
HISTORICAL INSTITUTIONAL ABUSE INQUIRY

being heard before:

SIR ANTHONY HART (Chairman)

MR DAVID LANE

MS GERALDINE DOHERTY

held at
Banbridge Court House
Banbridge

on Wednesday, 27th April 2016

commencing at 10.00 am

(Day 203)

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

1 Wednesday, 27th April 2016

2 (10.00 am)

3 MODULE 13

4 (Proceedings delayed)

5 (10.45 am)

6 MISS FIONNUALA McANDREW (called)

7 CHAIRMAN: Good morning, ladies and gentlemen. If anyone
8 has a mobile phone, please ensure it is turned off or
9 placed on "Silent"/"Vibrate", and I remind you, as
10 always, no photography is permitted either here in the
11 chamber or anywhere on the Inquiry premises.

12 Yes, Ms Smith?

13 MS SMITH: Good morning, Chairman, Panel Members, ladies and
14 gentlemen. Our witness today is Miss Fionnuala
15 McAndrew. She is first of all going to speak about
16 a matter in Module 13 in respect of Lissue. Fionnuala
17 has not yet given evidence, although she has provided
18 statements to the Inquiry. So she wishes to take
19 a religious oath.

20 MISS FIONNUALA MCANDREW (sworn)

21 CHAIRMAN: Thank you. Please sit down.

22 Questions from COUNSEL TO THE INQUIRY

23 MS SMITH: Now in respect of this issue Fionnuala has given
24 the Inquiry a statement, which can be found at LIS1436
25 to 1443. If we can just look at that, this is the

1 additional statement dated 22nd April 2016 that you
2 provided to the Inquiry on a matter that arose during
3 the evidence in respect of Lissue Hospital. Can I just
4 confirm that in the statement, Fionnuala, what you do is
5 you set out in greater detail the methodology of the
6 reviews that were carried out into Lissue, the Stinson
7 report, the Devlin nursing review and the Jacobson
8 review.

9 **A. Yes.**

10 Q. Jacobson it was. Yes?

11 **A. Jacobs.**

12 Q. Jacobs review, yes. In paragraph 7 you say that:

13 "Essentially this review process was a specific
14 exercise and it was not envisaged to be a full review.
15 Rather it was a more limited and immediate exercise
16 designed to try to ensure that there were no
17 safeguarding issues for children being cared for in
18 Lissue",

19 and by that you understood it to refer to whether
20 there was the possibility that any member of staff
21 thought to be a possible risk was still being employed
22 in a caring role.

23 **A. That's correct.**

24 Q. Just to confirm also this was one of the first acts of
25 the newly formed Health & Social Care Board, and it was,

1 as you call it, the legacy boards, the Eastern Health &
2 Social Services Board, who had carried out these
3 reviews.

4 **A. That's correct, and I was appointed in April 2009, and**
5 **this process was probably two-thirds complete when**
6 **I joined as the new Director of Social Services, which**
7 **was an amalgamation of the four legacy boards, with the**
8 **new regional Board.**

9 Q. Paragraph 8 here you say that with regard to the Stinson
10 report you would like to make a comment on both the
11 process and nomenclature.

12 "Mr Stinson did not review full files. He read
13 selected extracts from files provided after an initial
14 sift by a former librarian, who had been employed on the
15 basis of her skills to quickly read material. She was
16 asked to identify any records of concern."

17 The title of the report "Independent Report, Lissue
18 and Forster Green Hospitals, Historic Case Review", you
19 say that, although that was the title, it was clearly
20 understood by everyone that it was an independent review
21 of extracts of files that the Eastern Health & Social
22 Services Board had commissioned and from which they
23 would subsequently provide future recommendations. So
24 a better title might have been "An Eastern Health &
25 Social Services Report in respect of Lissue and Forster

1 Green Hospitals, incorporating an Independent Review of
2 Historic Cases".

3 Now you are making the point here that essentially
4 a sample of files were taken. Extracts were taken from
5 those sample files. So the whole files were never seen
6 by Mr Stinson, first of all. Isn't that correct?

7 **A. That's correct.**

8 Q. And then his findings were then looked at by Mr Jacobs.
9 So it was a review of a review that in itself was
10 limited in scope.

11 **A. I think that it is fair to agree to that. I just wanted**
12 **to make the point that the purpose of the review and the**
13 **sifting and the sampling exercise was clearly**
14 **articulated by the legacy Board and related to the**
15 **specific purpose for this sampling exercise that they**
16 **set out. So there were four areas that they**
17 **particularly wanted to cover, and they felt that the**
18 **sampling exercise lent itself to fulfilling that**
19 **purpose.**

20 Q. You talk about that in paragraph 5. You set out what
21 the specific --

22 **A. Yes.**

23 Q. -- tasks that this review was intended to achieve --

24 **A. That's correct.**

25 Q. -- was. Now during the course of the --

1 A. Could I just -- am I allowed to make --

2 Q. Yes, of course.

3 A. -- a further comment on that? I mean, I do set out in
4 general terms in paragraph 5 what the purpose was, but
5 there were four objectives that were associated with the
6 review, and they are not in the statement, but they are
7 clear in the minutes and records that I have looked at.

8 That was very much to deal with concerns that might
9 be of a child protection nature. It was to make sure
10 that anything which may be a criminal offence was
11 appropriately dealt with. It was also to make sure that
12 there was --

13 CHAIRMAN: A little bit more slowly, please. You have not
14 told us these before.

15 A. I beg your pardon.

16 CHAIRMAN: Deal with child protection concerns?

17 A. Any concerns that may potentially be of a child
18 protection nature. Am I speaking too quickly? My
19 apologies.

20 CHAIRMAN: Just you haven't set these out in your statement.
21 So it is the first time we have heard them.

22 A. Yes, I think that's right. That --

23 Q. So just -- what's the second one?

24 A. That if there were any concerns that may constitute
25 a criminal offence, that they had been appropriately

1 dealt with, and that if there were any professional
2 issues, and I took that to mean that any staff that were
3 referenced in the records, if they were still in the
4 employment of the service, then appropriate action was
5 taken, and then, finally, to satisfy themselves that the
6 current care of children in a similar facility was
7 appropriate.

8 So I acknowledge it is not set out specifically in
9 the statement, but from my reading of records those were
10 the specific objectives of the exercise.

11 MS SMITH: In that regard you are distinguishing the purpose
12 of these reviews from what might otherwise be seen as
13 a full review of the practices in Lissue.

14 **A. That's correct.**

15 Q. Now there is a document that the Inquiry has looked at
16 and which led you to make this additional statement,
17 Fionnuala. That's 13714. This is what is known as
18 Folio 21. You refer to it in the body of your
19 statement. Now when we were talking earlier, I think
20 you have clarified certainly for me that what you did in
21 this document was simply summarise the contents of those
22 reviews --

23 **A. That's correct.**

24 Q. -- the Stinson, Devlin and Jacobs review.

25 **A. That's correct. I had no independent information to add**

1 **to those reviews.**

2 Q. So if we can just scroll through this, please, you set
3 the introduction and background. Then you go on to the
4 incident report, the methodology of the review, the
5 independent review reports, and then if we can pause
6 here, please, the next -- just at the top there where it
7 says:

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

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

14 That is not your personal view. That is your
15 summary of what was in those reports?

16 **A. That's correct.**

17 Q. This report you provided for the benefit of the Board.
18 I was -- those -- it summarised the conclusions of the
19 reports and that was subsequently sent on to Maura
20 Briscoe -- and I will look at that in a moment -- in the
21 Department.

22 I was wondering what discussion there was on your
23 summary at Board level, because the minutes that you
24 refer to in your statement I have looked at and they're
25 at -- I don't think we need call it up, but it is at

1 LIS12037 onwards. The purpose of the meeting was to
2 provide an update on the investigation in respect of
3 Lissue and Forster Green Hospitals and agree a way
4 forward.

5 The summary of the discussion essentially confirms
6 what you have said in your statement, but I wondered how
7 much detail -- I mean, you have said that the limited
8 scope of these reviews was known to those who were at
9 that Board meeting and would have been well aware that
10 it was very much a limited and specific exercise. Is
11 that correct?

12 **A. That's correct. I mean, my memory of the discussion at**
13 **the Board meeting was that there were substantial**
14 **discussion about the report and clearly Board members**
15 **were receiving something that had started -- was**
16 **a historical piece of work, that they were concerned**
17 **about some of the issues raised by the reviewers, but**
18 **that my input to that discussion made it very clear that**
19 **this was not a wider investigation or a wider view of**
20 **Lissue, but based on a sample of -- a small sample at**
21 **the time of cases.**

22 **Q. Was there consensus view that the findings of these**
23 **reports were accepted?**

24 **A. I think they were accepted because there was no other**
25 **information available to us to -- you know, to second**

1 **guess the professional views of the reviewers. We had**
2 **three professional reviewers, who looked at the**
3 **information available to them and made some assessment**
4 **of that information.**

5 Q. I am going to come on shortly to some other things you
6 say in your statement, but the -- when we were talking
7 earlier, you were explaining to me that they were
8 accepted as references about specific children rather
9 than the wider view of Lissue. Is that correct?

10 **A. That's correct.**

11 Q. But nonetheless they were matters that caused concern?

12 **A. Yes. I think that there was concern about some of the**
13 **entries in the records. Notwithstanding the limitation**
14 **of the sample size, there were still issues that were**
15 **highlighted by the professional reviewers that did cause**
16 **them professional concern.**

17 Q. Just to be clear, the point is that these were extracts
18 from files. So the entire file -- the context of maybe
19 why a certain behaviour or treatment was given to
20 a child was not clear from those extracts. Isn't that
21 so?

22 **A. I accept that, that perhaps there may be other**
23 **information in other records that the reviewers didn't**
24 **have access to, but my comment about that is that I am**
25 **very mindful that Maura Devlin's assessment was that**

1 **some of what she read even in the context of the time**
2 **could not be considered as reasonable or perhaps beyond**
3 **the bounds of reasonableness. So I think there were**
4 **issues in the sample that were taken that needed to be**
5 **highlighted.**

6 Q. I think the point that you would make that although it
7 was a limited sample, if one had looked at a greater
8 number of samples, there may have been further issues
9 raised in those samples that might have caused either
10 greater concern or alleviated concern.

11 A. **Well, that we don't know, but clearly there could have**
12 **been more evidence of concerns if the sample had been**
13 **extended.**

14 Q. If we can go, please, to 1441 and back to your own
15 statement at paragraph 14 -- sorry -- 19 -- 1441 -- yes
16 -- you say there that on reflection now in relation to
17 previous comments made about a harsh and punitive
18 regime, a lack of multi-disciplinary working, there
19 being no protocols or procedures, a lack of appropriate
20 care planning or planned responses to children engaged
21 in sexualised behaviours and bullying and the
22 environment within the unit presenting challenges for
23 staff observing and managing the children you want to
24 put some of those limitations in context -- sorry -- put
25 those into the context of the limitations outlined.

1 **A. Yes. I would like to take that opportunity, but just**
2 **make a comment first that my reading of the reviewers'**
3 **reports that the lack of multi-disciplinary working and**
4 **care planning was particularly about some of the**
5 **concerns that they read in the entries, which were**
6 **really about managing risky behaviour. So again even**
7 **the comments are in the context of the issues that were**
8 **raised in the small sample size.**

9 **I think that in reading the report now it might have**
10 **been clearer if I had made that more explicit in my**
11 **report to the Board at the time. I feel it was**
12 **understood, but perhaps reading the report with the gap**
13 **of a number of years that I would have -- could have**
14 **taken the opportunity to be more explicit about that.**

15 **Q. I mean, obviously hindsight is a wonderful trait, but**
16 **when you were writing that report, the people you were**
17 **writing it for were aware of the circumstances. Is that**
18 **the position?**

19 **A. I think everybody understood the context within which**
20 **the report was being presented to them.**

21 **Q. Paragraph 20 you go on to say that you are mindful that,**
22 **given the allegations made, there was a heightened**
23 **alertness at that time to any staff behaviour that may**
24 **have been seen as unacceptable, which could have**
25 **resulted in criticism of staff and other arrangements in**

1 Lissue which may not have been entirely warranted and
2 may not be sustainable now in light of the fuller
3 context provided to the Inquiry by the staff who were
4 employed at that time in Lissue.

5 You would also acknowledge that there could be
6 criticism of the review processes undertaken, but
7 mindful that these were never intended to be
8 a comprehensive review and assessment, as already
9 outlined above, and can't be viewed on that basis.

10 As we have been discussing, you are mindful that
11 hindsight brings a different perspective and thus
12 believe that it is appropriate to consider the context
13 of the time and expressed purpose and limitations of
14 those reviews.

15 I was questioning you a little bit about this,
16 Fionnuala, and I was asking you: do you now think the
17 views expressed by Mr Stinson in his report were
18 unwarranted?

19 **A. My view about this is that he was right because of his**
20 **professional requirements to make the comments that he**
21 **did about the concerns that he read about. I don't**
22 **think it is warranted that that's interpreted as**
23 **an indictment on the wider system within Lissue, and**
24 **certainly it was never the intention that that was what**
25 **should happen, or to make comment on the wider group of**

1 **staff who were employed in Lissue. It was specific to**
2 **the staff mentioned in any of the records.**

3 Q. Could it then be argued that there was a flaw with the
4 methodology employed?

5 **A. I have to balance the fact that the purpose of the**
6 **review and the fact that the accountable authority at**
7 **the time felt that the restricted sampling would be**
8 **evidence enough of some of the objectives that they**
9 **wanted to adhere to to the fact that if you were**
10 **undertaking a wider review of a regime, then you would**
11 **clearly have a much more extensive methodology.**

12 Q. One final matter that I am going to deal with then is
13 your letter to Dr Maura Briscoe --

14 **A. Yes.**

15 Q. -- sending this document that you prepared for the Board
16 to the Department. That's at 11921.

17 >Please find attached a report into the review of
18 a sample of cases of children who were admitted into
19 Lissue and Forster Green. You are aware from previous
20 communications that HSCB has liaised with Belfast Trust
21 and PSNI in these matters and PSNI has confirmed that no
22 further action will be taken in relation to the
23 allegations they have investigated."

24 You go on. I am not going to go through the letter,
25 but it is there. If we go to the final paragraph,

1 please, on the third page, where you say:

2 "However ..."

3 You apologise for the delay in finalising the report
4 and then say:

5 "However, I hope you will find that the Eastern
6 Health & Social Services Board instituted a robust
7 sampling exercise, but if you have any further queries,
8 then please contact me."

9 I wonder in light of what you have said to the
10 Inquiry today you wish to review the expression that
11 this was a robust sampling exercise?

12 **A. I think with hindsight there may be some challenges to**
13 **the methodology. I think I am clearly saying it's**
14 **a sampling exercise. Whether or not the term "robust"**
15 **could be stood over now because of the limitations that**
16 **it was extracts I have to reconsider I think in terms of**
17 **making that statement.**

18 **Q.** Well, thank you for that, Fionnuala. Is there anything
19 more that you want to say to the Inquiry about this
20 issue in respect of Lissue? Now is your opportunity to
21 do so before the Panel ask you some questions.

22 **A. Okay. I suppose it does relate to my letter to Dr Maura**
23 **Briscoe and the Department. A couple of comments.**

24 **From a personal perspective I have already said that**
25 **the process was two-thirds of the way in train when**

1 I joined the new Board. My concern in understanding the
2 process at the time was it seemed to me that there had
3 been drift in the process. There were lots of struggles
4 getting a child psychiatrist to undertake the medical
5 review. I was very focused on making sure that what had
6 been set out in the terms of reference had been
7 completed. I didn't question the fact that the previous
8 authority had agreed that terms of reference or process.
9 I was also very aware that part of the terms of
10 reference was to make sure everything had been referred
11 to the police, and as new information came forward,
12 I was very concerned to make sure that happened and did
13 make sure that happened following the Jacobs report.

14 You will see in my letter to Maura Briscoe I had
15 also met on a multi-professional basis with colleagues
16 in the Board, the Public Health Agency and the Trust to
17 agree actions that should be taken in respect of the
18 review reports.

19 I think it is important to emphasise that, that this
20 was not just an exercise and a report sat on the table.
21 There were things that we felt needed to be done as
22 a consequence of that and an action plan was drawn up.
23 I just want to draw the Inquiry's attention to that
24 fact.

25 Q. Okay. Thank you.

1 Questions from THE PANEL

2 CHAIRMAN: Can we have the previous page, please, 11922?

3 11922. Scroll back, in other words. Scroll down,
4 please. Stop there. When you wrote to the Department,
5 you said:

6 "It is also clear that children accommodated within
7 these hospitals were subjected to a harsh and punitive
8 regime."

9 There is no qualification there.

10 **A. I am accepting that with hindsight. When I wrote to the**
11 **Department, the Department knew the terms of reference.**
12 **They knew that it was a sampling exercise. It would**
13 **have been clearer -- it would have been clearer to have**
14 **said that it was specifically in respect of the children**
15 **within the context of the sampling exercise and I accept**
16 **that now.**

17 Q. Because I take it you can see how on one reading of that
18 letter it represents the considered view of the Health &
19 Social Care Board after three separate, albeit limited,
20 reviews that that was the position, but you are saying
21 that's a misreading of the position. You can see how
22 somebody would take a different view, can't you?

23 **A. Yes. I am agreeing with the point you are making,**
24 **Chair.**

25 Q. Yes.

1 **A.** I think that what I have also done in the letter is set
2 out the context of the time. So I did say that in the
3 context of practice at the time it is clear that some
4 practices that were commonplace would not be tolerated
5 today. So I was attempting to set it in some context,
6 but I think if you look at that one sentence, I have to
7 agree with you, Chair, that it could be lifted and seen
8 as a misrepresentation that it was the whole of the
9 practice in Lissue that I was commenting on, when
10 clearly in my mind and through the sampling exercise it
11 was not.

12 **Q.** Well, one can understand that the staff were challenged
13 by the complex needs of the children.

14 **A.** Yes.

15 **Q.** That's I think unchallengeable, but then:

16 "A poor physical layout and at times inadequate
17 staffing levels",

18 again those are specific criticisms of the regime
19 at the time. Isn't that right?

20 **A.** Well, they were factors in the context of trying to
21 manage these children's challenging behaviour at the
22 time, and I am aware certainly the reviewers raise those
23 issues and I am aware that subsequent staff who have
24 given evidence have commented that that was, in fact,
25 the case. So I don't feel at this point in time that

1 **that is necessarily a criticism or an unwarranted**
2 **statement. I think that that has proved to be correct.**

3 Q. Well, if something is inadequate, it is not adequate by
4 its very definition. Isn't that right?

5 **A. Correct.**

6 Q. If it is not adequate, the question then is: why wasn't
7 it adequate?

8 **A. Well, I can only go by what I have heard and read.**

9 Q. Yes.

10 **A. There may have been occasions when staff were not**
11 **available that should have been available. There may**
12 **have been occasions where the establishment for the**
13 **staff was being reviewed and there was consideration**
14 **that there should have been more staff available to deal**
15 **with particularly risky children. I would expect that**
16 **if representation was made at any point about staffing**
17 **levels, and I understand that they were, that the**
18 **responsible authorities would take that seriously and**
19 **respond to that.**

20 Q. I quite appreciate the point you make that by the time
21 you arrived that this new creation, The Health & Social
22 Care Board, which was the new manifestation in a single
23 form of what had previously been a number of quite
24 separate boards --

25 **A. Yes.**

1 Q. -- with no doubt separate problems, separate --
2 different working practices to some degree and so on,
3 but what appears to have happened here is that the
4 Eastern Board commissioned three reports, each of a very
5 limited nature, with slightly different objectives in
6 each case. Is that a fair summary so far?

7 **A. I am not sure that I would agree there were slightly**
8 **different objectives in each case. My reading of the**
9 **material is that the overall objectives that**
10 **I articulated earlier were the overall objectives for**
11 **the review.**

12 Q. We will come to the objectives in a moment.

13 **A. Okay.**

14 Q. Put it this way: with a slightly different methodology
15 and emphasis, because Stinson was looking at extracts,
16 which he had not compiled, but had been prepared for
17 him, and basing some rather wide-ranging assertions on
18 the basis of a very, very limited sample of material.
19 He had never himself examined the original files, if
20 I have understood you correctly.

21 **A. I think he did look at some --**

22 Q. Some?

23 **A. -- source material, but he certainly didn't look at**
24 **everything that was available for the individual**
25 **children, and I am confident that I can say that.**

1 Q. Then Dr Jacobs in London commented on the
2 appropriateness or the adequacy of the therapeutic
3 aspect of the care that was being provided for these
4 children and Maura Devlin dealt with other issues.

5 Did it not occur to the Board at the point when you
6 were looking at the results of these three distinct
7 reports that enough was said here to justify a full,
8 comprehensive retrospective review of the standard of
9 care that was provided in Lissue, because you had three
10 separate reports which raised concerns, some of which
11 I think it is fair to say the evidence we have received
12 clearly disproved. For example, the assertion that
13 there was no multi-disciplinary approach is clearly not
14 warranted, because nobody spoke to the people on the
15 ground. It was all done from sampling the files.

16 But did it not or should it not have been addressed
17 by the Board in the following terms: "First of all, we
18 have commissioned three reports. Each of them have
19 addressed certain aspects of what happened, but we are
20 left with concerns", because there was public concern
21 being voiced by public representatives in the media
22 about the way children were treated in Lissue, which is
23 evident from the fact that we are looking at it now
24 years later. Would it not have been appropriate for the
25 Board to say, "We really need to know exactly what

1 happened here. We need a full review by some suitable
2 person or group of people brought in from outside to see
3 what happened in Lissue"?

4 A. So the comment I would make in relation to that, Chair,
5 is that this was part of a broader retrospective
6 sampling exercise that was running parallel to this, and
7 I think that this is quite important in terms of the
8 decision that might be taken as to whether there should
9 be a further -- a wider review. So there were a series
10 of sampling exercises being undertaken. This was seen
11 in my mind as part. It contributed to a period of time
12 within the scope of that exercise. It was part of that
13 jigsaw, if you like, in terms of the retrospective
14 sampling.

15 That's why I was submitting my letter and the report
16 to the Board and the reports of the reviewers to the
17 Department. There were then discussions going on about
18 what the next steps were. I suppose in my head that was
19 not a conclusion, that the report to the Board didn't
20 feel like a conclusion of the exercise, but there was
21 dialogue with the Department about what the exercise
22 might be.

23 I am very mindful that at the point that that was
24 all taking place the proposal for this Inquiry had been
25 received and it was clear that this Inquiry was going to

1 **be set up and the opportunity to look broadly at**
2 **facilities where people came forward was going to be**
3 **afforded. I -- in that context I don't believe that it**
4 **was my decision about what the next step should look**
5 **like. It was an iteration between myself and the**
6 **Department.**

7 Q. Yes. Now you have referred to the four objectives,
8 which you say are not in your statement but were
9 articulated in discussions which are minuted of the
10 entire Board.

11 **A. Yes.**

12 Q. I would be grateful if you would provide us with
13 a statement exhibiting those minutes, because it is not
14 something we have seen, if I understand correctly, until
15 this moment. It may be it is somewhere within the
16 material that we have already been given, but I don't
17 believe we have been able to consider it, because we
18 have not been told about it before today. So if you
19 would let us have a statement as soon as possible just
20 exhibiting the minutes so that we can look at that
21 aspect ourselves.

22 **A. I most certainly will, Chair, and I apologise that you**
23 **should have had that earlier.**

24 MS SMITH: Chairman, in fairness to the witness she does
25 refer in her statement to a minute of 15th January 2009,

1 which is at LIS12037. She gives that page reference in
2 that statement.

3 CHAIRMAN: If that's the only one, then we have had it.

4 MS SMITH: We have had it, yes. There are others --

5 CHAIRMAN: If there are others, they have not been referred
6 to.

7 MS SMITH: There are others not referred to in the bundle,
8 Chairman.

9 CHAIRMAN: Well, it would be helpful if it could be all
10 drawn together so we know what it is we are looking at.
11 Thank you.

12 MS DOHERTY: Thank you for that. Can I look at it from
13 a slightly different perspective, because looking at the
14 three reports and accepting the very focused nature of
15 them and the extracts, they do raise quite significant
16 issues about the care that was provided, the use of
17 restraint, how responding to sexual behaviour between
18 children, and rough handling by staff. So I guess what
19 I want to be clear about is you are saying in your
20 report now, looking back, talking about a harsh and
21 punitive regime on the basis of those reports was maybe
22 a step too far, but are you standing away at all from
23 the notion that there were issues to be looked at more
24 generally in Lissue?

25 **A. No, I am absolutely not, and I think that is a balance**

1 in terms of the evidence that you have heard. The
2 reviewers in their reports were very specific about
3 their concerns about entries in the file. Now it may
4 be, if there had been a wider review, that further
5 understanding of some of those actions could be
6 achieved, if you like, because of seeing it in the
7 treatment plan for behaviour modification, but Maura
8 Devlin herself commented that some of the actions went
9 beyond the -- you know, the acceptance of
10 reasonableness. She talked about the lack of dignity
11 and gave some examples of the lack of dignity, and as
12 a professional social worker, whether it was then or
13 now, I think that those examples are difficult to stand
14 over, but -- so I can't second guess the view of the
15 reviewers, but I would have concerns that some of the
16 entries did give rise to concern about individual
17 practice that those children in the sample experienced.

18 Q. Okay. I think that's very helpful. You know, it
19 clarifies for me that you are not standing away from
20 that, because I think there are issues to do with
21 practice. I think the multi-disciplinary -- there is
22 an issue about were consultants at, you know, meetings
23 and were the -- you can see where maybe more files would
24 give you a consideration, but I think it is important
25 that there was sufficient within the extract that would

1 cause concern, and that Dr Jacobs -- I mean, there is
2 an issue about who was making the judgment. He was
3 somebody who had offered the same sort of psychiatric
4 service at the same time and was pointing to practice
5 that he felt was inappropriate.

6 **A. That is correct, and I know there was extensive searches**
7 **to get someone with the relevant knowledge/expertise in**
8 **that specialty to make that commentary.**

9 Can I just make one comment about the
10 multi-disciplinary comments in the reviewers' reports?
11 I accept and acknowledge that there was
12 a multi-disciplinary approach in Lissue, that there were
13 staff working in what I would now call an integrated,
14 interdisciplinary way.

15 My reading of the reports at the time were that was
16 specific reference to how the child protection concerns
17 highlighted in these samples had been addressed and how
18 the management of risky behaviours had been undertaken.

19 Now there may have been -- and this is the
20 limitation of the exercise -- there may have been
21 reports of ward rounds, for example, where that was
22 discussed on a multi-disciplinary basis, but they didn't
23 see it in the sample. So again it wasn't a judgment of
24 the wider multi-disciplinary working. It was specific
25 to the concerns and to the children.

1 Q. Okay. Thank you very much.

2 MR LANE: You mentioned the occasional shortages of
3 staffing. Was that referring just to the nurses or to
4 some of the other disciplines as well?

5 **A. I think there was a period of time where some of the**
6 **staff weren't available. So whilst there was**
7 **an establishment of social work --**

8 Q. Uh-huh.

9 **A. -- component, they weren't -- there was a period of time**
10 **where the social workers perhaps weren't there. I think**
11 **generally it was more about the nursing staff and the**
12 **concerns about shortages. I am also mindful that**
13 **Dr McAuley had said that there had been shortages of**
14 **staff from time to time.**

15 Q. There was also a complaint at one stage that the OT was
16 withdrawn I think by the OT Service --

17 **A. Yes.**

18 Q. -- against the wishes of the consultant psychiatrists.

19 **A. That's correct.**

20 Q. Now am I right in thinking that each of these different
21 disciplines was accountable within their discipline to
22 somewhere else, maybe even in different bits of health
23 authorities, let alone within their own professions?

24 **A. That's correct and I think that that has clearly come**
25 **through the evidence to the Inquiry, that you had**

1 a line of accountability that certainly wasn't unified.

2 They were accountable through their professional line.

3 Q. Yes.

4 A. They were also accountable through their authority
5 line through the relevant organisation, as you say, and
6 that appears to have caused some difficulties in Lissue.

7 Q. So where in the structure did it come together that
8 there was one person who had responsibility for Lissue
9 Hospital as a whole?

10 A. Well, my understanding would have been that it would
11 have been the Eastern Board at the time I think. I am
12 not entirely clear about that, I have to say.

13 Q. Right. Thank you.

14 MS SMITH: Chairman, that concludes the evidence in relation
15 to Module 13, Lissue. It would be an appropriate time
16 to take a short break before we deal with the next
17 module.

18 CHAIRMAN: Well, there may, as in every module, be some
19 matters that we wish to pursue in correspondence,
20 depending upon our review of the evidence we have heard
21 to date. Should that be the case, we will let the
22 relevant party know as soon as possible, but subject to
23 that caveat, that concludes our examination of Lissue.

24 We intend later this morning to turn to the topics
25 of finance and governance, which we had hoped to be in

1 a position to address yesterday, but we will take
2 a short break before we do that.

3 (11.25 am)

4 (Short break)

5 (11.45 am)

6 MODULE 14

7 Discussion of administrative matters

8 MS SMITH: Good morning, Chairman, Panel Members. We were
9 hoping to start our 14th module into governance and
10 finance yesterday. As you are aware, because we have
11 not received a final statement from the Department, we
12 were unable to do that. We intend to proceed, however,
13 today with the evidence of Miss Fionnuala McAndrew on
14 behalf of the Health & Social Care Board in respect of
15 this module, certainly in part. I understand that
16 Mr McGuinness can update the Inquiry as to why we have
17 yet not received the final departmental statement.

18 CHAIRMAN: Yes, Mr McGuinness?

19 MR MCGUINNESS: Chairman, I will not rehearse what
20 I indicated yesterday in relation to the background to
21 the matter. I will say that it is a matter of regret
22 that the Inquiry is inconvenienced in relation to this,
23 not only the -- not only the Panel, but also counsel,
24 the team and the core participants.

25 What I will say is that since yesterday, sir, I can