don't think so. I certainly would have said something  
17 if I had.

18 Q. Did you ever witness, for example, staff being --  
19 treating children roughly?

20 A. No. Well, I mean, I would have intervened in that  
21 situation or said something.

22 Q. And I think you said that -- when we were having the  
23 discussion earlier, you said that in some situations it  
24 may have appeared that staff were dealing roughly with  
25 children, but that it had to be remembered that children

1 were presenting with very difficult behaviours.

2 A. Well, when you are having to deal with a very physically  
3 violent child, then it may appear that you are acting in  
4 a rather rough way or forceful way, but that's because  
5 of the degree of roughness and violence that the child  
6 is exhibiting.

7 Q. And you made the point to me too that the difficulties  
8 that children were experiencing were not difficulties de  
9 novo. They had not arisen de novo within Lissue. These  
10 children were coming in with difficulties into the unit  
11 in the first place.

12 A. Well, I think a lot of children from the Social  
13 Services' end of things would probably have had  
14 experience of other residential situations and exhibited  
15 difficult behaviours, which may be one of the reasons  
16 why they were being admitted to the Lissue situation.

17 Q. We have heard that there was an incident book kept in  
18 Lissue. Have you any recollection of that?

19 A. Well, I knew of its existence, but it wasn't something  
20 that I consulted. I would have seen this really as  
21 a nursing staff responsibility.

22 Q. And apart from the ward rounds, the treatment of  
23 children was carried out by the full-time staff under  
24 your direction. You and Dr McAuley devised the  
25 treatment plans for the children --

1 A. Yes.

2 Q. -- but relied on the nursing staff to manage that  
3 day-to-day.

4 A. Well, nursing staff, clinical psychology staff, who we  
5 haven't heard from I don't think, and the doctor.

6 Q. Social workers?

7 A. Social worker and doctor on the unit.

8 Q. I think the social workers, in fairness to LS80, who  
9 gave evidence to the Inquiry--

10 A. Yes.

11 Q. -- he said his interaction with more with the parents  
12 than actually with the children.

13 A. Yes.

14 Q. Paragraphs 15 and 16 you talk about the introduction of  
15 the family therapy to the unit, and just to be clear, in  
16 case anyone is under the misapprehension, that the  
17 family therapy was separate to the family apartment that  
18 was set up by Dr McAuley for parents.

19 A. Yes. The apartment, which was very useful and essential  
20 that Dr McAuley set up, was for a whole family to come  
21 into the unit and actually live in the unit for a two or  
22 three-week period. I am talking about bringing in  
23 a family of an in-patient from outside. They would  
24 travel up by day and join a treatment session --

25 Q. Yes.



1 A. -- a family therapy treatment session.

2 Q. And you talk about that at -- you actually set up  
3 a teaching course to teach the family therapy to others.

4 You go on in paragraph 17 to say that:

5 "The main strengths of Lissue were the  
6 multi-disciplinary team, who had the opportunity to  
7 observe children and their families closely over the day  
8 and night over weeks. Children who were out of control  
9 of family or school who would have been removed to a  
10 place of safety but without treatment facilities could  
11 both be kept safe and treated in the Lissue situation.

12 Also severely emotionally disturbed children, such  
13 as those with anorexia nervosa, which carried  
14 significant morbidity, including death, very depressed  
15 and psychotic children, who could not be kept safely at  
16 home, were in a place of safety and also able to be  
17 treated."

18 Paragraph 19 you talk, doctor, about the age range  
19 of Lissue and that always being a difficulty. I just  
20 wanted to ask you about what occurred in 1983. That --  
21 we were looking at some documents when we were talking  
22 earlier about the boy LS71, who alleged that he had been  
23 abused by a slightly older boy, a boy two years older  
24 than him, in Lissue.

25 A. Uh-huh.

1 Q. I wondered, first of all, as you sit here today, before  
2 I spoke to you, could you remember anything about that?

3 A. I couldn't, no.

4 Q. We have looked at the report into that, the nursing  
5 report into that, and it is clear that you certainly  
6 signed off -- I think it is page 240 I think it was,  
7 240. I might not have -- yes, indeed it was 240. This  
8 was a letter that you wrote to all members of staff  
9 about Lissue:

10 "It has been decided by senior medical staff to  
11 operate a strict age limit of 13th birthday for  
12 admission to Lissue either as an in-patient or day  
13 patient. All future admissions should be under the age  
14 of 13 years."

15 That didn't jog your memory at all or do you  
16 remember making that decision?

17 A. Well, I know there always was the pressure for the older  
18 child and it did create problems within the management  
19 of the in-patient Lissue situation. I also was aware  
20 that the school teaching staff were very concerned about  
21 the admission of older children to their school unit  
22 attached to Lissue.

23 Q. Yes, but certainly the incident involving these two boys  
24 seemed to lead to an agreed reduction. It was one of  
25 the recommendations in the nursing investigation report.

1 A. Yes.

2 Q. You obviously agreed to that.

3 A. Yes.

4 Q. It probably suited your purposes as well, if I might  
5 suggest, because the teaching staff, as you say, were  
6 happy. The older children were presenting more  
7 difficult management issues.

8 A. Oh, very much more. Firstly, they were physically more  
9 developed and able and stronger. So that was  
10 a difficulty in itself.

11 Q. 1987 you were transferring to Forster Green or there was  
12 discussions about it. You will recall that you and  
13 I looked earlier at a document which was a memo that was  
14 being sent to the -- I think it is at 226 -- a memo that  
15 was being sent by Miss Grant, who was the Director of  
16 Nursing Services, to Mr Lyons in response to a letter  
17 sent by three consultants. I was asking was that you,  
18 Dr McAuley and I thought it might have been Dr Barcroft,  
19 but, in fact, we have located the letter in the  
20 bundle of papers that we have, and it is at 12708. It  
21 is written to Dr Greer, who was Acting Chief  
22 Administrative Medical Officer, on 27th May 1988. It is  
23 signed by, as you suspected, Dr Kennedy --

24 A. Uh-huh.

25 Q. -- yourself and Dr McAuley. I don't know if you have

1 had the opportunity to look at that, but --

2 A. I haven't seen that letter.

3 Q. No. I will just call it up. I mean, the issues in that  
4 letter -- sorry. If we can just call it up, please.

5 12708:

6 "As you are aware, the Eastern Health & Social  
7 Services Board decision to transfer the Child  
8 Psychiatric In-Patient Unit from Lissue Hospital to the  
9 old nurses' home on the Forster Green site is now  
10 underway. For some time, but particularly since  
11 December, we have to some degree been involved in the  
12 active planning of this transfer. We now wish to draw  
13 to your attention that we have considerable misgivings  
14 about the manner in which this whole venture is being  
15 conducted. Our major concerns are as follows."

16 There is talk about the money available and  
17 timetabling steps and the planning essentially.

18 Do you recall that letter as you see it? I am not  
19 going to go through it.

20 A. No, not really.

21 Q. But certainly there are points set out in number form.  
22 If we can just scroll to the next page, you can see,  
23 doctor, that you, Dr McAuley and Dr Kennedy actually are  
24 the signatories on that. Just scroll on down slightly.

25 It was copied to the Chairman of the Eastern Board and

1 to Mr Brown, who was the Unit Administrator.

2 Now the response to that or a response to that is at  
3 226, which is the memo that you and I were looking at,  
4 and that's from Miss Grant to Mr Lyons. She is dealing  
5 with the paragraph numbers. She is commenting on those  
6 paragraphs, which included nursing item in above letter.  
7 She scrolls on down through it. Then she says -- it is  
8 recorded that:

9 "The National Board inspection of  
10 January/February 1987 withdrew approval as a nurse  
11 teaching unit as the philosophy of care was seen as  
12 restrictive and custodial. The structure and layout of  
13 Lissue was not seen as well suited for its present use."

14 Now I pause there to say that we have never located  
15 the National Board inspection report and as late as  
16 ten minutes ago the researcher that the Inquiry has  
17 engaged, who has been trying to locate it all day today  
18 in PRONI, has been unable to locate it. He has managed  
19 to find an annual report of the National Board of  
20 Nursing which refers to it, and we have seen minutes  
21 from the National Board and we can look at that at 1090.  
22 You will see at the bottom of that page at 6.31:

23 "Colleges of Nursing.

24 College of Mental Health Nursing.

25 Inspection of clinical facilities -- Child

1 Psychiatric Unit, Lissue Hospital."

2 There obviously --

3 "Copies of the report of the above inspection had  
4 been circulated."

5 So there obviously was an inspection report.

6 "Having examined the report, it was agreed to  
7 recommend to the National Board that the Child  
8 Psychiatric" -- sorry -- "Child Psychiatry Unit at  
9 Lissue Hospital be not approved for nurse training  
10 purposes."

11 If we can scroll to the next page, please:

12 "It was also agreed to recommend that further  
13 consideration of the unit for approval would require the  
14 under-listed conditions to be met and be subject to  
15 a satisfactory reinspection.

16 Policies and procedures."

17 It says:

18 "1.1. The need for a philosophy on which to base  
19 nursing care.

20 1.2. The need for the current pattern of excessive  
21 door locking.

22 1.3. The supervision of children who abscond from  
23 the unit."

24 Then there is policies on storage of medicines,  
25 videos and having training programmes for nurses

1 available and learning objectives.

2 So those were -- that seems to be a summary of the  
3 recommendations that was being made by The National  
4 Nursing Board, and from a later minute we can see that  
5 some of those matters were dealt with. So I think we  
6 can be fairly confident that somebody in Lissue was made  
7 aware of what was in that inspection report. You knew  
8 nothing about that. You were never told about it.

9 A. No, I wasn't told about it at all.

10 Q. You also told me you were never told that the student  
11 nurses were being stopped or have any recollection of  
12 that happening.

13 A. No, except that they stopped attending the unit. That  
14 could have been for all sorts of reasons.

15 Q. Yes. Going back to your own statement, if I may,  
16 doctor, at paragraph 21, which is at page 717, the  
17 bottom of the page --

18 A. Yes.

19 Q. -- you say that -- I mean, you make the point that  
20 Northern Ireland did not have specialist Social Services  
21 or residential facilities. I think when I was talking,  
22 you probably heard me asking Dr McAuley really there was  
23 no alternative for many of these children but Lissue.  
24 The alternative would have been the juvenile justice  
25 system for some.

1 A. Because at that stage they were not able to be coped  
2 with within the Social Services' set-up, residential.

3 Q. And we didn't have the facilities that they had in other  
4 parts of the UK.

5 A. Well, they weren't nearly as well developed as, say, for  
6 example, in the London area.

7 Q. Well, you go on then in paragraph 21 -- you have been  
8 provided with Stinson, Devlin and Jacobs reports to  
9 update you. Just to confirm, you were never consulted  
10 when those reviews were being undertaken --

11 A. No.

12 Q. -- to make any comment about it. You say you are very  
13 saddened that you were not made aware of the issues  
14 therein at the time they were alleged to be occurring.  
15 I presume you mean by that at the time the nursing staff  
16 were recording the extracts that form part of this  
17 Stinson review.

18 A. Uh-huh.

19 Q. "As I have previously indicated, I was in Lissie nearly  
20 every day at some time. It is unfortunate that staff  
21 did not feel able to approach myself."

22 Paragraph 22:

23 "It would have been so much easier to have dealt  
24 with the difficulties as they were occurring rather than  
25 having to consider these issues on the basis of



1 complaints made up to fifteen years after the alleged  
2 events. I was under the impression that I had a good  
3 enough relationship with the staff at Lissue that they  
4 could have approached me about these difficulties."

5 Now I think in fairness the Stinson review looked at  
6 extracts from the nursing notes.

7 A. Uh-huh.

8 Q. They were only extracts. A point has been made that the  
9 entire context of the nursing notes was not included in  
10 that review and that's something that the Inquiry I am  
11 sure will consider, because the methodology of those  
12 reviews has been questioned, but in terms of some of the  
13 issues that were raised -- for example, the use of  
14 restraint in Lissue was an issue. Is there anything  
15 that you want to say to the Inquiry about that?

16 A. Well, restraint would be almost a last resort. Physical  
17 restrain we're talking about?

18 Q. Yes.

19 A. And it is a reflection of how difficult some of these  
20 children were in a multi-aged group.

21 Q. I was asking you did you yourself ever see it being  
22 used?

23 A. I can't say I did.

24 Q. And --

25 A. I mean, I was aware it was used from time to time.

1 Q. Yes. Just can I ask you then -- you were here this  
2 morning when LS7 gave evidence about a young girl who  
3 was brought in, was not told she was being brought in  
4 and then kicked off, if I can use that expression.

5 A. Yes.

6 Q. And she was being held on the bed and you had to give  
7 her an injection. Do you remember that?

8 A. No, I don't remember it. It was a fairly mild sedative  
9 she was being given.

10 Q. Yes. The drug that LS7 had named --

11 A. Yes.

12 Q. -- was something that you had said was a mild sedative.

13 A. Generally used for old people at night.

14 Q. To help them sleep. To -- just about that matter, just  
15 about medication, and would you confirm what Dr McAuley  
16 has said is that in those days nurses would not have  
17 given injections. That was something a doctor did in  
18 the '70s and '80s.

19 A. Well, sometimes they may have had to, say, during the  
20 night, but injection wasn't a very common way of  
21 administering drugs or necessary even.

22 Q. Yes. Most of them would have been tablets or liquid  
23 form.

24 A. Yes, yes.

25 Q. If --

1 A. If you can anticipate an event, then you can prevent  
2 that.

3 Q. That leads me on to my next point, which is that if  
4 certain medication was prescribed and it was foreseen  
5 that a particular individual might be likely to cause  
6 difficulties for nursing staff in certain circumstances,  
7 then there would have been a degree of discretion in  
8 terms of "prescribe as necessary" might have been  
9 something that would have allowed nursing staff some  
10 discretion.

11 A. It would have been written up in the medical notes or  
12 the nursing notes and probably -- possibly discussed at  
13 ward round, or it may have, of course, occurred outside  
14 the ward round period and then arrived at in discussion  
15 with a particular consultant or indeed a senior doctor  
16 who was on the unit.

17 Q. Time out is one other matter. I think you said that  
18 that would only have been for a reasonably short time.  
19 I think you would probably agree with Dr McAuley that  
20 they should not have been left in time out for any great  
21 length of time, because that became counter-productive.

22 A. That would have been quite inappropriate.

23 Q. There is another document we looked at and that is the  
24 report that Fionnuala McAndrew sent to the Department  
25 following on from all of the reviews that were

1           undertaken --

2    A.   Uh-huh.

3    Q.   -- into Lissue and Forster Green Hospitals.  If we can  
4       look, please, at page 13716.  Just if we go to 13714  
5       just to show the start of the report, you will see that  
6       the report sets out the findings of a review of the care  
7       and treatment of children admitted to Lissue and Forster  
8       Green Hospitals in the late 1980s.  It goes on then at  
9       that page 13716, where she says that:

10                "Examples of practice from the case notes indicate  
11               a harsh and punitive regime, which promoted  
12               authoritarian control of nurses over children."

13   A.   I totally deny that as being present in Lissue.  It was  
14       not my impression that that was the regime.

15   Q.   And I think you said you would totally disagree with  
16       that assessment.

17   A.   Oh, I would indeed.

18   Q.   Even the next line:

19                "There was little evidence of multi-disciplinary  
20               working and the use of restraint was clearly referenced  
21               in case files."

22                Again you would say the whole ethos was of  
23       multi-disciplinary working.

24   A.   Undoubtedly.

25   Q.   We have heard that older staff maybe were stricter with

1 children than the younger staff. Is that your  
2 recollection?

3 A. I can't say it is.

4 Q. And I just wondered what you recalled about inspections.

5 A. The only one that really stands out for me is a nursing  
6 inspection where Staff Nurse -- I don't know what grade  
7 the person was -- but Nurse LS 100 , who is now I think  
8 the senior nurse in Northern Ireland.

9 Q. The Chief Nursing Officer?

10 A. Yes.

11 Q. I think he certainly became that. I don't know whether  
12 he still is or not.

13 A. He certainly did one inspection at Lissue.

14 Q. Do you have any recollection of people from Social  
15 Services, Social Services Inspectorate or the Social  
16 Work Advisory Group coming?

17 A. No. I don't -- I don't remember that inspection at all  
18 --

19 Q. I take --

20 A. -- if it occurred.

21 Q. Or the Northern Ireland Health Advisory Service?

22 A. No. No, I don't.

23 Q. There was -- we have seen a report of the Mental Health  
24 Commission coming in 1987. Do you recall that?

25 A. No.

1 Q. One other matter that I wanted to ask you about was  
2 Dr Fraser. You knew him somewhat better than Dr McAuley  
3 might have done.

4 A. Yes.

5 Q. You do recall he worked in Out-Patients and you think  
6 that he was probably in Lissue as well. Is it likely  
7 given -- if he was working as a registrar, that he would  
8 have been there?

9 A. He may have been there for a short time. My  
10 recollection is that his main work was actually in  
11 Out-Patients.

12 Q. Again I asked you whether -- when the revelations about  
13 him came to light, whether any steps were taken that you  
14 recall to ascertain whether he had had any involvement  
15 -- any inappropriate involvement, to put it in a neutral  
16 fashion, with any of the children who were resident in  
17 Lissue at any time.

18 A. I didn't ask or investigate. I would have hoped that  
19 complaints would come forward.

20 Q. And just to confirm no-one has come to this Inquiry to  
21 complain that they were abused by that man in Lissue.

22 A. Oh, that's good.

23 Q. Doctor, there is nothing further that I want to ask you.  
24 I am fairly confident that the Panel will have some  
25 questions for you, but if there's anything else that

1 I haven't covered -- and just to assure you that your  
2 entire statement has been read, even though I have  
3 skipped through it. Is there anything more that you  
4 want to say that you haven't had the opportunity to say?

5 A. No, no. I think you've covered most things.

6 Q. Thank you, doctor.

7 Questions from THE PANEL

8 CHAIRMAN: Dr Nelson, if I could take you back to what  
9 you've told us about your practice of calling in --

10 A. Yes.

11 Q. -- virtually every day, as I understand it, in contrast  
12 to your attendance I think once a week for a full half  
13 day's, well, call it ward round, but essentially case  
14 conferences and so on --

15 A. Yes.

16 Q. -- with presumably some contact with children, when you  
17 called in on these occasions at different times and so  
18 on, if a child was still up and about as opposed to  
19 being asleep and if there were any signs of bruising or  
20 them being unexpectedly heavily sedated, would you have  
21 pursued that with the nursing staff?

22 A. If it had come to my attention or I had noticed it on my  
23 walk round the unit.

24 Q. Yes.

25 A. But it's not something that did come to my attention or

1 that I noticed.

2 Q. As I have interpreted -- and please correct me if I have  
3 got this wrong -- you accept that there may have had to  
4 have been occasions at night when nursing staff may have  
5 had to have administered an injection of a sedative of  
6 some sort. Is that right?

7 A. Very rarely I would have thought.

8 Q. Yes, but rarely or not, at least the possibility exists.  
9 Is that right?

10 A. The possibility exists, yes.

11 Q. Well, if it was very rarely, would you expect the  
12 nursing staff to draw that expressly to either your  
13 attention or to the attention of the senior registrar at  
14 the next available opportunity?

15 A. I would have thought the senior registrar or the  
16 registrar who was resident in the unit would be the one  
17 who would hear about it first --

18 Q. Yes.

19 A. -- because there would probably be an ongoing management  
20 difficulty maybe later.

21 Q. So it's certainly something that should have been drawn  
22 to the attention of the medical staff --

23 A. I would have thought so.

24 Q. -- by the nursing staff?

25 A. Well, the nursing staff were obviously aware of it



1 because they were involved.

2 Q. Yes.

3 A. But if it occurred outside ordinary sort of office  
4 hours, then the registrar, senior registrar, may not  
5 have been in the unit --

6 Q. Exactly.

7 A. -- like myself, who ...

8 Q. So if we take, let's say, it happens at night when the  
9 registrar --

10 A. Yes.

11 Q. -- isn't there -- you had perhaps called earlier in the  
12 day -- the way it would have been expected to have  
13 happened would be that somebody would make the point of  
14 going to seek out the registrar on duty the next morning  
15 to say, "Doctor, yesterday evening it is clear from what  
16 we have been told at the handover this morning that X or  
17 Y had to be given an injection of a sedative".

18 A. Yes, I certainly thought it should have been discussed  
19 with the registrar, the senior registrar, the next day.

20 Q. And not just written up in the notes and then not  
21 followed up?

22 A. Because notes are not always read by everyone.

23 Q. Well, in the nature of things that's bound to be the  
24 case. Isn't that so?

25 A. Better to bring it verbally to -- if it is an important

1 issue, much better to bring it verbally to someone's  
2 attention.

3 Q. And as a rare occurrence it would by its very nature be  
4 an important issue?

5 A. It would be a rare occurrence I would have thought, yes,  
6 and do think.

7 Q. Yes, but also because of that, it would be an important  
8 issue to raise with the nursing staff?

9 A. Why it was necessary, yes, and what was happening, why  
10 this situation couldn't be dealt with by less dramatic  
11 means.

12 Q. And that in turn would have implications presumably for  
13 the nature of the treatment of the child in question  
14 over the following days and possibly even weeks?

15 A. Yes, because this, I mean, could be interpreted by the  
16 child as something quite frightening --

17 Q. Of course.

18 A. -- and assault almost.

19 Q. One of the considerations I presume would have been,  
20 "Well, is it likely that we will have to do this again  
21 in the near future?"

22 A. Well, you would maybe consider in detail why it happened  
23 and try to avoid such a situation arising in the future.

24 Q. Yes. Thank you very much, doctor.

25 MS DOHERTY: Thank you. Can I just ask: did consultants

1 have any role in deciding which nursing staff would work  
2 in Lissue or was that just a matter for the ...?

3 A. No, that was a nursing line management issue. We had no  
4 say really in which staff --

5 Q. Which staff.

6 A. -- unless we happened to be involved in an interview  
7 procedure, asked to take part in that.

8 Q. Do you remember that happening? Did you ...?

9 A. No, not really, no, because there were all these  
10 separate line managements.

11 Q. Uh-huh. Yes. Did you ever have an experience of having  
12 to talk to the senior nurses about the practice of any  
13 of the nurses on the ward in Lissue?

14 A. Where I might have been unhappy about some of their  
15 activities?

16 Q. Yes.

17 A. Not really, no. I would have largely left that to the  
18 Nursing Sister or Charge Nurse, who was the senior  
19 nurse.

20 Q. So you didn't have any -- you didn't have any reason to  
21 think, "I am not too happy about how that nurse is  
22 interacting with the children"?

23 A. Well, as I think I mentioned earlier in this interview,  
24 I didn't really observe that sort of thing.

25 Q. In relation again with maybe more the senior nurses was

1           there concern about the mix of children? Did they talk  
2           to you about the demands on them with older children  
3           coming in or children with more challenging behaviour?

4    A.    Oh, I think there was a concern about older children  
5           about severe behavioural problems which -- where you had  
6           to control the situation.

7    Q.    And that would be discussed at the multi-disciplinary --

8    A.    Discussed certainly at a weekly multi-disciplinary ward  
9           round, but it would also be mentioned to myself or  
10           others on an individual basis.

11   Q.    Just a final question. Did you meet regularly with and  
12           to supervise the senior registrar or the registrar?  
13           Were they within -- did you have regular meetings with  
14           them?

15   A.    Yes, I would have seen them whenever I was there, yes.

16   Q.    Would that be seeing them in the passing or would there  
17           be a kind of formal element?

18   A.    No, I mean talking to them.

19   Q.    Talking to them?

20   A.    Yes.

21   Q.    Would you play a formal role in their assessment of  
22           their competence?

23   A.    Well, discussing how they were managing in the unit,  
24           because it was a very different sort of work for  
25           a registrar or a senior registrar working with disturbed

1 children --

2 Q. Uh-huh.

3 A. -- because a lot of them might have come through the  
4 adult psychiatric field --

5 Q. Sure.

6 A. -- which is a very different area.

7 Q. Uh-huh. So you would have talked to them about the  
8 practice and how they were finding it?

9 A. Help them with difficulty, yes, of course.

10 Q. Okay. Thank you very much.

11 MR LANE: Just going back to the question of the older  
12 children again, we have obviously heard that there were  
13 one or two, not a large number, but there were some  
14 older children and the problems they caused. We have  
15 seen your letter where you wanted to put the limit at  
16 13.

17 A. Yes.

18 Q. I have seen another document which suggested older  
19 children were acceptable as day patients but not as  
20 residents at another time. I couldn't give you the date  
21 at the moment.

22 Now, you know, what was the sort of basic thinking  
23 about whether they should or should not be admitted?  
24 Was it simply a matter of control?

25 A. Well, control, but there were less staff on at night.

1 Q. Uh-huh.

2 A. So the more difficult older patient would be more  
3 difficult to deal with during the night in an in-patient  
4 context whereas the day patient left at sort of  
5 5 o'clock, 4.30.

6 Q. And if they had come as day patients, they would have  
7 gone to the school then, would they?

8 A. Oh, they would attend the school, yes.

9 Q. Okay.

10 A. By and large all patients attended the school --

11 Q. Yes.

12 A. -- unless there was some specific reason.

13 Q. And when they got ruled out, where did they actually go  
14 for the sort of treatment you were able to offer? Was  
15 there anywhere for adolescents at all?

16 A. No. Adolescent facilities in Belfast were very limited.

17 Q. So they could carry on being day patients at the  
18 hospital?

19 A. No, no, no. We had to stop at some stage --

20 Q. Uh-huh.

21 A. -- when we felt we had achieved maximum beneficial  
22 effect with the individual. Probably went back then, if  
23 it was a Social Services' patient, back to Social  
24 Services unfortunately --

25 Q. Right.

1 A. -- or the school situation, educational psychology  
2 situation, a person within the school.

3 Q. Or as an adult patient with the Mental Health Services  
4 presumably?

5 A. Well, one was very reluctant to -- I mean, children of  
6 that age shouldn't be admitted to adult psychiatry  
7 facilities --

8 Q. Uh-huh.

9 A. -- but they often were, because of the lack of proper  
10 adolescent facilities in Northern Ireland.

11 Q. If they got placed in a Social Services' establishment,  
12 did you offer consultant support to the staff there on  
13 how they should be managed?

14 A. Not -- well, other than at the initial handover, no.

15 Q. Okay. Going right back to the beginning, when the  
16 Psychiatric Unit was set up at Lissue, I believe there  
17 was a working party that worked on how it should be  
18 managed and so on. Presumably that put together the  
19 proposal for what the staffing should be --

20 A. Yes.

21 Q. -- including people like the OT.

22 A. Yes.

23 Q. So there was collaboration between the different  
24 services in establishing it?

25 A. Oh, yes.

1 Q. But there was nothing ongoing to make sure that all  
2 those units collaborated?

3 A. Other than through the individuals who were present in  
4 Lissue --

5 Q. Uh-huh.

6 A. -- who could feed back to their own line management  
7 system.

8 Q. Right. There wasn't a sort of an annual meeting at  
9 which you would have a representative --

10 A. No, no, no.

11 Q. -- of the senior people from those?

12 A. No.

13 Q. And the unit itself, where was it accountable to? To  
14 the Health Authority?

15 A. Well, different parts of it unfortunately through  
16 line management were accountable to different parts of  
17 the health system, part of it in Lisburn, part in  
18 Belfast, part in North & West Belfast. Social workers  
19 were North & West Belfast, nurses were Lisburn area and  
20 medical staff were The Royal.

21 Q. So there was nobody in a more senior capacity who sort  
22 of you might say owned it?

23 A. No, other than perhaps Dr McAuley and myself, who tried  
24 to take an over-reaching view of things.

25 Q. Okay. Thank you very much.



1 CHAIRMAN: Well, Dr Nelson, you will be relieved to hear  
2 that's the last question we have for you. Thank you  
3 very much for coming to speak to us today about your  
4 recollection of matters which I am sure you are rather  
5 disturbed to see how far back you are being asked to  
6 remember things.

7 A. It gets more difficult.

8 Q. It certainly does. It more than forty-five years in  
9 some respects, but thank you very much for doing so.

10 A. Thank you very much, Mr Chairman.

11 (Witness withdrew)

12 Mention of additional statements by COUNSEL TO THE INQUIRY

13 MS SMITH: Chairman, Panel Members, just before we rise  
14 today I want to draw attention to the fact that the  
15 Inquiry has received two further statements from the  
16 Health & Social Care Board, just to put those formally  
17 on record, one from Dr McKenna, which is at LIS695 to  
18 713. He talks about he himself was Medical Officer to  
19 the Northern Ireland Health Authority and then Chief  
20 Administrative Medical Officer to the Boards before  
21 becoming Chief Medical Officer to the DHSS. He deals  
22 with the management structure and how Lissue fitted into  
23 the changing organisational structures within the Health  
24 Service. At paragraph 8 he addresses how complaints  
25 were handled and at paragraph 9 he said that it was

1 an unusual set-up as to who was responsible for Lissue.  
2 Finally, at paragraph 10 he discusses the issue of  
3 Dr Morris Fraser and addresses changes and how such  
4 things were handled.

5 There is a statement from Miss Brenda Creaney at  
6 LIS1399 to 1404, which describes the response made by  
7 the Belfast Trust to allegations made about a staff  
8 member at Lissue following Stinson.

9 CHAIRMAN: Yes. Thank you. Well, we did not consider it  
10 necessary that either of those witnesses should be  
11 called to give evidence, but we are fully aware of the  
12 nature and content of the statements and we have read  
13 them.

14 Well, ladies and gentlemen, we propose to adjourn  
15 now. In the normal way I would say this would probably  
16 be the end of this module, but there is one outstanding  
17 witness, who has been referred to more than once I think  
18 in the course of today, who we anticipate, because he  
19 could not come on an earlier date, will come on the  
20 morning of Tuesday, 26th April.

21 There may still be an issue as to whether or not we  
22 need to hear further from either the Health & Social  
23 Care Board or a witness from it in relation to this  
24 nursing report that is still being sought, but that must  
25 await the outcome of the searches. If such a witness is

1 required, it will be either on 26th, 27th or 28th, at  
2 the very latest 28th, that we will try and fit that  
3 witness in, Ms Stewart. So if you could -- sorry.  
4 Ms Smyth. If you bear that in mind in speaking to your  
5 clients.

6 MS SMYTH: Yes.

7 MS SMITH: That concludes today's evidence, Chairman.

8 (4.30 pm)

9 (Inquiry adjourned until 10 o'clock  
10 on Tuesday, 26th April 2016)

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I N D E X

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2

3 WITNESS LS7 (called) .....2

4     Questions from COUNSEL TO THE INQUIRY .....2

5     Questions from THE PANEL .....54

6

7 DR ROGER MCAULEY (called) .....65

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