

HIA REF: []

NAME: [Dr William Nelson]

DATE: [22 March 2016]

THE INQUIRY INTO HISTORICAL INSTITUTIONAL ABUSE 1922 TO 1995

Witness Statement of Dr William Nelson

1. I, Dr William Nelson MB, Bch, BAO, DPM, MRC, PSYCH, FRCPI, will say as follows: -

My career history is as set out below:

2. Houseman RVH 1958-1959:

Started training in General Medicine as per wishes of the then Professor of Psychiatry, Professor John Gibson. After 2 years started training in Adult Psychiatry at Windsor House, Belfast City Hospital.

DPM London (by Examination)

Started Child Psychiatry training with Dr W F McAuley, Consultant Child Psychiatrist in the Belfast City Hospital, at that time the only Child Psychiatrist in Northern Ireland, working only with out-patients.

MRCPI (By Examination)

FRCPI awarded

MRCPSYCH awarded

After appointment as Consultant Child Psychiatrist, because of limited child psychiatry experience in Northern Ireland, I was first seconded to work for 6/12 months in child psychiatry outpatient work at the Maudsley Hospital in London. Then I was seconded for a further 6/12 months to work in the child psychiatry in-patient wards at the Maudsley Hospital, London. In out-patients I worked with Dr W Warren

and in in-patients worked with Professor Michael Rutter. After my experience at the Maudsley Hospital, I took up my post as Consultant Child Psychiatrist at the RBHSC.

3. I was, at that time, the only Consultant Child Psychiatrist working in Northern Ireland. Engaged then in only out-patient work at the RBHSC. I also had to cover child psychiatric emergencies coming into the RBHSC, RVH Accident and Emergency Department, BCH Accident and Emergency Department and the Ulster Hospital with attempted suicide and overdoses taken for various reasons. Liaising with paediatricians regarding ward patients was also an important part of the work. At any time over any 24 hour period these emergencies had to be seen quickly.
4. The Child Psychiatric in-patient unit opened by myself in 1971 with 20 in-patients and 5 day-patients. I continued to work at both out-patients at the RBHSC and also cover the new in-patient, unit as Consultant Child Psychiatrist. I retired in 1992.
5. I felt Northern Ireland required in-patient facilities as we were seeing numbers of patients which could not be satisfactorily treated on an exclusively out-patient basis. Many with behaviour disorders out of control, also emotional difficulties such as Anorexia Nervosa, Depressive Illness, Psychotic Diagnoses. These conditions posed serious risks to the child and family.
6. Lissue House at this time was a paediatric unit both on the ground floor and first floor. It was fortunate that Orthopaedics were moving out of the first floor. Some structural work was required, such as a 2-way screen in the old bothy at the back of the day and sleeping area in the main building. A playroom was also organised.
7. Both outpatients at the RBHSC and Lissue were set up as multidisciplinary units. In Lissue we had a trainee Psychiatric Registrar / Senior Registrar full time in inpatients. Other professional personnel were a Social Worker and Clinical Psychologist. For some years we had an Occupational Therapist who was later withdrawn despite our objections. Nursing staff made up one of the most important professionals, being full time 24 hours a day caring for and

treating children, with a Senior Sister / Charge Nurse at their head. There was also a school attached to the unit.

8. In 1976 Dr R McAuley organised an area within the unit where whole families could be admitted for 2-3 weeks.
9. This in-patient, day patient unit, 20 in-patients and 4/5 day patients was the first general Child Psychiatry inpatient unit in Ireland when it was set up. There was an inpatient unit in Dublin, but this was only for Autistic children.
10. Each consultant carried out a half day multidisciplinary ward round each week. All consultants also carried full out-patient assessments and treatment clinics at the RBHSC and later at other places.
11. Outside professionals involved with children being discussed at ward rounds were invited to attend such rounds and also, if appropriate, to attend some treatment sessions. Parents and family members were also encouraged to attend relevant treatment sessions. The Social Worker attached to the unit would be having regular contact with them. Individual children in the unit would be seen by our Clinical Psychologists and trained Doctor.
12. I myself used to visit Lissue every day at different times of the day and also during night hours, with unannounced visits, talking to staff / children and walking around the unit.
13. Most treatments and interventions were carried out by staff full time attached to the in-patient / day patient unit.
14. Dr Barcroft worked as a Consultant Child Psychiatrist, both at the RBHSC and had patients in Lissue. He only worked in Belfast for a limited number of years.
15. Some years after the opening of Lissue, I started using a Family Therapy model of assessment and treatment based largely on the teaching of Salvador Minuchin from Philadelphia, USA, where I visited. This approach included all or

as many members of the family as possible to attend both outpatients at RBHSC and inpatient / day patient sessions at Lissue.

16. A regular Family Therapy teaching course was set up by myself with a senior and very experienced Social Worker in Family Therapy from the Tavistock Clinic in London. This person visited us at the at RBHSC once per month, for over a year. Apart from staff in Belfast and Lissue, we also invited a number of outside professional staff to join this course on a regular basis.
17. The main strengths of Lissue were the multidisciplinary team who had the opportunity to observe children and their families closely over the day and night over weeks. Children who were out of control of family or school who would have to have been removed to a place of safety, but without treatment facilities; could both be kept safe and treated in the Lissue situation.
18. Also severely, emotionally disturbed children such as those with Anorexia Nervosa which carried significant morbidity, including death. Very depressed and psychotic children who could not be kept safely at home were in a place of safety and also able to be treated.
19. The age range at Lissue was always a difficulty ranging from around 0 to 14 years. The main pressure for admissions was from older children and often those with severe behaviour problems. To what extent emotional or mental health difficulties were present in these children, or where we being asked to admit because of their difficult behaviours at home, school and community which could have different origins, not necessarily psychiatric and where no other facility that could manage them, are all examples of what we had to assess.
20. Northern Ireland did not have specialised Social Services or residential facilities as you would find in the London area or other parts of mainland UK, such as Newcastle, Liverpool, Glasgow. All units I visited.
21. I have been provided with the Stinson, Devlin and Jacobs reports to update me. My response to the allegations in the Stinson report together with my responses

to the Devlin and Jacobs reports would be, I am very saddened that I was not made aware of the issues therein at the time they were alleged to be occurring. As I have previously indicated in this statement I was in Lissue very nearly every day at some time. It is unfortunate that staff did not feel able to approach myself, as I talked often to various staff in the unit particularly nursing staff. I was not aware of Dr McAuley or Dr Barcroft having been made aware of any of these issues or events.

22. It would have been so much easier to have dealt with the difficulties as they were occurring, rather than having to consider these issues on the basis of complaints made up to 15 years after the alleged events. I was under the impression that I had a good enough relationship with the staff at Lissue and that they could have approached me about these difficulties. It is disappointing that this does not appear have been the case.

I believe that the facts stated in this witness statement are true.

Signed W. C. Nelson

Dated 22.03.2016



1973 1013

The Royal Belfast Hospital
for Sick Children

CHILD PSYCHIATRY DEPARTMENT

Belfast BT12 6BE Northern Ireland. telephone 240503

Ext 3550/2100

To DANO, FOR INFORMATION

EB Sullivan
no issue
30-3-

To: All Members of Staff

Date: 29 March 1983

From: Dr W McC Nelson

	6/4/83
	DANO
	✓
	✓

LISSUE HOUSE

It has been decided by Senior Medical Staff to operate a strict age limit of 13th birthday for admission to Lissue either as In-patient or Day-Patient. All future admissions should be under the age of 13 years.

Dr W McC Nelson
Child Psychiatry, RBHSC and Lissue House.

EASTERN HEALTH AND SOCIAL SERVICES BOARDMEMORANDUM

From: Miss A Grant
 Director of Nursing Services
 Ref. Belvoir Park/Forster Green Hospitals

To: Mr R Lyons
 Assistant Group Administrator
 Ref. Belvoir Park/Forster Green Hospitals

10 June 1988

RE CHILD PSYCHIATRY LETTER 27.5.88 SENT BY THE THREE CONSULTANTS TO DR A GREER ACTING C.A.M.O.

I will only comment on those paragraphs which include a nursing item in the above letter.

Para 3 The transfer of nursing staff from Lissue to Forster Green "will be taken care of" (I quote) by the Nurse Managers concerned and the first stage of this was completed some weeks ago. Formal and informal contact with staff at Lissue has been maintained. I am sure they would resent the implied criticism of the clinical work in the unit.

Para 4 "Plans" were not prepared by medical staff. They were given the courtesy of looking at the feasibility of the number of rooms being adequate. Medical staff do not recognise the need for domestic, changing or other storage, so these "plans" did not continue to be used. In fact, most of the room usage has been agreed, changing various rooms at the suggestion of the medical staff - such as their offices, second floor, from back to front wing. Parents' accommodation has been increased and moved from back to front wing.

Meetings On one occasion an "emergency" meeting was called by the Department Architects at short notice, the medical staff were given the option of attending.

One area is the subject of strong disagreement between medical and nursing staff, this is the former school rooms and rooms opposite at end of ground floor, back corridor, Rooms 44, 46, 47.

Medical staff wish the corridor walls removed to create one large play (or dining) area. Nursing staff, irrespective of cost or feasibility, and the fact that it is a throughway to fire door, are strongly opposed to this idea for the following reasons.

A large number (up to 20) of children of varying ages, temperaments and backgrounds, plus perhaps some parents, do not integrate well as a "herd", and become difficult to control. The plan as presently shown will give two larger rooms (for snooker, table tennis, etc.) and three small rooms, for privacy and sanctuary.

The National Board Inspection of Jan/Feb 1987 withdrew approval as a nurse teaching unit as the philosophy of care was seen as restrictive and "custodial". The structure and layout of Lissue was not seen as "well suited for its present use".

We would also refer to the E.H.S.S.B. document "Coping with violence (agression) in a work situation", Chapter 4 "Caring for patients in small groups, facilities for privacy and the development of individual programmes of rehabilitation and therapy for each patient should be important aspects of hospital policy. Overcrowding.... in wards and waiting rooms should be avoided".

Continued/.....

EASTERN HEALTH AND SOCIAL SERVICES BOARD
The Royal Belfast Hospital
for Sick Children

DEPT OF CHILD PSYCHIATRY

Belfast BT12 6BE Northern Ireland. telephone 240503

EXT 3550/2100

27 May 1988

Dr A Greer
Acting Chief Administrative Medical Officer
Linenhall Street
BT2 8BS

Dear Dr Greer

As you are aware the EHSSB decision to transfer the Child Psychiatry IP Unit from Lissue Hospital to the old Nurses Home on the Forster Green site is now underway. For some time but particularly since December 1987 we have to some degree been involved in the active planning of this transfer. We now wish to draw to your attention that we have considerable misgivings about the manner in which this whole venture is being conducted. Our major concerns are as follows: -

1. We fail to see how the capital sum made available for this project was reached. We are not aware of any knowledge which would suggest that the basic needs of a Child Psychiatry Unit were ever considered. It would not seem unreasonable that we should have been consulted on this point.
2. The money which has been made available is grossly inadequate. The large proportion would appear to be required for basic and essential maintenance work such as rewiring and replumbing - this being work which would be in any case required for any continued use of the building by any persons or units. Consequently there is little capital available for the adaption of the building to a Child Psychiatry IP Unit. We hope to run a Child Psychiatry IP unit, not an updated Nurses Home.
3. The time-tabling and steps involved in the transfer leave a lot to be desired and this is inspite of our requesting a clear outline about how the project should proceed. For example dates for completion of the project were in the first instance totally unrealistic and now seem extremely uncertain. Further what are the exact steps involved in for instance the nursing staff transfer from the old to the new.

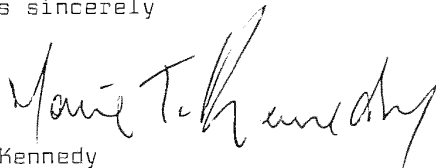
The only information we have on this point is that "it will be taken care of". This apparent lack of a clear time-table and the consequent uncertainties created are having marked effects on staff moral at Lissue Hospital. This of course has a knock-on effect on day to day clinical work. The staff involved in this transfer deserve more consideration.

4. Meetings on the Forster Green site to discuss the transfer have also had their problems. Plans put forward by senior medical staff have on occasion been ignored and only resurrected after strenuous protest. Meetings have been called at short notice without due consideration to our busy schedules. A little more careful forward planning and consideration of our views would not be out of order.

The Child Psychiatry IP Unit provides services for the needs of the whole of Northern Ireland and fulfils a need which is not available elsewhere. It is our opinion that the transfer project does not give due recognition to the importance of this service. Finally the verbal assurances of Board Officers (at the time when the transfer was initially discussed) that the new unit would have comparable facilities to those within Lissue Hospital are beginning to sound hollow.

We would hope that the matter raised in this letter will receive your careful attention and consideration.

Yours sincerely



M T Kennedy

Consultant Child Psychiatrist



R McAuley

Consultant Child Psychiatrist



W McC Nelson

Consultant Child Psychiatrist

cc Mr Simpson (Chairman of Eastern Board)
cc Mr Brown (Unit Administrator)

RMCA/SMCK

6.1.8 Working Group - Guidelines on Nurse Training - Report of the Working Group - Optimum Number of Examiners who should be involved in the completion of Progress Rating Forms

Copies of the above Report had been circulated whilst a paper detailing amendments for Sections 10.0, 10.1 and 11.6 of the Report were tabled. **LS 107** reported on the background to this issue.

Members noted that the main principle which arose from the deliberations of the Working Group related to instruments which could be seen in an examination context as having a direct and identifiable relationship with set learning objectives and/or competencies established by or on behalf of the educational authority. It was noted that the Progress Rating Forms have been controversial in the past where the decision of one examiner could lead to discontinuation of training. In the light of this it was agreed to endorse the proposal that more than one examiner would be involved in determining the result of the first or subsequent entry to the examination.

Accordingly it was agreed to recommend to the National Board that the Report of the Working Group be approved.

Agreed.

6.2 Local Training Committee Minutes

Receipt was noted of the following:-

- (i) College of Mental Health Nursing.....4 February 1987
- (ii) Southern Area College of Nursing.....16 February 1987
- (iii) Western Area College of Nursing.....24 February 1987

6.3 Colleges of Nursing

6.3.1 College of Mental Health Nursing

6.3.1.1 Inspection of Clinical Facilities - Child Psychiatry Unit, Lissue Hospital, Lisburn

Copies of the report of the above inspection had been circulated.

Members were asked to consider Section A together with that part of Section B which dealt with the Child Psychiatry Unit.

LS 108 stated that this report had been previously considered by the Education Committee in respect of Section A and the Paediatric Unit in Section B.

Having examined the report it was agreed to recommend to the National Board that the Child Psychiatry Unit at Lissue Hospital be not approved for nurse training purposes.

For Noting



Health and Social
Care Board



Report in respect of Historic Review of Children admitted to Lissue and Forster Green Hospitals

Introduction

This report sets out the findings of a review of the care and treatment of children admitted to Lissue and Forster Green Hospitals in the late 1980's.

The review was instigated by the legacy Eastern Health and Social Services Board following receipt of a Serious Adverse Incident report on 2 May 2008.

The report includes a summary of a parallel audit undertaken by the Belfast Health and Social Care Trust to ensure that current safeguarding arrangements within the regional inpatient child and adolescent facility are robust.

Background

Lissue and Forster Green Hospitals were directly managed services within the Eastern Health and Social Services Board with the establishment of Trusts in 1994. The hospitals provided inpatient care for children with a range of mental health difficulties including anorexia, depressive illness, suicidal and self harming behaviours and a range of conduct and behavioural problems.

The service was at that time Consultant led and two Consultant Psychiatrists provided support from the Child Psychiatry Unit based on the Royal Victoria Hospital site. Lissue Hospital ceased operation as a Child Psychiatry Unit in 1991.

A second review was undertaken by an Independent Nurse Consultant and the report was received in May 2009. This provided an overview of the standard of nursing care at Lissue and Forster Green based on the first independent review report and an examination of a further 4 case files.

The review found that there was a lack of appropriate care planning and planned responses to children and adolescents engaged in sexualised behaviours or bullying.

The lack of procedures and protocols aimed at promoting the safe management of relationships resulted in children and staff being placed in vulnerable situations.

Examples of practice from the case notes indicate a harsh and punitive regime which promoted authoritarian control of nurses over children.

There was little evidence of multi disciplinary working and the use of restraint was clearly referenced in case files.

The review drew attention to the conduct of a named member of staff which is addressed later in this report.

The third review was undertaken by an Independent Consultant in Child and Adolescent Psychiatry who works within the NHS in England. This report was received in February 2010 and provided a commentary on the initial review report and notes and records were made available including notes at ward rounds.

This report highlighted new information from the case notes in relation to abuse of children by other children. This new information was forwarded to PSNI who responded in September 2010 advising that their contact with the children identified has not resulted in a complaint and they did not intend to proceed in this matter.

This report concluded that the service provided by the medical staff was clinically good, however, there were a range of factors that mitigated against providing appropriate and adequate care to the children at that time.