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Wednesday, 31 October 2012

(10.30 am)

(Delay in proceedings)

(10.45 am)

MR ALAN ROBERTS (called)

MRS MARGARET JENNIFER ROBERTS (called)

Questions from MS ANYADIKE-DANES

THE CHAIRMAN: Good morning. Ms Anyadike-Danes?

MS ANYADIKE-DANES: Good morning, Mr Chairman. I wonder if I could call Mr and Mrs Roberts, please.

Good morning. I think both of you have made a number of statements, so I'm just going to, for reference purposes, run through them. There is a statement that you, Mr Roberts, made on 29 September 2005. That was, I think, your earliest statement. I should say the reference for that first statement was 096-001-004.

Mr Roberts, you made a deposition to the coroner, and I think that's dated 25 April 2006, the reference for that is 091-003-004. Mr Roberts, you then made a very short PSNI statement on 16 March 2008, which is 096-026-356. You also have made two witness statements for the inquiry -- in relation to clinical matters, I should say. The first was made on 9 August 2012 and that is 235/1. The second was made on 6 September 2012,

1 that is 253/2.

2 Mr Roberts, do you adopt those statements as your
3 evidence, subject to anything that you may want to say
4 here during the oral hearing?

5 MR ROBERTS: Yes, I do.

6 Q. Mrs Roberts, you have made two statements, and I think
7 they were both made for the inquiry. The first was
8 dated 9 August of this year and the reference for
9 that is 257/1. The second was dated 6 September of this
10 year, and the reference for that is 257/2. Similarly,
11 do you adopt those statements as your evidence subject
12 to your evidence here today?

13 MRS ROBERTS: Yes, I do.

14 Q. Thank you. I hope everybody has received the lines of
15 questioning for Mr and Mrs Roberts. I'm sorry they came
16 rather later than I would have liked. Have you seen
17 them, Mr and Mrs Roberts?

18 MR ROBERTS: Yes, we have.

19 Q. I wonder if I can start by asking you to describe
20 Claire's state of health over the weekend. I'm talking
21 about starting from the Friday and going on through to
22 the Monday. Please, whichever of you feels that you're
23 able to most accurately or fully answer that, you
24 provide the answer.

25 MR ROBERTS: We probably could both maybe have an input into

1 that. My recollection of that weekend would be that it
2 was a normal weekend. There was nothing untoward with
3 Claire's health or condition. If I can put it that the
4 normal sort of routine thing for us to do as a family
5 at the weekend would be to visit Claire's grandparents
6 and that's really what we did on that Saturday. That
7 was routine, as I say, and it would have involved my
8 wife, myself, our three children getting together with
9 the rest of the family and all the cousins meeting
10 at the grandparents' house. That was really the
11 Saturday afternoon.

12 The Sunday then was, if you like, a reversal of that
13 where the other grandparents were involved. My wife and
14 Claire and her other grandmother would have attended
15 church on Sunday. From memory, I can recall after
16 church, Claire going to her grandmother's house,
17 spending the afternoon with her grandmother and
18 grandfather and having dinner with them.

19 So the weekend -- that's my recollection of that
20 weekend. It was a normal weekend.

21 Q. Can I ask you this: did Claire seem herself over that
22 time?

23 MR ROBERTS: There was nothing to highlight any concern over
24 that weekend that Claire was in any way unwell.

25 Q. And when she went to see her grandparents on the Sunday

1 afternoon, that meant without you? Would I be right in
2 saying that or did you accompany her?

3 MR ROBERTS: No, what would have happened, mother, daughter
4 and grandmother would have attended church and generally
5 then my wife would have returned home and Claire would
6 have went with her grandmother to the grandmother's
7 house.

8 Q. Did you subsequently get any report back from her
9 grandparents that she had seemed unwell, hadn't seemed
10 quite herself, anything of that sort?

11 MR ROBERTS: No, nothing, no.

12 Q. It's a long time ago. If you had got a report like
13 that, do you think you might have remembered it?

14 MR ROBERTS: Of course, yes. There was no concern raised
15 that Claire was unwell with any of the grandparents.
16 Obviously, at that time, there was nothing raised, but
17 we have spoken to the grandparents about this since the
18 time and the grandparents, you know, can remember, as
19 I have described it, a normal weekend.

20 Q. Leaving aside some of the problems that she had in the
21 early part of her life, if I can put it that way, was
22 she generally healthy? You have comparisons with your
23 other children. How did she generally appear?

24 MRS ROBERTS: Yes, Claire was always very happy and active
25 and had normal childhood illnesses -- measles,

1 chickenpox -- and would get over them. That would have
2 been her. When I relate back to the Sunday after Claire
3 had been to my mother's after church, went to granny's,
4 and then I went over. Full of life, had her dinner, her
5 ice cream, very happy. That was then. Claire and
6 I came from my mum's back over home and just getting
7 ready for school the next day. I can recall on the
8 Saturday that it was the harvest in Claire's school, so
9 her auntie and myself and Claire went to get flowers for
10 the harvest, so Monday was harvest at school. So on the
11 Sunday evening, that was Claire getting ready for
12 school, got her bubble bath and ready for school on the
13 Monday morning.

14 Q. She had contact with a cousin who seemed to have
15 developed some sort of tummy bug or something of that
16 sort.

17 MRS ROBERTS: Yes.

18 Q. Can you explain about that?

19 MR ROBERTS: Yes. That would have been when she was with my
20 parents on the Saturday. As I've already outlined, that
21 was a day for all the cousins, if you like. There was
22 six grandchildren interacting and running around at the
23 grandparents' house. So through the normal course of
24 events there, the conversation would have come around
25 about how's everyone been that week. And I think it was

1 mentioned, again just in conversation, that one of
2 Claire's cousins maybe had or did have a tummy upset
3 through that week. That's how that sort of area of
4 conversation arose.

5 Q. And then does that comment about that contact with the
6 cousin arise with you trying to see who she might have
7 had contact with that might have led to the symptoms
8 that you saw later on, on the Monday? Is that how that
9 arose?

10 MR ROBERTS: No, no, that comment only really came about,
11 I think, when Dr Webb was trying to get a history from
12 my wife on the Tuesday afternoon. So Jennifer, my wife,
13 would be trying to give Dr Webb any sort of thread of
14 information that might help or direct in any way so --

15 Q. We'll come to it in a minute, but just so we're clear
16 about this, are you saying that the question of the
17 contact that she had with her cousin who was unwell for
18 the preceding week is not something that arose in
19 a history that might have been given when she was
20 admitted or at any time, actually, up until Dr Webb came
21 to see her? I'm just trying to see if we can be clear
22 about that. If you can't remember, just say that.

23 MR ROBERTS: Yes. Well, my wife would be better to answer
24 that, but I think from what we have talked about, the
25 first mention of the cousin being unwell was with

1 Dr Webb that afternoon.

2 MRS ROBERTS: That afternoon. If she had any contact with
3 anyone --

4 Q. We'll come to it in order, because I'm going to try to,
5 in ease of you, take you through --

6 THE CHAIRMAN: Let me check one thing. The cousin who had
7 been unwell with the tummy bug, was that a boy or
8 a girl?

9 MR ROBERTS: A boy.

10 THE CHAIRMAN: Was he with you on the Saturday afternoon?

11 MR ROBERTS: Yes --

12 THE CHAIRMAN: And how was he on Saturday afternoon?

13 MRS ROBERTS: He was fine.

14 MR ROBERTS: He was fine.

15 THE CHAIRMAN: So he'd had a tummy bug; did he appear to you
16 to have got over it?

17 MRS ROBERTS: Yes. He was 12 at the time.

18 THE CHAIRMAN: Okay, thank you.

19 MS ANYADIKE-DANES: Thank you. Can I put it this
20 way: I know that you're not necessarily scrutinising all
21 the children as they're playing together, but if that
22 child's family members had not mentioned the fact that
23 he had been unwell, would there be anything that would
24 have directed you to the fact that he seemed off colour
25 to you?

1 MR ROBERTS: No.

2 MRS ROBERTS: No.

3 Q. Thank you. Because the particular expression
4 "diarrhoea" has featured and I wonder if you could help
5 us with that. I'm still at the point before you get to
6 asking the GP to come, before you get to the hospital.
7 Can you assist whether you noticed any signs of your
8 daughter having diarrhoea?

9 MRS ROBERTS: Claire had no diarrhoea that weekend. If
10 anything, and if I was asked that, it was probably just
11 to say that when she went to the bathroom, her poos
12 would have been smelly, but there was no diarrhoea, no
13 continuous bowel movement or anything at all the weekend
14 and there was no mention of her having diarrhoea in
15 school.

16 Q. Okay. Can I ask you this, and I'm sorry if it's
17 a difficult question. Did Claire wear nappies?

18 MRS ROBERTS: Just in the evening, bedtime.

19 Q. And there was no sign of anything when you got her up on
20 the Monday morning?

21 MRS ROBERTS: No, nothing at all. That wouldn't have
22 happened. It was just wet. Her night nappy would have
23 been wet --

24 Q. [OVERSPEAKING] for that purpose?

25 MRS ROBERTS: No, she didn't. She was always very good with

1 her --

2 Q. I understand. If we move now to the Monday, she went to
3 school in the normal way, I gather, from what you have
4 said.

5 MRS ROBERTS: Yes.

6 Q. When was the first indication that you had that she
7 might be unwell?

8 MRS ROBERTS: Okay. Claire got off her school bus between 3
9 and 3.30, and when she got off the bus I met her and the
10 bus attendant informed me that Claire had been pale and
11 lethargic in school that day. If your child was sick
12 from any school, they would normally ring and you'd make
13 arrangements to go and collect them, but there was no
14 phone call to my home that day.

15 Q. Would you have been there to take such a phone call?

16 MRS ROBERTS: Yes, I was in the home.

17 Q. I understand.

18 MRS ROBERTS: So Claire came off the bus then and she did
19 look pale to me as it was related. So then presented is
20 Claire's homework diary and I normally would have read
21 her homework diary to see the course of events that she
22 had had that day. And in the homework diary, it said
23 that Claire had been pale and lethargic, but had
24 brightened up. I think there was the harvest and the
25 singing so she had brightened up in school. So

1 basically, when Claire came in I had been informed that
2 that was how she had come across and got her in and
3 within about 20 minutes of her arriving, she vomited at
4 home.

5 Q. Let's just see if we can pull up the document that
6 you're speaking about. I think it's attached to your
7 witness statement, Mr Roberts. Can I ask to be pulled
8 up 253/1, page 19; is that it?

9 MRS ROBERTS: Yes.

10 Q. Is that what you saw?

11 MRS ROBERTS: Yes, this is Claire's homework diary and
12 that's how I communicated with her teachers. And there
13 you go, you can see that I have given them the money for
14 Claire's dinner tickets and flowers for the harvest.
15 Cathy, her teacher, has written exactly what Claire did
16 that day and what she was like. Claire loved singing
17 and when they were in the hall singing, her colour
18 recovered. But she still wanted to go to sleep, so that
19 information was relayed to me by the bus attendant and
20 I took it that that was Claire.

21 Q. And did you ask her about how things had been, how she
22 was feeling?

23 MRS ROBERTS: Claire?

24 Q. Yes.

25 MRS ROBERTS: Claire's communication was very good with

1 myself and I knew what she meant if she was hungry or
2 didn't feel her wee self. But when Claire came home and
3 she was pale, then I brought her up to get changed and
4 she was sick in the bathroom.

5 Q. Immediately you did that?

6 MRS ROBERTS: Yes, I took her out of her school uniform, got
7 her changed and she was sick. I then brought her
8 downstairs and put her on the settee. I can remember
9 then my mother phoning and I was on the phone with my
10 mother and Claire was able to come out into the hall.
11 She walked from the living room out to the hall, spoke
12 to granny and said, "Granny, Claire not too well". So
13 grannies being grannies, then she just chatted to her
14 and I said, "Oh mummy, she's just got off the bus here
15 and she's just not her wee self". But the fact she was
16 able to speak to mum and -- then, as the afternoon went
17 on, her two brothers came home from school, I think by
18 this stage Claire and I were up in the bathroom again,
19 and they had very seldom seen Claire vomiting. They
20 were nearly 12 and 14 at the time, so they were annoyed
21 for her just not being her wee self. We came down just
22 into the living room and as you would do with any of
23 your children, just let her relax on the settee. And
24 then I think --

25 THE CHAIRMAN: Does that mean she was up in the bathroom

1 again when your sons came in? Was she vomiting again?

2 MRS ROBERTS: She was vomiting, yes.

3 MS ANYADIKE-DANES: Can you remember how many times she did

4 that before you took her to the hospital or before she

5 turned up at the hospital?

6 MRS ROBERTS: I would say about three or four times.

7 Q. You called her GP round about 6-ish?

8 MRS ROBERTS: We did, yes.

9 Q. What makes you do that?

10 MRS ROBERTS: Well, what happened was, my husband came home

11 from work and the dinner and that was being presented

12 and Claire was still on the settee. As we were sitting

13 having our dinner at the table then, Claire was able to

14 walk up to dad and she didn't say very much, but we

15 just, with her vomiting and that, we just said, "She's

16 still not herself", and just with Claire's learning

17 difficulty, we just said, "I think we should get the GP

18 just for her to have a check with her". The surgery was

19 nearly ready to finish, but my GP came out after 6 pm to

20 the home.

21 Q. We can see how the GP describes Claire on the referral.

22 If we pull up 090-011-013. That's the referral letter

23 that the GP writes. Is there anything in there that

24 strikes you as not being entirely accurate or would you

25 accept that as a fairly accurate summary of what had

1 happened, from the history point of view? Forget the
2 query of what the diagnosis might be or what the opinion
3 is they are seeking, just the history part of it.

4 MR ROBERTS: Looking at the history, it was difficult then
5 for us to be totally accurate with the length of time
6 that Claire had been fit-free. I think possibly we have
7 said at that time, speaking to the GP, it's at least
8 three years since Claire had had a fit or a seizure. We
9 now know that's probably not so accurate because looking
10 at the notes we have now, I think it was September 1991
11 was the last time Claire had a seizure, so that was
12 really five years she had been seizure-free.

13 Q. Then do you see the bit where it says, "No speech since
14 coming home"?

15 MRS ROBERTS: Yes.

16 Q. The evidence that you have given, Mrs Roberts, is that
17 she did manage a few words --

18 MRS ROBERTS: She did, yes.

19 Q. -- to her grandmother. Is that a summary for "not her
20 normal speech since coming home"?

21 MRS ROBERTS: Oh yes, yes.

22 Q. It doesn't mean that she literally said nothing?

23 MRS ROBERTS: No, no, but not the normal chattiness and --

24 Q. Was she quite chatty?

25 MRS ROBERTS: Yes.

1 Q. Then there's "very lethargic at school today".

2 MRS ROBERTS: Yes.

3 Q. Then there's the "vomited three times".

4 MRS ROBERTS: Yes, I said three to four.

5 Q. It may be that these things we put an undue precision on

6 them, but is this the sense of it?

7 MRS ROBERTS: No, that's fine, yes.

8 Q. Then you see "speech slurred, speech slurred earlier".

9 MRS ROBERTS: Yes.

10 Q. What I wanted to ask you is: is that something that the

11 GP noticed or is that something that you described to

12 the GP?

13 MRS ROBERTS: I think that's something that I described. It

14 was like I can't be bothered talking, but not ... It

15 wasn't -- it didn't flow and it wasn't as if her mouth

16 or anything had dropped or anything like that.

17 Q. Is that something you would ever notice with her before?

18 MRS ROBERTS: Never. Speech slurred? No.

19 Q. If we just go up to the top bit where it says, "With

20 severe learning disability". Is this a GP that was very

21 familiar with Claire?

22 MRS ROBERTS: Yes.

23 Q. Can you help us with that terminology because I think

24 that terminology has caused you some concern.

25 MRS ROBERTS: Yes. We as parents said that Claire had

1 learning difficulties. "Severe learning difficulties"
2 isn't too bad for me, but I would have preferred
3 "learning difficulties". Sometimes I would have said
4 "learning" or "severe learning difficulties", but other
5 than that, Claire did have her learning difficulties,
6 yes.

7 Q. So you wouldn't necessarily take issue with that from
8 one doctor trying to convey a piece of medical
9 information that might be relevant to another?

10 MRS ROBERTS: No, not "learning disability" or "learning
11 difficulties".

12 Q. So after we have finished with the "speech slurred" part
13 of it, then we get into the examination. Now, were
14 either or both of you there when the GP was examining
15 Claire?

16 MRS ROBERTS: Both.

17 MR ROBERTS: We were both present at that time.

18 Q. As she did examine Claire, did she tell you what she was
19 finding or is that something you subsequently
20 appreciated when you have read this document?

21 MR ROBERTS: No. I think the discussion with the GP was
22 that the GP did what she had to do. She had to assess
23 and examine Claire. We didn't discuss any of those
24 medical phrases, if you like, within that note.

25 Q. If you see there's two sorts of things she talks about.

1 She talks about the pupils reacting to light and not
2 liking light. Do you recall any comment like that being
3 made to you or even noticing that yourself with her
4 response to light?

5 MRS ROBERTS: No.

6 MR ROBERTS: I think we just left that as the GP --

7 Q. Just get on with it?

8 MR ROBERTS: -- examining Claire and we just relied on her
9 version, what her findings were from that.

10 Q. These findings are not necessarily findings that were
11 discussed with you?

12 MRS ROBERTS: No.

13 MR ROBERTS: No.

14 Q. So the other sort of thing is actually her muscle
15 response, so the neck -- she says there's no neck
16 stiffness, but then she talks about the right side and
17 left side and how that responds.

18 MRS ROBERTS: Yes.

19 Q. Were you aware of her testing Claire's reflexes or
20 responses? If you can't remember --

21 MR ROBERTS: No, we would have been aware of a GP, if you
22 like, doing a typical examination of Claire, but
23 we wouldn't have been aware of the detail.

24 Q. Of the finding?

25 MR ROBERTS: Yes.

1 Q. Then she suggests to you that Claire ought to be taken
2 to the hospital; is that right?

3 MRS ROBERTS: Yes.

4 Q. Can you help us, if you can, with how that was
5 communicated to you, what degree of urgency, how she
6 explained to you that that's what she thought would be
7 wise?

8 MRS ROBERTS: Yes. No degree of urgency. Claire had been
9 vomiting, so Dr Savage just felt it best if we take
10 Claire to the hospital for observations and, I suppose
11 particularly with her vomiting, and having her learning
12 difficulty, it would be best just to get a second
13 opinion.

14 Q. You see those two particular things that she was
15 querying, which is the query whether Claire had had
16 a further fit, the query whether there was an underlying
17 infection. Is that anything that was discussed with you
18 at all?

19 MR ROBERTS: It's possible. Claire, when she was a baby,
20 6 months, had a history of epileptic seizures. So the
21 GP would have been well aware of that and we would have
22 been aware of that. That would have been not a concern
23 at the time, but I'm sure that's something that the GP
24 would have considered and taken a history from us, and
25 she knew Claire's past medical history. So it was there

1 as something that the GP probably would consider, but
2 nothing that was expressed to us as a concern.

3 Q. Did she suggest when you ought to take or when it would
4 be best to take Claire to the hospital?

5 MR ROBERTS: Well, no. We just said, "What do you think?",
6 and the GP would have said, "I think it's better to get
7 a second opinion". Our concern was, was it something
8 serious, could it be meningitis and with Claire's
9 learning difficulties she may not be able to give you
10 a full description of whether she has headaches or
11 whatever. So you don't take any chances with a child
12 like that, and that's the reason for getting the GP and
13 the reason probably why the GP thought it was best to
14 have a second opinion. Regarding urgency to getting to
15 the hospital, no, we just more or less got Claire ready,
16 didn't need an ambulance or anything. I drove to the
17 hospital, so we did it in our own time.

18 Q. Okay. Then you go to the hospital. What happens then
19 so far as you can recall?

20 MR ROBERTS: I think on arrival to hospital, obviously we
21 went to A&E, and we would have been seen certainly by
22 medical staff within A&E. I don't have a clear
23 recollection of --

24 Q. Do you know who gave the history?

25 MR ROBERTS: Yes. I would have had Claire sitting -- well,

1 we went into A&E and, from what I can remember,
2 obviously it's the normal process through A&E. You are
3 called into a separate room, if you like, Claire would
4 have been sitting on my knee and my wife would have then
5 spoken to the doctor and given the doctor another
6 history for Claire, past history.

7 Q. We can pull that history up. It's 090-012-014.

8 THE CHAIRMAN: You were going to say a moment ago that you
9 didn't have a clear recollection of something. What was
10 it? Was it about going through A&E?

11 MR ROBERTS: Just the process of going through A&E, yes.

12 I do recall --

13 THE CHAIRMAN: That's lost a bit in the blur?

14 MR ROBERTS: That's lost a bit, yes. I certainly do recall
15 at least one, maybe two, doctors within A&E and speaking
16 to at least one or two doctors within A&E.

17 MS ANYADIKE-DANES: It is a long time ago and much has
18 happened. But do you recall the giving of the history?

19 MR ROBERTS: I recall my wife giving the history to ...

20 Yes, certainly looking at this document here, my wife
21 would have given --

22 Q. Do you recall that, Mrs Roberts, giving the history?

23 MRS ROBERTS: I do, yes.

24 Q. In the same way as before, is there anything there that
25 strikes you as not quite what you have said or perhaps

1 not quite accurate? Maybe we can enlarge it a little
2 bit because it's a little difficult to see there.

3 There's the history of the learning difficulties,
4 history of epilepsy, and you have got the "no fits for
5 three years" point again and that she's off the
6 anti-epileptic medication and then the vomiting.

7 MRS ROBERTS: Yes.

8 Q. "No diarrhoea, no cough, no temperature. Speech very
9 slurred, hardly speaking."

10 MRS ROBERTS: Yes.

11 Q. Is that all accurate as far as you are concerned and
12 fits with what you recollect you would or did say?

13 MRS ROBERTS: It does, yes.

14 Q. And then after that comes the doctor's examination.
15 Were either or both of you there when that examination
16 was being carried out?

17 MRS ROBERTS: We were both there.

18 Q. In the same way as I asked you before in relation to
19 Dr Savage, did Dr Puthuchearry say anything when he was
20 carrying out the examination of Claire?

21 MRS ROBERTS: I cannot recall that, though I can recall
22 Claire on the admission bed. I can recall us with her
23 looking at her on the bed and, in fact, if anything,
24 there was like a display board and Claire was pulling
25 the paper from the display board and we smiled at that

1 in case she wrecked the place. So I can definitely
2 recall that. But what the doctor said or anything, no,
3 I cannot recall.

4 Q. Thank you. But you know that he said that, in his view,
5 Claire ought to be admitted?

6 MRS ROBERTS: Yes. We can remember giving this history and
7 we were concerned about her vomiting. Though maybe if
8 I can recall, maybe this doctor went and got another
9 doctor. From seeing Dr O'Hare, I can visually, vaguely
10 remember her, but I'm not too sure. I since know that
11 it was Dr O'Hare that looked at Claire in A&E, but
12 I cannot recall this doctor.

13 MR ROBERTS: My wife did, when the video was shown of
14 Dr O'Hare -- that did sort of spark off an image that
15 that was the doctor that you reckoned that you saw
16 within A&E.

17 MRS ROBERTS: Yes.

18 MR ROBERTS: I know it's 16 years time, but that just
19 threw -- we couldn't identify Dr O'Hare, but just seeing
20 Dr O'Hare for the first time since then and her
21 appearance and even her mannerisms was something that
22 you said: that's the doctor that I think saw Claire at
23 that time.

24 Q. Do you remember any discussion between you and Dr O'Hare
25 about Claire's condition?

1 MRS ROBERTS: Not in great detail, but, again, past history
2 and just with her vomiting and then when she said that
3 we'd be best to have Claire admitted, we were happy
4 enough with that.

5 THE CHAIRMAN: Were you reassured by that, because that's
6 what your GP thought, your GP wanted a second opinion,
7 you go to hospital and got a second opinion. At A&E
8 they said, "We had better admit her". Was that
9 reassuring to you that whatever was wrong with her would
10 then be discovered and cured?

11 MRS ROBERTS: It was, most definitely, yes.

12 MS ANYADIKE-DANES: I'm going to take you to the note that
13 Dr O'Hare made. If we go to 090-022-050. This is part
14 of a history that Dr O'Hare is taking down. We see it
15 starts again with the vomiting, which seemed to be, from
16 what you're saying, the thing that was uppermost in your
17 mind.

18 MRS ROBERTS: Yes.

19 Q. And there it says:

20 "Vomiting at 3 pm and every hour since. Slurred
21 speech and drowsy. Off form yesterday. Loose motions,
22 three days ago."

23 Can you help us with that?

24 MRS ROBERTS: If I can recall, it was the vomiting, no
25 diarrhoea, if I was asked that. When I was possibly

1 asked about Claire and, you know, with her motions, what
2 they were like, I possibly have said that, but what
3 I was really maybe saying was, as in loose, it was no
4 more than, as I have said, a smelly poo, not again -- no
5 continuous bowel movement.

6 Q. I understand. And so there's a summary of what she's
7 able to do, the school that she attends and her
8 medication, "on Ritalin". Did Dr O'Hare ask you very
9 much about the Ritalin or just to note that there had
10 been a trial of it?

11 MRS ROBERTS: It probably was mentioned, and obviously then
12 I said that Claire was on a trial of Ritalin. From
13 about March of that year, Claire's behaviour was a bit
14 difficult and the school and myself communicated and
15 then I was referred to the Ulster Hospital and Dr Gaston
16 suggested that. So it was kind of over the summer
17 months or maybe June, July, on holiday, and I said that
18 I would go with that and maybe one day Ritalin and then
19 a blank medication, and for us not to communicate it
20 with each other when she would have had the Ritalin to
21 see if it was her behaviour. But after about a week or
22 so, I decided that, no, I didn't want Claire on that and
23 she had been off that for --

24 Q. Can I ask why that was?

25 MRS ROBERTS: Well, it's just that I felt that it was making

1 her little mouth dry and really she was no different on
2 it or off it. So I decided then, no.

3 Q. You didn't notice whether it affected her behaviour in
4 any other way?

5 MRS ROBERTS: No.

6 Q. Thank you. Then if we go over the page to 051. Right
7 down at the bottom, you see:

8 "Not responding to parents' voice/intermittently
9 responding to deep pain."

10 That's how Dr O'Hare has written that up. Were you
11 aware of that, that at that stage her responses had
12 become so restricted?

13 MRS ROBERTS: Well, she was quiet, Claire then, there was no
14 chat. So she was quiet. So she wasn't communicating
15 with us and even on the admission bed, you know, there
16 was no speech from her. So when asked by the doctor had
17 Claire been communicating with us, again I said "no"
18 because she wasn't. Obviously she had been vomiting and
19 sometimes you think, just can't be bothered.

20 THE CHAIRMAN: So she was really in worse shape by about
21 8 o'clock than she had been when she came in from school
22 at 3/3.30?

23 MRS ROBERTS: Yes.

24 MS ANYADIKE-DANES: If we go over the page again to 052,
25 there you see there are two diagnoses there or

1 possibilities, if I can put it that way. One was "viral
2 illness" and one was "encephalitis". "Encephalitis"
3 gets struck out and there's "viral illness" left.

4 After Dr O'Hare had taken a history, examined
5 Claire, did she express any view to you as to what she
6 thought was the problem? Clearly you wanted to know
7 what the problem was --

8 MRS ROBERTS: Yes.

9 Q. -- particularly as she was seemingly slightly worse off
10 at that stage than she had been when she came home from
11 school?

12 MR ROBERTS: I think like any parent, the first thing you
13 ask a doctor is, is there anything serious, is it
14 meningitis, is there anything seriously wrong with
15 Claire? And we were told, no, it wasn't meningitis.

16 Q. Is that something you actually remember asking --

17 MRS ROBERTS: Yes.

18 Q. -- "Is there anything seriously wrong?", and getting the
19 answer "no"?

20 MR ROBERTS: That was really the reason for bringing Claire
21 to the hospital. That was, if you like, our underlying
22 concern, you know, if there was anything more serious
23 with Claire. We knew Claire was vomiting, but was that
24 an indicator that it was anything of more serious
25 content? Was it meningitis? That's really why you

1 bring a child to hospital.

2 Q. When you say "meningitis", because you have mentioned
3 that a couple of times, was that actually a worry for
4 you, that that's what it might be?

5 MR ROBERTS: I think at the time possibly headlines, news
6 reports, you hear stories of children, maybe an outbreak
7 of meningitis. I think if you ask any parent if their
8 child's ill or sick -- and there is so much talk about
9 meningitis, more so today probably. But the important
10 thing is to eliminate anything serious and meningitis is
11 just top of your list.

12 Q. I think what you said is that you specifically asked,
13 "Is it anything serious?"

14 MR ROBERTS: Yes.

15 MRS ROBERTS: Yes.

16 Q. Can you remember, or are you trying to piece it
17 together, the answer you got?

18 MR ROBERTS: No, we were -- certainly from that doctor,
19 Dr O'Hare, we didn't pick up any indication that Claire
20 had a serious illness. We obviously asked about the
21 meningitis and we were told, no, it's not meningitis.
22 So that reassures you, that puts your mind at ease that
23 there's nothing serious going on, and as we then pick up
24 from that, Claire was vomiting, so Claire's got
25 a gastro-enteritis tummy bug.

1 Q. That expression "tummy bug" is something you have
2 referred to in your own witness statements. Is that
3 what you concluded might be the problem or did you get
4 that from anything that anybody said to you before you
5 left the hospital that evening?

6 MR ROBERTS: No, I think just again the general reassurance
7 that there was nothing serious, and if a child is
8 vomiting, then they have a gastro-enteritis type tummy
9 bug, upset, and that was our understanding.

10 Q. So you concluded that, but I'm trying to -- sorry to
11 press you. I'm trying to find out whether anybody
12 actually ever suggested that to you or that is what you
13 thought it must be because it's nothing serious and
14 she's vomiting? There's a difference between them.

15 MR ROBERTS: I know what you are saying. I can't say for
16 definite and Dr O'Hare came out and said that Claire had
17 a gastro-enteritis type bug. Maybe she did, maybe she
18 didn't, but that was our take on the review, if you
19 like, with Dr O'Hare.

20 Q. And that term "viral illness", is that something that
21 you remember being told to you?

22 MR ROBERTS: Again, it's difficult to recollect exactly what
23 was said.

24 THE CHAIRMAN: Let's not try to guess too much.

25 MR ROBERTS: No, we can't say that that phrase, that

1 terminology, was used. Our concern at the time
2 was: examine Claire, eliminate anything of a serious
3 content and the understanding from that, that was done
4 and ...

5 THE CHAIRMAN: But the big relief for you was that it wasn't
6 meningitis.

7 MS ANYADIKE-DANES: Or anything serious?

8 MR ROBERTS: Yes.

9 Q. That was your concern, to establish that, if it could be
10 done?

11 MR ROBERTS: Yes.

12 Q. Did you then know what they were going to do with
13 Claire, how they were going to treat her?

14 MR ROBERTS: Well, we obviously knew then that -- we didn't
15 expect Claire to be admitted overnight because we didn't
16 bring any preparation for that. We didn't bring pyjamas
17 or anything that you would need for an overnight stay.
18 So we didn't anticipate that. And it was, again, just
19 on the doctor's recommendation that Claire was still
20 vomiting, she had been vomiting, she was pale,
21 lethargic, not as responsive as she normally would be,
22 so we'll bring her in, we'll admit her and observe her
23 overnight and see how she goes.

24 Q. So keep her in for obs, that's what you understood?

25 MR ROBERTS: Yes.

1 MRS ROBERTS: Oh yes.

2 Q. Was anything mentioned about seizures, whether that
3 could be relevant, or the possibility of them?

4 MR ROBERTS: No. I think, again, through the history that
5 my wife would have given the doctor -- again you try to
6 give as much information to the doctor as you can. So
7 Claire's past history would have been talked about. So
8 seizures would have been mentioned, Claire had seizures
9 from six months until whatever, 10, 12 months, and was
10 on treatment for that. So you know, the actual phrase
11 "seizures" would have been mentioned, but there was no
12 expression from Dr O'Hare that there was seizure
13 activity or there was potential for -- well, not
14 potential, but certainly there was no expression that
15 there was seizure activity going on at that time.

16 Q. And the examination that Dr O'Hare is conducting and the
17 history she is taking, is that happening on the ward?
18 If you can remember.

19 MR ROBERTS: We're not 100 per cent sure on that. We have
20 tried to piece that together a little bit. That first
21 doctor that you referred to.

22 Q. Puthucheary?

23 MR ROBERTS: Yes. I had always an image that I saw a male
24 doctor, and for some reason I'd always taken that name
25 as a female, but you have just clarified a point for me.

1 That was a male doctor, a young male doctor. Now, we
2 can't be certain where Dr O'Hare first saw Claire. We
3 can't be certain about that.

4 Q. Do you remember if you went up to the ward to her?

5 MR ROBERTS: To Allen Ward? Yes, we went up from A&E to
6 Allen Ward.

7 Q. And can you remember where she went to in Allen Ward?

8 I'm going to pull up a map or a plan of Allen Ward to
9 see if you can help us with where you recall her going.
10 It's 310-010-001. There we are. It's sometimes a bit
11 difficult to orientate yourself because that's not how
12 you would have seen it obviously, but can you help at
13 all? You can see there are some pointers like "stairs"
14 and so on --

15 THE CHAIRMAN: -- a reception area, if we can highlight
16 that.

17 MRS ROBERTS: Where's A&E?

18 MR ROBERTS: No, this is Allen Ward.

19 MS ANYADIKE-DANES: It may be that that doesn't help and
20 that you can't properly say where she was.

21 MRS ROBERTS: I can recall that Allen Ward is down steps,
22 like in a lower corridor. But then I can remember the
23 ward, yes, but not what ward. But I can remember the
24 ward.

25 Q. I understand. There has been reference to a "bay 7" or

1 a "room 7". Can you remember if that's where Claire was
2 or you just didn't note what it was called?

3 MRS ROBERTS: Didn't note what it was called.

4 Q. Can you remember how many beds were in it, wherever she
5 was?

6 MR ROBERTS: Yes. Well, I'm not sure of the number of beds
7 in it, but ... There was certainly a bed ... Claire
8 was on a bed in what I would describe, looking at the
9 plan, on the left-hand side of that bay. And then there
10 was a bed on what I would describe -- well, if you look
11 at it as ... If I can maybe do that (indicating).
12 Claire would have been on this bed (indicating). As you
13 walk into the ward, Claire was on this bed (indicating)
14 in this corner. There was, I think, certainly another
15 bed on this corner (indicating) directly opposite to
16 that.

17 THE CHAIRMAN: Do you remember another child being in that
18 bed or the bed being empty?

19 MRS ROBERTS: Being empty.

20 MR ROBERTS: I think Claire was possibly the only child on
21 that bay at that time.

22 MS ANYADIKE-DANES: Thank you. When you went up to the ward
23 with her and she was settled in her bed, did you have
24 any discussions with any nurse at that stage?

25 MRS ROBERTS: On the Monday night?

1 Q. Yes.

2 MRS ROBERTS: After Claire was brought down to the ward,
3 then we just sat and observed her and she went to sleep.
4 And casually, whoever was about, we just said, "That's
5 Claire settled, we're going to go home now". Because
6 obviously we had left the boys with the grandmother at
7 6 o'clock that evening and that was fine. The vomiting
8 had stopped.

9 Q. Well, a couple of things I wonder if you could help us
10 with. Were you aware of her being given fluids
11 intravenously or that being set up before you left?

12 MRS ROBERTS: I wasn't, no.

13 Q. When you said, "That's Claire settled now, we're going
14 home now", do you know if that's something you said in
15 the bay or did you go to the nursing station to say that
16 or can't you just remember?

17 MRS ROBERTS: I can't remember. I didn't go to the nurses'
18 station on the Monday night.

19 Q. Can you remember the nurse that you might have said that
20 to?

21 MRS ROBERTS: I cannot recall, no.

22 Q. And you didn't recognise that nurse when the nurses were
23 giving their evidence? It's a long time.

24 MRS ROBERTS: I didn't, no.

25 Q. Thank you. In any event, when you said that, what was

1 the sense you got when you said, "Okay, she's settled
2 and we're going to go". Did you get any feedback if I
3 can put it that way from the nurse?

4 MRS ROBERTS: We didn't.

5 MR ROBERTS: No, Claire's in, she's been admitted, there's
6 no concern, we're going to observe Claire overnight. We
7 did certainly speak to a nurse. I recall maybe more of
8 that, maybe giving more of a history for Claire and what
9 her hygiene issues were, what her personal care plan, if
10 you like, was. But no, we left the hospital that night
11 without any concerns and certainly no concern was
12 expressed to us.

13 Q. And no sense that anybody else might have had any?

14 MRS ROBERTS: No.

15 MR ROBERTS: No.

16 THE CHAIRMAN: Do you have any recall of approximately what
17 time you went home at? If you don't ...

18 MRS ROBERTS: About 9.45.

19 MR ROBERTS: Yes. It is very, very difficult to be precise
20 with times.

21 THE CHAIRMAN: I'm not asking you to be. If you don't
22 remember, you don't remember. That's fine.

23 MR ROBERTS: It would have been around 9.45, maybe as late
24 as 10.

25 THE CHAIRMAN: Okay, thank you.

1 MS ANYADIKE-DANES: Then if I can take you now to when you
2 came back in the morning of Tuesday. Can you help with
3 roughly what time you did that?

4 MRS ROBERTS: Yes, we can.

5 Q. And if you know, can you say why you know it is that
6 time?

7 MRS ROBERTS: So that was the Tuesday morning and both the
8 boys went to the same school, so they start school at
9 8.30 and it's in the vicinity of where we come from,
10 Castlereagh. The boys went to Grosvenor Grammar School,
11 so we're all up and left the boys at school and my
12 husband and I went up to the hospital. We arrived at
13 the hospital then at 9.30.

14 Q. 9.30?

15 MRS ROBERTS: Yes.

16 Q. If we take it in stages, you go up to the ward
17 presumably because you know where she is.

18 MRS ROBERTS: Yes.

19 Q. In answer to the chairman's question a little while ago,
20 when you went there, was there anybody else that you can
21 recall in the bay, whether a child was there, their
22 parents, family, anybody else there other than Claire?

23 MRS ROBERTS: We cannot recall if there was any other
24 children in the bay that morning.

25 Q. Okay.

1 MR ROBERTS: There's nothing that jumps out at us there, but
2 I seem to have this image that certainly the ward, that
3 bay, wasn't full. And whether or not Claire was the
4 only child in it is quite possible.

5 Q. Okay. But in any event, you had no particular sense of
6 children being in beds and their parents being with them
7 when you went up at about 9.30?

8 MRS ROBERTS: No.

9 MR ROBERTS: No, that's why we've come to that sort of
10 recollection.

11 Q. When you did do that, was the nurse there with her or
12 did you -- how did it work? Did you go and find
13 somebody to tell you how Claire had been over the
14 evening?

15 MRS ROBERTS: I don't recall going and looking for someone
16 to ask how she had been. Whether there was a nurse at
17 her bed or a nurse near the bay, I'm not 100 per cent,
18 but when we arrived, Claire was wakeful and obviously
19 we were pleased to see her. I don't know the time it
20 came about then when a nurse did appear. Obviously,
21 I was keen to get Claire freshened up and that, and in
22 the process of doing that, Alan and I were then saying
23 she just doesn't seem to be her wee self again, she's
24 still that "can't be bothered" and pale and lethargic.
25 I didn't go and get a nurse to express that, but a nurse

1 did appear and obviously then, after working with
2 Claire, we expressed our concerns.

3 Q. Did you think she was any worse than she had been when
4 you left her or did you think she was about the same?

5 MR ROBERTS: We just thought her condition hadn't improved
6 from the previous evening. I would say no improvement
7 was our concern.

8 MRS ROBERTS: Yes.

9 Q. Do you know who the nurse was that you spoke to?

10 MRS ROBERTS: I don't, no.

11 Q. I think Nurse Field says that she might have met you
12 later than the 9.30. I think if we pull up the
13 transcript for 29 October, I think it's page 68.
14 Starting maybe at line 9. This is the issue of the
15 second morning coffee. The upshot of it is that the
16 first tea break comes back at about 10.30, and then the
17 second morning coffee, I think it was described, happens
18 about 10.30 to 11, so comes back at about 11. And
19 Nurse Field says she was on the second coffee break that
20 day, which would have her coming back at about 11.

21 MRS ROBERTS: Okay. Well, we were there at 9.30, we're sure
22 of that. We were probably with Claire a good half
23 an hour, you know, to freshen her up and that, and
24 then ... So as for time, it wasn't 9.30, but it
25 possibly could have been, as I was maybe thinking, half

1 an hour into our visit, that a nurse did appear and was
2 chatting to us.

3 Q. When she was chatting to you, did she tell you anything
4 about how Claire had been over the evening?

5 MRS ROBERTS: Oh, yes.

6 MR ROBERTS: I think if we go back a little bit. When we
7 first arrived at the hospital, we certainly would have
8 spoken to a nurse when we arrived. We just wouldn't
9 have gone directly to Claire's bedside. We would have
10 went into Allen Ward, spoken to a nurse, and that's
11 where we got the conversation with the nurse that Claire
12 had had a comfortable night. So that was our -- then we
13 went to Claire's bedside.

14 Q. Do you actually remember a nurse telling you that Claire
15 had a comfortable night?

16 MRS ROBERTS: Yes.

17 MR ROBERTS: We recall -- well, we recall going into
18 Allen Ward and, if you like, introducing ourselves back
19 on to Allen Ward and speaking to a nurse, and the nurse
20 saying, "Claire's there", whatever, "and she has had
21 a comfortable night".

22 Q. You know, because it was one of those things that you
23 were concerned about, that Claire had been vomiting
24 quite a bit the previous day.

25 MR ROBERTS: Yes.

1 Q. Did you ask or did anybody tell you that she had been
2 vomiting over the night that you can recall?

3 MR ROBERTS: No.

4 MRS ROBERTS: No.

5 THE CHAIRMAN: Does that mean you don't recall or that you
6 weren't told?

7 MR ROBERTS: We weren't told. We only became aware of that
8 when we got documentation and we started looking at
9 Claire's fluid balance sheets and we highlighted that,
10 that this chart here seems to be saying that Claire had
11 continuous vomiting through the night, but that was
12 something we were not aware of.

13 MS ANYADIKE-DANES: If we look at the evidence of
14 Nurse McRandal, page 37, perhaps starting at line 25
15 in the transcript. If you could pull up page 38
16 alongside it. So a question's being put by Mr Reid
17 that, effectively, she had been vomiting almost every
18 hour overnight. At least six episodes are recorded.

19 If you'd been told any of that, do you think you
20 would have remembered that.

21 MRS ROBERTS: Oh yes.

22 Q. The two nurses also formed the view that, although you
23 wouldn't have seen Nurse McRandal -- because her shift
24 had ended by the time you got there, but this is her
25 recollection -- and she would have had a handover with

1 the nurses that would have been on duty when you were
2 there, but none of this was mentioned to you?

3 MRS ROBERTS: No.

4 Q. If you had heard their evidence -- and I think you
5 probably would have been in the chamber when it was
6 being given -- that they had formed the view that Claire
7 was actually a little brighter.

8 MRS ROBERTS: Yes.

9 Q. Firstly, the doctor had thought that, and you have seen
10 that part in the doctor's notes, that she seemed
11 a little better -- Dr O'Hare, when she saw her at
12 midnight -- and then the nurse herself had formed
13 a view -- two of them, I think -- that she seemed
14 a little brighter, although maybe less so by the time of
15 the ward round. Apart from the comfortable night, did
16 any nurse give you any other sense of how Claire had
17 been during the evening?

18 MRS ROBERTS: No. The Monday night?

19 Q. Yes.

20 MRS ROBERTS: No.

21 Q. So you have got your concerns, she doesn't look as you
22 thought she might look, she hasn't improved, and you go
23 and tell the nurse that.

24 MRS ROBERTS: Yes.

25 Q. Are you hoping that a doctor will come or do you simply

1 want to make sure that the nurse appreciates the fact
2 that you have seen a difference?

3 MR ROBERTS: It's just to highlight our concern at the time.
4 It doesn't really matter who we speak to, but certainly
5 we looked at Claire, we were concerned about her
6 condition, we had seen no improvement from the previous
7 evening. If anything, we more or less expected to turn
8 up to the hospital on the Tuesday morning and see Claire
9 bouncing about the bed. So that was our first initial
10 impact, that that didn't happen, and when we looked at
11 Claire and we saw that there was no improvement from the
12 previous evening, then that's what you will relay to
13 whatever medical staff are available, in this case it
14 happened to be a nurse.

15 Q. Yes. The evidence suggests that the ward round, which
16 had already started, wasn't far away from where Claire
17 was and the nurse, in her evidence, said she went to
18 pass that message on to the nurse who was accompanying
19 Dr Sands and the other ward round team, if I can put it
20 that way, to say that you had those concerns. And
21 Dr Sands, in due course came -- maybe slightly sooner
22 than he might have -- but in any event shortly after
23 that he came and he took his history and examination of
24 Claire as part of the ward round.

25 Now, that seems to have been round about 11. Would

1 that seem to fit?

2 MR ROBERTS: Yes. That's our best time for that. We can
3 piece that together by the fact that we arrived around
4 9.30, we spent a bit of time with Claire, changing her
5 pyjamas, trying to freshen her up a little bit. We were
6 then concerned, we spoke to the nurse and all that
7 seemed to then take maybe a hour and a half so it's
8 around 11-ish for that.

9 Q. In any of that time, had you seen Dr Steen in the ward
10 or passing the bay, anything of that sort?

11 MRS ROBERTS: No.

12 MR ROBERTS: No. Well, at that time we didn't know what
13 Dr Steen looked like.

14 Q. You have seen her since?

15 MR ROBERTS: Oh yes. No, no, we didn't see Dr Steen.

16 Q. When I say "seen her since", I don't mean seen her since
17 in this chamber, you saw her in the early hours of
18 Wednesday morning.

19 MR ROBERTS: Yes.

20 Q. You don't recall seeing her at this time at all?

21 MR ROBERTS: No.

22 Q. Okay. So then, the examination by Dr Sands starts. Can
23 you remember who was with him as part of the ward round
24 team, as I've called it?

25 MR ROBERTS: Again, it's difficult to be 100 per cent on

1 that. My recollection of that is that there was three
2 people and I'm piecing that together as two doctors and
3 a nurse.

4 Q. Okay.

5 MRS ROBERTS: Yes.

6 Q. Were you told or had you any sense of, pardon this
7 expression, where in the medical hierarchy the doctors
8 were? Did you know whether Claire was seeing her
9 consultant, seeing the registrar, or didn't you even
10 know about those differences?

11 MRS ROBERTS: We didn't.

12 MR ROBERTS: My impression at that time was that we had, if
13 you like, fairly young junior doctors looking at Claire
14 at that time. They didn't give me the impression that
15 they were further up tree if you like. That's purely
16 on, probably, the image that came across and their age
17 as such.

18 Q. Do you actually remember that ward round visit?

19 MR ROBERTS: Yes.

20 MRS ROBERTS: Yes.

21 Q. Both of you?

22 MRS ROBERTS: Yes.

23 Q. And that means you were both there, presumably,
24 throughout the time of it?

25 MRS ROBERTS: Yes.

1 MR ROBERTS: Throughout, yes.

2 Q. Can you help us with exactly what happened and, so far
3 as you were concerned, how long you think it took? I'm
4 not talking about the amount of time that Dr Sands may
5 have been speaking directly to you, I mean the entire
6 visit, both the taking of the history and the
7 examination.

8 MR ROBERTS: Yes. My recall of the ward round is that it
9 was brief, if I can describe it that way. It certainly
10 wasn't any great length of time spent. I would describe
11 it as a typical ward round where doctors arrive,
12 introduce themselves, get to know you, look at the
13 patient, get a brief history from the patient, and carry
14 out a fairly quick examination. That's what they did
15 with Claire. I have said that it was brief and
16 certainly it was no more than 10 minutes for the
17 duration of that time.

18 Q. The entire experience, if I can put it that way?

19 MR ROBERTS: Yes.

20 Q. Who gave the history?

21 MR ROBERTS: I think again it probably would have been
22 a two-way thing. It seemed to be that the doctor was
23 looking at Claire and then asking us for input, asking
24 for feedback, asking for Claire's previous history. So
25 the two of us would have interacted with that.

1 Q. And I think you've said that you recall a doctor
2 explaining that Claire may have been experiencing some
3 sort of internal fitting. Is that something that
4 happened at that stage or later?

5 MR ROBERTS: That was towards the end. As we now know, that
6 was Dr Sands, obviously, so that was the discussion with
7 Dr Sands as Dr Sands more or less finished his
8 discussion on the ward round with us.

9 THE CHAIRMAN: Do you remember Dr Sands?

10 MR ROBERTS: No, no.

11 MS ANYADIKE-DANES: Are you saying that you remember what he
12 said?

13 MRS ROBERTS: Yes.

14 MR ROBERTS: I remember what he said, yes.

15 Q. And did he explain what he meant by that?

16 MR ROBERTS: I think during the ward round we had again gone
17 through what Claire's condition was. It was a viral
18 illness, as we had described it, our understanding of
19 that is a gastro-enteritis tummy bug. So that would
20 have been discussed and we would have then given
21 a history for Claire. When Dr Sands then more or less
22 had completed, if you like, his examination and the ward
23 round, he did explain to us that Claire may be -- and it
24 was a maybe -- Claire may be experiencing some type of
25 internal fitting. That was the expression used.

1 Q. Did he say why he thought that?

2 MR ROBERTS: No. What we were told at that time was that
3 Claire may be experiencing some type of internal fitting
4 and he would speak to another doctor.

5 Q. Did you get any sense of how serious a thing that might
6 be from him?

7 MR ROBERTS: No.

8 MRS ROBERTS: No.

9 MR ROBERTS: Because that, if you like, was something that
10 he had mentioned but it was not emphasised or discussed.
11 There was no breakdown of what that meant.

12 Q. Did he say anything else that might be leading to her
13 condition?

14 MRS ROBERTS: No.

15 MR ROBERTS: No, that was basically it. Our understanding
16 then was still that Claire had -- lethargic, pale, still
17 with her tummy bug, as we have described it, and
18 Dr Sands had mentioned this internal fitting and he
19 would then go and speak to another doctor about that.

20 Q. Did he explain to you what they were going to do about
21 it, apart from the fact that he was going to go and see
22 another doctor about the possibility of the internal
23 fitting? Did he explain generally what they were going
24 to do about Claire?

25 MR ROBERTS: No.

1 MRS ROBERTS: No.

2 Q. What did you think they were going to do about Claire?

3 MR ROBERTS: We thought that Dr Sands was going to speak to
4 another doctor, if you like, he was going to ask for
5 a second opinion or for advice and we would wait for
6 that advice coming back.

7 Q. Did you get any sense of when he thought that might
8 happen? Is that something he was literally away to do
9 now, expecting it quite shortly, or is that something
10 that would happen in due course?

11 MRS ROBERTS: In due course.

12 MR ROBERTS: It was just: this is what I think and I'm going
13 to speak to another doctor about it. So there was no
14 impression given about: I'm going to do it now, when
15 I see this doctor in the afternoon or whatever. That
16 was just the phrase used.

17 Q. Were you worried at that stage?

18 MR ROBERTS: No, we wouldn't have been worried because the
19 doctor had examined Claire and he maybe had something
20 that he needed to speak to another doctor about, so
21 we would wait for that information to come back to us.

22 THE CHAIRMAN: You were concerned to a degree because she
23 wasn't better than the night before, but this
24 ward round didn't add to your concern?

25 MR ROBERTS: It didn't raise additional concerns, no.

1 MS ANYADIKE-DANES: If you had heard Dr Steen's evidence,
2 when she was being asked about where she was in the
3 morning and whether she was present at the ward round
4 and why she may or may not have been there, her evidence
5 was that she couldn't understand really why she wasn't
6 there. She thought something unusual might have
7 happened, and just for reference purposes only, we don't
8 have to pull it up, on 15 October at page 78 at line 14,
9 her evidence was that she felt that she would have kept
10 coming back and checking if she couldn't actually
11 conduct the ward round herself. That's what she thought
12 she would be doing. And then later on, in fact just the
13 next page in that transcript, she expressed the view
14 that she thought she might have been there
15 intermittently.

16 Did you get any sense at all that there was any
17 other more senior doctor on the horizons of the ward
18 round, if I can put it that way?

19 MR ROBERTS: No. The only expression we retained then was
20 that Dr Sands was going to speak to another doctor. And
21 that was it.

22 Q. Did you know if Claire had been admitted under
23 a consultant and who that consultant was?

24 MR ROBERTS: No.

25 Q. Did you ever hear the name Dr Steen mentioned to you at

1 this stage? I'm not talking about later on, but at this
2 stage.

3 MRS ROBERTS: No.

4 Q. You have said about the internal fitting and you have
5 maintained that you thought that there was still a sort
6 of tummy bug problem. Was an expression like
7 encephalitis ever mentioned?

8 MRS ROBERTS: Definitely not.

9 MR ROBERTS: Definitely not.

10 Q. If it had, do you think you would have remembered it?

11 MRS ROBERTS: Yes.

12 MR ROBERTS: Well, that's a medical expression, it would
13 raise all sorts of concerns.

14 THE CHAIRMAN: The first concern is that you would want to
15 know what it meant?

16 MR ROBERTS: Yes. We wouldn't have understood that. It
17 sounds fairly serious to me if someone says your child
18 has potentially got encephalitis.

19 MS ANYADIKE-DANES: Okay. You've seen since, obviously, the
20 note that Dr Stevenson makes of that ward round. And
21 we can pull it up very quickly. 090-022-053. So this
22 is the history then:

23 "No seizure activity observed."

24 THE CHAIRMAN: Actually, let's pick it up at the start. Put
25 up 052 and 053 together.

1 MS ANYADIKE-DANES: Perhaps if we get those two pages
2 together. It starts down at the bottom:

3 "Ward round, Dr Sands. Admitted query viral
4 illness. Usually very active. Has not spoken to
5 parents as per normal. Retching. No vomiting.
6 Vagueness/vacant (apparent to parents)."

7 And then where I was taking you over the page:

8 "No seizure activity observed. Attends Dr Gaston at
9 the Ulster Hospital."

10 Can I just pause there? Claire had actually been
11 under the care, in the early part of her life when she
12 had those seizures, of a consultant at the Royal; isn't
13 that right? Dr Elaine Hicks.

14 MRS ROBERTS: That was when she was 6 to 10 months old.

15 Then as the years progressed for her development clinic,
16 she was under the Ulster Hospital. But that was just
17 when she was a baby. She was in the Royal Hospital.

18 Q. Can I ask you briefly, Dr Elaine Hicks was
19 a neurologist; is that right?

20 MRS ROBERTS: Yes.

21 Q. And she was trying to find out the cause of Claire's
22 episodes or seizures; is that correct?

23 MRS ROBERTS: As a baby, yes.

24 Q. Was she actually admitted for the purposes of Dr Hicks
25 trying to discover that?

1 MRS ROBERTS: I can remember Dr Hicks, yes.

2 Q. Do you remember if they ever came to a conclusion about
3 what was causing that seizure activity when she was so
4 young?

5 MRS ROBERTS: Unfortunately not. It was just infancy
6 epilepsy and it was controlled and literally it was from
7 6 months to 10 months and Claire was on her medication
8 and then, from that, her childhood was monitored, but it
9 was the Ulster Hospital.

10 Q. So after they had not entirely resolved what had started
11 it or was causing it, having got her on her medication,
12 her care then passed to Dr Gaston at the
13 Ulster Hospital?

14 A. It wasn't Dr Gaston now. Dr Major, Claire would have
15 been under, and I think Dr Gleadhill in the early years
16 of --

17 Q. In any event, her care passed to the Ulster Hospital
18 after that early time?

19 MRS ROBERTS: Yes.

20 Q. Am I right in saying that nobody ever did, would this be
21 fair, find out why that had happened? Not so far as
22 anyone ever explained to you.

23 MRS ROBERTS: With the infancy epilepsy? No.

24 Q. This is part of the history, "Six months old, seizures",
25 and "one year" for this. And then if we pull that up,

1 maybe it's a bit difficult for you to see, just blow up
2 that -- there we are. That's her urine and
3 electrolytes. Sodium is at 132, which is a little low,
4 but I take it you were never told any of these results
5 or the significance of any of the tests that had so far
6 been carried out?

7 MRS ROBERTS: No, no.

8 Q. Then this is the examination. She doesn't have a fever
9 and she's on IV fluids, and you'd appreciated that she
10 was on IV fluids at that time?

11 MRS ROBERTS: Yes.

12 Q. And then it recites the "pale colour", "little response"
13 and so forth. Then there's a central nervous system
14 examination, the pupils are sluggish to light. As
15 Dr Sands is taking the history from you and examining
16 her, is any of what he's finding being described to you
17 at all?

18 MRS ROBERTS: No, not this CNS observation. Because I can
19 just really recall giving the brief history, just
20 something like the admission note that I have repeated
21 myself.

22 THE CHAIRMAN: And that is pretty much as he has written it
23 down.

24 MRS ROBERTS: Yes.

25 THE CHAIRMAN: So there is no -- you don't have any issue

1 about the way that this history is recorded as being
2 pretty much accurate as a short summary of what you
3 said.

4 MRS ROBERTS: To me, it's just short bullet points of what
5 I've been saying about Claire.

6 MS ANYADIKE-DANES: There's nothing that you would take
7 issue with here?

8 MRS ROBERTS: No.

9 Q. If we go down now to the plan. I think Mr Roberts,
10 you have referred to part of the plan. You wouldn't
11 have known it was Dr Webb, but part of the plan was to
12 go and seek, as you regarded it, a second opinion --

13 MR ROBERTS: Yes.

14 Q. -- or at least an opinion from another doctor, let's put
15 it this way. So that part was explained to you.

16 MR ROBERTS: Yes.

17 Q. Was it explained to you that he was going to start her
18 on rectal diazepam or at least that might be part of
19 something he would want to have done?

20 MR ROBERTS: No, that wasn't discussed.

21 Q. Would you have known what that was at that time?

22 MR ROBERTS: No.

23 Q. Did he say that he was going to try her with any
24 particular kind of medication or therapy?

25 MR ROBERTS: No.

1 Q. Did he indicate to you that he wanted to speak to
2 Dr Gaston, or do you recall anything like that?

3 MR ROBERTS: I do recall that through the history, that
4 would have been what was Claire -- had she attended
5 another hospital, another doctor, and that's when the
6 name Dr Gaston would have been given during that
7 discussion.

8 Q. Yes. You see the impression just above that plan,
9 "non-fitting status". You say that what you took from
10 that was this internal fitting.

11 MRS ROBERTS: A non-fitting status was never mentioned, but
12 maybe experiencing some form of internal fitting
13 definitely was said.

14 Q. That might have been how he sought to explain it to you.
15 You may not have appreciated what non-fitting status
16 was, if I can put it that way. But you are pretty clear
17 that he never mentioned anything like encephalitis or
18 encephalopathy?

19 MR ROBERTS: Definitely not.

20 MRS ROBERTS: Definitely not.

21 Q. Did he mention anything about that he thought -- and
22 maybe as part of wanting to get another opinion -- that
23 Claire had a major neurological problem?

24 MRS ROBERTS: Most definitely not.

25 MR ROBERTS: No, he didn't mention that.

1 Q. We can go to where Dr Sands is discussing it. The
2 transcript of 19 October. I think it starts at
3 page 134, starting at line 21. Maybe if we can pull up
4 the next page as well alongside it. If we just block,
5 for ease of reference, from line 21 of page 134 up until
6 line 16 on 135. This is the bit that I wonder if you
7 can help us with.

8 You can see at line 24, that's where he thinks that
9 Claire had a major neurological problem, her
10 consciousness level didn't seem normal and he thought
11 that you were of the same view, that her consciousness
12 doesn't seem normal. He says:

13 "One possibility I believe we would have mentioned
14 to them was the possibility that Claire was fitting."

15 Then he refers to your term, "experiencing some sort
16 of internal fitting", and he says:

17 "That may have been a form of words that I used."

18 He's then asked:

19 "Is there anything else that you would have been
20 telling them?"

21 And then he says:

22 "I think I would have raised the issue about a
23 possible infection causing some of Claire's problems,
24 infection that might have -- I probably wouldn't have
25 used the word 'encephalitis', but may have felt there

1 was an infection also playing a part."

2 Do you remember anything like that?

3 MR ROBERTS: No, that wasn't described to us as infection.

4 Dr Sands did not advise us certainly that Claire had
5 a major neurological problem and he didn't advise us
6 that Claire had infection. I'm assuming when he says
7 infection he's referring to infection of the brain.

8 Q. Well, he has not expressed himself in that way, but what
9 he wrote in the notes was "encephalitis", so that may be
10 what he was explaining in a layman's expression for you,
11 if I can put it that way.

12 MRS ROBERTS: Most definitely not.

13 MR ROBERTS: No. Our impression still was then that Claire
14 was still -- back over the picture again -- pale,
15 lethargic, vomiting with a tummy bug, and Dr Sands
16 mentioned the words "internal fitting" and he would
17 speak to another doctor about it. That is what was
18 discussed. There was nothing about major neurological
19 problem and there was nothing about infection and if he
20 did elaborate or explain infection as encephalitis, that
21 was definitely not discussed.

22 Q. If we go to page 136 -- and before I ask you about
23 something on that page, if he had mentioned infection,
24 in the light of what you were thinking and your
25 experiences with her at that stage, what sort of

1 infection would you have thought he might have been
2 mentioning? Sorry, might have been referring to.

3 MR ROBERTS: I don't think he even mentioned the word
4 "infection". I think that our understanding then was
5 Claire still had her tummy bug. Whether that's
6 relating, as an infection, to the tummy bug -- but
7 infection was not discussed in those terms.

8 Q. So am I understanding you to say that there was nothing
9 that you can remember being said that would have
10 indicated, other than this internal fitting issue, that
11 there was a concern over anything happening in Claire's
12 brain?

13 MR ROBERTS: That's correct, yes.

14 Q. If we just go to the top of the page, 136, it says:

15 "In terms of infection that might be causing
16 a problem with Claire's brain and thus the need to see
17 a neurologist to get specialist advice."

18 Was anything like that discussed with you?

19 MRS ROBERTS: Definitely not.

20 MR ROBERTS: Definitely nothing around a possible infection
21 that may have affected Claire's brain.

22 Q. That's one part of it. When he said he was going to go
23 and seek an opinion or take some guidance from another
24 doctor, did you get the impression that that other
25 doctor might be a neurologist?

1 MR ROBERTS: No, our recollection of that was that he was
2 going to speak to another doctor.

3 Q. Thank you. Then page 137, just to complete that
4 sequence. It's really the chairman's point that, if you
5 had gone off thinking that Claire had no more than
6 a 24-hour or 48-hour tummy bug, that would be an
7 incorrect impression. And he says from his point of
8 view, it would have been an incorrect impression. So if
9 that's what you thought, it's not what he intended you
10 to think, if I can put it that way. Is there anything
11 that was said to you that would have dislodged the
12 original thoughts that you had about what might be
13 Claire's problem at this stage?

14 MR ROBERTS: No, there was nothing to raise concerns for us
15 at that time that Claire had anything more than what we
16 still thought she had, a tummy bug, and there was no
17 serious concern.

18 Q. Well, did anybody seem concerned as they gathered around
19 Claire's bed, if that's how the ward round worked? Did
20 you get a sense of concern from anyone?

21 MR ROBERTS: No. As I've said, the ward round was short, it
22 was brief, it was almost in and out. It wasn't
23 a discussion to highlight any concerns to us. And
24 that's why I can piece that together.

25 MS ANYADIKE-DANES: I'm going to pass on to another aspect

1 of matters. I wonder if we might have a break now.

2 THE CHAIRMAN: It'll be a short break. We'll start at
3 12.20. We have to stop at about ten to one or five to
4 one because there's a video link check for Dr Volprecht
5 tomorrow morning. I will come back at 12.20.

6 (12.12 pm)

7 (A short break)

8 (12.25 pm)

9 MS ANYADIKE-DANES: Where we left last time was your
10 impression after the ward round. Can you recall what
11 happened immediately after that ward round?

12 MRS ROBERTS: We were just left sitting beside Claire's bed.

13 THE CHAIRMAN: And what's the next thing after that that you
14 do remember?

15 MRS ROBERTS: The next thing I remember was that the
16 grandparents then were coming up. Obviously, it wasn't
17 communicated via mobile phone or anything but obviously
18 their granddaughter was in the hospital the night before
19 and they wanted to come up so we could go and have
20 lunch. And the next thing, the grandparents arrived.

21 MS ANYADIKE-DANES: Do you stay with them a little bit
22 before you do actually go and have lunch?

23 MRS ROBERTS: Five or ten minutes.

24 Q. Do you recall roughly when that was that you went off
25 for lunch?

1 MRS ROBERTS: Possibly about 12.45/1.

2 Q. Did you stay in the hospital?

3 MRS ROBERTS: No, we went into Belfast. With the
4 grandparents coming up, we were more than happy, so --
5 there were two sets of grandparents actually. We went
6 into Belfast and I can even recall the cafe we went into
7 in Belfast. Not only for lunch, but it was to go in and
8 get Claire some personal things for her. So when I went
9 into Belfast for lunch, it's very clearly that I rang
10 Claire's auntie and she was very keen to come up to see
11 Claire, to which I indicated under no circumstances was
12 auntie to appear because Claire was fine, her
13 grandparents were with her and please leave it at that,
14 please, please.

15 Q. Is this the auntie who's a nurse?

16 MRS ROBERTS: No, it's not. This is Alan's sister.

17 Q. When you say you went to get some personal things for
18 her, why was that?

19 MRS ROBERTS: Just as a 9 year-old girl. Just her ...

20 Q. I'm sorry, I meant it in a different way. Was that
21 because you thought she was going to stay any longer or
22 was it in anticipation of her coming home? Are you able
23 to help?

24 MRS ROBERTS: We had maybe even talked about a book or a toy
25 or something. Just a treat. And then go in and maybe

1 get her toiletries.

2 Q. I understand. Did you have any sense at that stage,
3 when you went off for lunch, for how long you thought
4 Claire would stay in the hospital?

5 MRS ROBERTS: No. Again, even if those toiletries or things
6 were bought, it was no big deal if she got out that
7 afternoon or -- no one had indicated about her being
8 discharged, so as you take it, just if she's in, she's
9 in. If she gets out ...

10 MR ROBERTS: I think our understanding would have been, if
11 a child's in hospital and there's no immediate
12 improvement, as we had seen, it's very unlikely that the
13 child's going to be released that day. They're going to
14 want to keep her in maybe another day to do more checks
15 and observations. So the intent was to get stuff for
16 Claire, toiletries, and prepare, if you like, if she was
17 to have another night or another day in hospital.

18 THE CHAIRMAN: By the time you left for lunch, the doctor
19 who was going to give a second opinion hadn't come
20 round?

21 MRS ROBERTS: Correct.

22 MS ANYADIKE-DANES: Did you get any sense that because she
23 hadn't improved, and if anything was slightly worse,
24 that they were going to embark on some sort of series of
25 tests or investigations to try and see what the problem

1 was?

2 MR ROBERTS: No. That didn't come across to us. There was

3 no discussion about that.

4 Q. So just observing?

5 MRS ROBERTS: Yes.

6 MR ROBERTS: Yes.

7 Q. And then you go and you have your lunch and you buy the

8 few things that you say you wanted to get for Claire.

9 Do you know roughly when you came back?

10 MRS ROBERTS: Yes, approximately five past, ten past two.

11 Q. When you left in that way, did you tell the nurses that

12 you were going and roughly when you would be back?

13 MRS ROBERTS: No. I can't recall that.

14 Q. So you mean you don't know whether you did tell them?

15 MRS ROBERTS: Exactly, sorry, yes.

16 Q. That's all right. You come about 2.10, I think you

17 said. And when you do come back, do you remember --

18 please stop me if I ask you something which you're

19 reconstructing as opposed to directly remembering. Do

20 you remember what you did when you came back or who you

21 went to talk to?

22 MR ROBERTS: We went back directly to Claire's bedside

23 because the grandparents were still there.

24 Q. And were you aware of whether there was anybody else

25 then in the bay? I think your sense had been that you

1 thought she might actually have been there by herself,
2 but you weren't entirely sure. Did you have any
3 different impression when you returned?

4 MR ROBERTS: We recall, as I described earlier, another
5 child on the opposite side to Claire. And that was
6 a little girl. She was there with her mother.

7 Q. With her mother?

8 MR ROBERTS: Yes.

9 Q. And so you, presumably, ask the grandparents how she has
10 been.

11 MRS ROBERTS: Yes.

12 Q. Do you get any information back?

13 MRS ROBERTS: Most definitely, yes.

14 Q. What do they tell you?

15 MRS ROBERTS: Claire's Grandmother Roberts, she, when the
16 doctor came along -- obviously, the four grandparents
17 were at the bed, and Granny Roberts kept asking about
18 meningitis, and the doctor said, no, it wasn't
19 meningitis. He chatted then to my mother. Granny
20 Roberts is registered blind, so he chatted to my mother,
21 and Claire was with my mother on the Sunday, and my
22 mother then came to us on the Monday night when Claire
23 was going to the hospital to stay with the boys. So my
24 mother had said that Claire was with her and a little
25 bit about her.

1 My mother can recall the doctor handing Claire a pen
2 or pencil, and mum says it was like a little toy pen
3 with fluff or a little head on the top, and the doctor
4 had waved that to Claire. But mum said that Claire
5 would be more interested with paper or something, that
6 made a noise, that fizzled, and the doctor then had
7 a clear piece of paper and she grabbed the paper.
8 Meantime, Granda Roberts recalls Claire holding on to
9 his hands and pulling herself up. She wasn't chatting
10 to the grannies or grandas, but Granda Roberts says that
11 Claire took his hands and pulled herself up and her eyes
12 were open.

13 So these grandparents were talking, singing, round
14 Claire's bedside, and my mother definitely recalls this
15 pen and the piece of paper and Claire grabbing the piece
16 of paper. But the doctor that was there didn't really
17 ask too many details to the grandparents, but just
18 a little bit about her.

19 Q. Do they remember if the doctor told them anything about
20 what even his initial thoughts were, having examined and
21 seen Claire?

22 MRS ROBERTS: No, he didn't.

23 MR ROBERTS: No.

24 Q. Did you get the impression that he was going to discuss
25 that with you because you were her parents?

1 MRS ROBERTS: Yes. As I say --

2 MR ROBERTS: If anything, we came back to the hospital and
3 grandparents had informed us that they had chatted with
4 the doctor, given the history, and grandparents being
5 grandparents will say, again, repeating it, "Anything
6 serious, meningitis?", and the doctor reassured them
7 that that had all been eliminated.

8 Q. Pausing there, is that something you actually remember,
9 that conversation with the grandparents, saying that
10 they had put that to the doctor who had examined Claire,
11 and that had been eliminated or discounted?

12 MRS ROBERTS: Yes, most definitely.

13 MR ROBERTS: Yes, yes.

14 Q. Did the grandparents tell you who the doctor was who had
15 come to examine Claire?

16 MR ROBERTS: No, they didn't. They didn't inform us of
17 a doctor by name.

18 Q. Leaving aside the name, did they tell you what kind of
19 doctor had come to examine her?

20 MR ROBERTS: I don't think they did, no, because this is
21 again on things, if you like, after the event, but we
22 have spoken to the grandparents again and my mother can
23 recollect the doctor introducing himself as
24 a neurologist, but cannot recall a name.

25 Q. Do you recollect if they told you that a neurologist had

1 seen Claire?

2 MR ROBERTS: No.

3 MRS ROBERTS: I can't, no.

4 Q. When they were describing to you what had happened while
5 you'd been out, did they give you any sense that as
6 a result of all of that, that they were actually a bit
7 worried about their granddaughter or that the doctor was
8 a bit worried about their granddaughter. Did you get
9 any sense of that at all?

10 MR ROBERTS: No, if anything they were reassured because
11 they had asked the same question over and over again,
12 "Anything serious? Any meningitis?", and the doctor had
13 reassured them of that, so if anything, that reassured
14 us again on returning to the hospital.

15 Q. Were they able to help as to what was going to happen
16 then about Claire? Not literally then, but as a result
17 of that examination?

18 MR ROBERTS: No, the grandparents wouldn't have known.

19 Q. I just want to ask you one question that I think I had
20 omitted to ask you. I'm sorry to take you out of the
21 run of it, but you said, I think, that you left at a bit
22 after 1 o'clock or 1 o'clock roughly.

23 MRS ROBERTS: Yes.

24 MR ROBERTS: Yes.

25 Q. The medical notes and records indicate that Claire was

1 given diazepam rectally, and that seems to have happened
2 at a little bit after 12 o'clock.

3 MRS ROBERTS: Okay.

4 Q. Do you remember that?

5 MR ROBERTS: No.

6 MRS ROBERTS: We can't, no. I can't, sorry.

7 Q. Do you remember anybody telling you that that's what was
8 going to happen?

9 MR ROBERTS: No.

10 MRS ROBERTS: No.

11 Q. Although you left at around about 1-ish, were you always
12 on the ward or did you go off and get cups of tea or
13 coffee?

14 MRS ROBERTS: Always. Quite clear that morning.

15

16 Q. Is it something that you could just have forgotten,
17 nurses administering her, and you just hadn't
18 appreciated that that is what they were doing?

19 MR ROBERTS: Yes, it's possible, yes. But it wasn't
20 discussed with us or there was no: this is the nurse
21 this, is what I'm here to do, and this is what Claire is
22 receiving. That wasn't discussed.

23 Q. So that might have happened, but nobody told you that
24 that actually was medication that they were going to
25 administer or that they were actually administering?

1 MR ROBERTS: That's correct, yes.

2 Q. If they had used the expression "diazepam", would that
3 have stuck with you?

4 MRS ROBERTS: Yes.

5 MR ROBERTS: Yes, it would have.

6 Q. Do you know why you would remember that?

7 MRS ROBERTS: Just even the word "diazepam", you know, it's
8 a sedative and --

9 Q. You would have known that at the time?

10 MRS ROBERTS: Yes.

11 Q. Thank you. So after you've had that discussion with
12 your parents, what happens then?

13 MR ROBERTS: The parents again were trying to put times to
14 things, but the parents probably left within five or ten
15 minutes of us coming back to the hospital. I can't
16 obviously give you a definite at that time.

17 THE CHAIRMAN: So in the same way as when they arrived, you
18 stayed for five or ten minutes, when you came back they
19 told you about the doctor who had paid a visit?

20 MRS ROBERTS: Yes.

21 THE CHAIRMAN: You spoke for a little bit longer and then
22 they went on soon afterwards? Don't worry about a time
23 then.

24 MS ANYADIKE-DANES: So that's the sequence: they've gone and
25 you're there with Claire.

1 MR ROBERTS: Yes.

2 Q. At what stage do you think you need to make some
3 arrangements about the evening and your boys, I should
4 say? Presumably somebody will pick them up from school.
5 At what stage are you starting to think about that?

6 MRS ROBERTS: I suppose about 2.30 --

7 MR ROBERTS: Almost straightaway. We knew at that stage
8 Claire would be in for another night at least. So we
9 then had to --

10 THE CHAIRMAN: Was that your guess or did you know?

11 MR ROBERTS: No one had informed us, so ... No one had
12 informed us that Claire will be in for another night or
13 so.

14 THE CHAIRMAN: Okay.

15 MS ANYADIKE-DANES: And after they have left and you are
16 thinking to yourself this is obviously not something
17 where she's going to be discharged immediately, do you
18 go and talk to anybody? You have spoken to your parents
19 so you know their take on it, but do you go and talk to
20 any nurse or any doctor as to how things appear now?

21 MRS ROBERTS: No, we didn't.

22 MR ROBERTS: No. We probably got a certain amount of
23 reassurance going back from the ward round that another
24 doctor was coming round to see Claire, probably a more
25 senior doctor. We got information from the grandparents

1 that eased our minds or our thoughts and we were more or
2 less happy with that.

3 Q. You didn't know it was Dr Webb at the time, but did you
4 think in due course that that doctor would come and talk
5 to you?

6 MRS ROBERTS: No.

7 MR ROBERTS: No, we didn't. We just assumed that the doctor
8 had been round, examined Claire, and if there had been
9 anything that he needed to speak to us about, he would
10 approach us, so we didn't go asking or enquiring about
11 anyone.

12 Q. Dr Sands, who had conducted the ward round in the
13 morning, did you see him in the afternoon?

14 MRS ROBERTS: No.

15 MR ROBERTS: No.

16 Q. Are you sure about that?

17 MRS ROBERTS: Yes. I would be.

18 Q. Did you see any doctor in the afternoon so far as you
19 can recall?

20 MR ROBERTS: Well, I then left the hospital around whatever,
21 2.45. I then had to travel across Belfast to get back
22 to pick the boys up from school at 3.30. So I would
23 have left the hospital around 2.45, maybe even as late
24 as 3, some time in between that. So I had gone by that
25 stage. I certainly didn't see Dr Sands at any time

1 before I left the hospital.

2 Q. And in terms much timing, Mr Roberts, now that you're
3 embarking on that, what was your plan? Was it to take
4 the boys home and stay at home and wait for your wife to
5 call you or to take the boys to their grandparents? Or
6 hadn't you got one at that stage?

7 MR ROBERTS: No, we had a plan. We had no immediate
8 concerns, so the plan was get across, drive across
9 Belfast, pick the two boys up from school. That would
10 be around 3.30. Take the two boys home and, if you
11 like, prepare for the next day with them. So they
12 actually did their homeworks. I took the two boys home,
13 they maybe spent an hour doing their homeworks, and then
14 had dinner with them. And that was our plan to do that,
15 that's what we discussed before I left the hospital, set
16 it out in that format and get back to the hospital some
17 time after 6 or whatever.

18 Q. I understand. So Mrs Roberts, it's really you then,
19 throughout the afternoon --

20 MRS ROBERTS: Yes.

21 Q. -- until your husband comes back in the early evening;
22 is that right?

23 MRS ROBERTS: Yes.

24 Q. I'm going to ask you, do you remember that afternoon?

25 MRS ROBERTS: Yes.

1 Q. Clearly?

2 MRS ROBERTS: Yes.

3 Q. By the time the grandparents have gone, what would that
4 be, 2.30-ish, something of that sort, or maybe a bit
5 later even?

6 MRS ROBERTS: No, no, possibly before that.

7 Q. Maybe before that?

8 MRS ROBERTS: Yes.

9 Q. I wonder if we can pull up this timeline that we have to
10 see what's going on, if I can put it that way, during
11 that period. 310-001-001. You can see down at the
12 bottom -- let's start with the 2 o'clock even though
13 you're not literally there. You leave -- it's something
14 that you're going to help us with. You are certainly
15 gone before 10 o'clock in the evening.

16 MRS ROBERTS: Yes.

17 Q. If we take that block there. If we focus on that.
18 There are some medications being given in there, one of
19 which, as you can see, is the phenytoin. Then the next
20 one that's given or recorded as being given is the
21 midazolam. And there is some seizure activity, if I can
22 describe it in that way. Then we have some other
23 medication, the sodium valproate, the cefotaxime, and
24 then I think paracetamol, and probably that's the
25 medication, as well as the IV midazolam, in the period

1 when you're there.

2 MRS ROBERTS: Yes.

3 Q. Then there is a continuous administration of IV fluids.
4 So that's roughly what's going on. And there is
5 a query -- certainly Dr Webb has written in the notes at
6 5 o'clock and there's a query about whether he actually
7 did re-examine Claire at round about 3-ish. But anyway,
8 that's the map of what's going on in the afternoon and
9 that's what I wonder if you can help us with.

10 The first thing I want to ask you about is that
11 Claire was on hourly observations; did you know that?

12 MRS ROBERTS: I didn't, no. I wasn't aware of it.

13 Q. And they were maintaining a chart to record what I think
14 you now are familiar with, which is where she was on the
15 Glasgow Coma Scale.

16 MRS ROBERTS: Now, yes.

17 Q. They were recording that every hour. Were you aware of
18 that?

19 MRS ROBERTS: They were about the bed, obviously they were
20 doing something, yes.

21 Q. Did you know what they were doing?

22 MRS ROBERTS: No.

23 Q. In terms of the medications that you can just see there
24 as having been administered, were you aware of any of
25 that? I don't mean of maybe medications actually being

1 administered, but what they were?

2 MRS ROBERTS: No.

3 Q. Did you ever hear the expression "anticonvulsants"?

4 MRS ROBERTS: I have heard that, but --

5 Q. In relation to Claire at that time?

6 MRS ROBERTS: No, not that day.

7 Q. Are you sure?

8 MRS ROBERTS: Yes.

9 Q. Sorry, Mr Roberts?

10 MR ROBERTS: Sorry, I wasn't sure whether Dr Webb had maybe

11 mentioned that Claire was ... He had a discussion with

12 my wife later on that day and whether he talked about

13 the sort of medication that Claire had been on in the

14 past. So they may have talked about ...

15 THE CHAIRMAN: What do you remember, Mrs Roberts?

16 MRS ROBERTS: Yes, I had the discussion with Dr Webb at 5.

17 Because Dr Webb had been asking me Claire's previous

18 medication, so I knew she was on Epilim. So I know

19 Epilim is an anticonvulsant drug, but at this 3 o'clock

20 time, anticonvulsant drugs weren't mentioned.

21 MS ANYADIKE-DANES: That's what I meant. I didn't mean

22 a discussion about anticonvulsants that Claire might

23 have had previously when she had her difficulties; I

24 meant whether there was any discussion about

25 anticonvulsants in relation to what they were going to

1 treat Claire with at that stage.

2 MRS ROBERTS: Not at that time, no.

3 Q. Okay. Then let's go to the time when the midazolam is

4 being administered. If we go to the notes, if we can

5 perhaps pull up 090-022-054 and the next page as well

6 055. You wouldn't have seen it at that time, but the

7 note that's signed off by Dr Webb, that's the note that

8 he's making when he comes, and presumably Claire's

9 grandparents are there. Then you'll see another note

10 which is signed off by Dr Stevenson for 2.30. This is

11 the prescription, or the calculation of it, for

12 phenytoin. Now, you were there at 2.30.

13 MRS ROBERTS: Yes.

14 Q. Do you recall Dr Stevenson coming to you or any doctor

15 coming to you to talk about any kind of medication

16 they're going to start Claire on?

17 MRS ROBERTS: No.

18 Q. Do you recall anything about medication at that time at

19 2.30?

20 MRS ROBERTS: No.

21 Q. Then if we go over the page, you'll see --

22 THE CHAIRMAN: Sorry, in fact you were both there at 2.30;

23 isn't that right?

24 MR ROBERTS: Yes, I would have been there at 2.30.

25 THE CHAIRMAN: You don't remember this?

1 MR ROBERTS: No.

2 THE CHAIRMAN: In a way if she's being given a drug and you
3 were working then on the assumption that she was going
4 to stay in overnight, would you necessarily particularly
5 remember the fact that she was being given a drug?

6 MR ROBERTS: Well, we would have asked the question: what is
7 the drug and why is Claire receiving it?

8 MS ANYADIKE-DANES: What I was really asking you is,
9 irrespective of whether you were told the particular
10 drug, do you remember anybody discussing any medication
11 they were going to start Claire on?

12 MRS ROBERTS: No.

13 Q. So far as you could observe it, was she on any
14 medication so far as it appeared to you?

15 MRS ROBERTS: Just the fluid bag.

16 Q. Yes, that's all you saw?

17 MRS ROBERTS: Yes.

18 Q. Thank you. So then if we go over the page, you'll see
19 this is another note. It's not signed, but Dr Stevenson
20 has acknowledged that it's his note:
21 "Seen by Dr Webb."
22 Then you'll see it says:
23 "Still in status."
24 And then there's a calculation for the dosage of an
25 administration of midazolam to Claire.

1 Mrs Roberts, you observed a seizure.

2 MRS ROBERTS: Yes.

3 Q. If we pull up 090-042-144. If we go right to the top,
4 you can see this is a record of attacks observed,
5 they're recording them. And then:
6 "Lasted frequently strong seizure at 3.25. Duration
7 5 minutes. State afterwards, sleepy."
8 And signed "mum".
9 Signed like that, does that mean you actually signed
10 that?
11 MRS ROBERTS: I did, yes.
12 Q. Did you write that in there or simply tell the nurse and
13 then sign it?
14 MRS ROBERTS: No, that's my writing.
15 Q. When it says "3.25", what does that mean?
16 MRS ROBERTS: That's my writing and that's the time that
17 I observed the seizure.
18 Q. Because you can see alongside the date, it's got "3.10".
19 MRS ROBERTS: Yes.
20 Q. Did you write "3.10"?
21 MRS ROBERTS: I did not, no.
22 Q. Now, were you with Claire by yourself when she had that
23 seizure?
24 MRS ROBERTS: Yes, I was.
25 Q. I know that this is going to be very distressing and I'm

1 sorry for it, but had you seen anything like that before
2 with Claire?

3 MRS ROBERTS: No. It was not unlike any seizure that Claire
4 had, even as a baby, and over the years have I witnessed
5 anyone with seizures.

6 Q. Sorry, did you say over the years you have witnessed
7 people with seizures?

8 MRS ROBERTS: Not Claire -- yes, I have, just in, you know,
9 in my work or wherever, you know. I have seen that.

10 Q. But you haven't seen one like that, is that what you're
11 saying?

12 MRS ROBERTS: I didn't at that time. I was sitting beside
13 Claire and she went into this very strong locking
14 motion. Just her whole body just sort of really locked.

15 Q. You mean went rigid?

16 MRS ROBERTS: Very much so. Uh-huh. Sometimes if one has
17 had a seizure, it's more jerky movements, but this was
18 more ... Her body was distorted and she really, really
19 locked, and obviously I was okay, I comforted Claire and
20 moved her head to the side and rubbed her face and that,
21 but it was very, very strong and it did last a lengthy
22 time. I know five minutes is a long time. It
23 definitely wasn't two minutes, but it was long.

24 Q. When you say how her position was -- I'm so sorry, the
25 reason I'm asking this is the kind of presentation of

1 the seizure may be relevant for any of the experts
2 coming afterwards to hear how you describe it. So I'm
3 sorry to put that to you. When you say she seemed to
4 stiffen, was her body straight or contorted in any way
5 when that happened?

6 MRS ROBERTS: It wasn't straight, no, no, it was more
7 locked. I can't really -- Claire was on her back or
8 side or back, so obviously when she went into that,
9 I straightaway put her on her side, not necessarily her
10 head, but just turned her around. Maybe more locked
11 than stiffened out straight --

12 Q. And you couldn't release her from that while it was
13 happening?

14 MRS ROBERTS: I didn't even attempt to. I just comforted
15 her.

16 Q. When that happened and she seemed to come out of that --
17 how was she immediately after she came out of that?

18 MRS ROBERTS: It wasn't as if she came out of that and
19 started to make noises. She went into sleep mode again.

20 Q. When you got her in that position, then do you go and
21 tell someone?

22 MRS ROBERTS: Obviously I have because I was by myself.
23 Whether the nurse was in the ward, in the corridor, at
24 a nurses' station, I cannot recall. But I definitely
25 went and informed a nurse that this had happened.

1 Claire -- I don't know how this sheet was passed on to
2 me, whether it was sitting -- I was told maybe it was
3 sitting in the bed tray or I was handed it or ...
4 Because I certainly didn't touch any of Claire's notes.
5 But this form was presented to me and I was asked to
6 complete that.

7 Q. And how did you know it was 3.25?

8 MRS ROBERTS: I'm always very good at documenting stuff,
9 even when the children were younger, and after it had
10 happened, obviously if there was a clock about -- and
11 with it saying, "Time", then I have timed it.

12 THE CHAIRMAN: Could it be, just to see if this makes
13 a little more sense, that it happened at 3.10, that it
14 lasted for about five minutes, you then went and told
15 a nurse, the nurse got a form, you then completed that
16 form and the 3.25 indicates the time at which the entry
17 was made?

18 MRS ROBERTS: I would say that's the time that the seizure
19 happened, 3.25.

20 THE CHAIRMAN: Okay. It may not make much difference, but
21 the 3.10 entry then doesn't make any sense?

22 MRS ROBERTS: No. That was there for whatever reason, maybe
23 the start of the sheet being set up.

24 THE CHAIRMAN: Okay, thank you.

25 MS ANYADIKE-DANES: Sorry, do you think that that 3.10 was

1 already there when you filled in the parts that you
2 wrote?

3 MRS ROBERTS: Yes, I think it has been, yes.

4 Q. Okay. At the time that Claire had that, were you aware
5 of whether she'd had any medication at all at that
6 stage?

7 MRS ROBERTS: No, I wouldn't have been.

8 Q. When you told the nurse that and she provided you with
9 this form so that you could complete it, did you have
10 any discussion with a nurse at all as to what this
11 meant? If you can remember.

12 MRS ROBERTS: I don't recall and I don't think I had.

13 I don't really know what I thought but I knew obviously
14 I had to tell someone because it frightened me. I was
15 upset at how strong it was. It was something that I'd
16 never witnessed before with her. So there was no real
17 really in-depth chat about how this has happened or why
18 it has happened.

19 Q. Do you recall if shortly after that or at any stage
20 before Dr Webb comes at 5 o'clock, do you recall if
21 a doctor came to examine Claire?

22 MRS ROBERTS: Not between that and seeing Dr Webb.

23 Q. Let me put it a different way: does that mean, as far as
24 you're concerned, a doctor did not or you don't actually
25 remember whether that happened?

1 MRS ROBERTS: No, no one came to see me after that seizure
2 at 3.25.

3 THE CHAIRMAN: We'll have to break, I'm afraid, for the
4 reason that I told you earlier. I am sorry to interrupt
5 at this point. Could you come back at 2 o'clock?

6 MRS ROBERTS: Yes.

7 MR ROBERTS: Yes.

8 THE CHAIRMAN: Thank you very much.

9 (1.00 pm)

10 (The Short Adjournment)

11 (2.00 pm)

12 MS ANYADIKE-DANES: Good afternoon. I know that you don't
13 recall the diazepam being given, but it's recorded as
14 having been given.

15 MRS ROBERTS: Yes.

16 Q. What's more, there is a note that Dr Webb makes
17 in relation to it. Can we pull up 090-022-053, which is
18 dated "23/10/96". That is Dr Webb's note. It should
19 really be the 22nd. It says "4 pm", I think it should
20 really be 2 pm. But apart from that ...

21 If you then go to the second dot, if we highlight
22 that and blow it up, just to help you:

23 "Appeared to improve following rectal diazepam at
24 12.30."

25 Did you yourself notice any improvement in Claire at

1 any time really, but in particular after you came back
2 from your lunch and shopping trip?

3 MRS ROBERTS: Well, the fact that she had had her two sets
4 of grandparents round her and, although she wasn't
5 communicating with them, but they were saying her eyes
6 were open, she was looking at them and she was able to
7 grab granda's hands and that, but she was still tired
8 and lethargic, but no great improvement.

9 Q. That's what I meant. I'm not asking you from a medical
10 perspective, but you had a certain view as to how she
11 looked when you left her on Monday evening.

12 MRS ROBERTS: Yes.

13 Q. You had a certain view how you thought she might look
14 and she actually did appear to you when you turned up at
15 about 9.30 on Tuesday morning. So I'm asking you, that
16 when you think about it, when you came back from your
17 lunch and your little shopping trip, did she seem any
18 better to you at all?

19 MRS ROBERTS: Much the same.

20 Q. Much the same?

21 MRS ROBERTS: Yes.

22 Q. So if -- and this is just hypothetical -- a doctor had
23 been discussing with you and saying, "We administered
24 diazepam to Claire and she seems much better now that
25 we've given it", would that fit with what you were

1 looking at?

2 MRS ROBERTS: If the doctor had said that to us?

3 Q. Yes.

4 MRS ROBERTS: She just appeared much the same, really.

5 Q. So it wouldn't really?

6 MRS ROBERTS: No.

7 THE CHAIRMAN: Sorry, it doesn't say "much better". The

8 question is premised on "much better" and the note says

9 "improved". The improvement is only supposed to have

10 taken place after diazepam was administered at 12.30 and

11 as you'll have heard the nurse yesterday who was saying

12 the improvement isn't immediate, it takes a little bit

13 of time.

14 MRS ROBERTS: Yes.

15 THE CHAIRMAN: So on this analysis, you would not have been

16 expected to see any improvement before you went off for

17 lunch at about 12.45 or so.

18 MRS ROBERTS: That's right, yes.

19 THE CHAIRMAN: The question really is: when you came back

20 after lunch and you relieved your parents, do you

21 remember noticing any level of improvement at all?

22 MR ROBERTS: No. We would say Claire was much the same.

23 MRS ROBERTS: Yes.

24 THE CHAIRMAN: Thank you.

25 MS ANYADIKE-DANES: Thank you.

1 This is a little bit out of order, but I'm asked to
2 go back to something you had mentioned before -- I think
3 it was you, Mr Roberts. You had said that when Claire
4 first went into that bay on the evening of 21st, your
5 sense was that there really wasn't another child or at
6 least you weren't particularly aware of that. Some time
7 later on, maybe after lunch, you got the impression that
8 there was a child there, a little girl with her mother;
9 is that correct?

10 MR ROBERTS: That's correct.

11 Q. Were you aware at any stage of Dr Steen, who you know
12 from when you met her in the early hours of Wednesday
13 morning, coming into that bay and visiting any child
14 there, not necessarily Claire, but any other child?

15 MR ROBERTS: No, I wasn't aware of that.

16 Q. Then maybe it's more something I will put to you,
17 Mrs Roberts, because you left a little while after you
18 had come back after lunch to go and pick up your boys
19 from school, about 3 pm I think you thought it might
20 have been.

21 MR ROBERTS: 2.45 to 3.

22 Q. If we then deal with a little bit later than that.
23 Mrs Roberts, were you aware of Dr Steen coming in at all
24 to see another child in that bay?

25 MRS ROBERTS: I wasn't aware of any doctor being ...

1 THE CHAIRMAN: Let me ask you it in this way because we
2 might be able to cut through this: you obviously met
3 Dr Steen in the early hours of Wednesday morning when
4 you were brought in and told just how bad Claire was --
5 MRS ROBERTS: Yes.
6 THE CHAIRMAN: -- and you do remember seeing Dr Steen at
7 that point. When you saw Dr Steen at that point, do you
8 remember ever having seen her before?
9 MRS ROBERTS: No.
10 MR ROBERTS: No, that was the first time we saw her.
11 THE CHAIRMAN: So it wasn't just the first time you had seen
12 her about Claire, but you hadn't seen her moving around
13 on Allen Ward earlier on during Tuesday?
14 MRS ROBERTS: No.
15 MR ROBERTS: No.
16 THE CHAIRMAN: Okay, thank you.
17 MS ANYADIKE-DANES: You would have heard Dr Steen's
18 evidence. Her evidence was that she did think that she
19 came to see a child, I think that child has been
20 identified as S4.
21 MRS ROBERTS: Okay.
22 Q. And she's pretty clear that she did see her and made
23 some changes to her medical notes and records. But so
24 far as you're concerned, you didn't see her?
25 MRS ROBERTS: No.

1 MR ROBERTS: No.

2 Q. Could you have just missed it? Could you have gone out
3 to get a cup of tea or something like that? Sorry,
4 that's the wrong way to put it. I should put it
5 a different way. Were you with Claire for most of the
6 afternoon?

7 MRS ROBERTS: Yes, I was.

8 Q. Then I had taken you to go back to something, and
9 I would like to catch up to where we were.

10 You had described that seizure and you went to tell
11 somebody, you told the nurse, at some point the nurse
12 brings you a sheet and you write on that sheet what
13 happened and you put the time and you sign "mum".

14 MRS ROBERTS: Yes.

15 Q. In the way that you described to us the seizure, did you
16 describe that to the nurse?

17 MRS ROBERTS: No.

18 Q. Can you remember what you told her about it?

19 MRS ROBERTS: I just went to the nurse and said Claire had
20 had a strong seizure, but she didn't ask me how to
21 describe it or anything. I think then I was asked to
22 note it on the sheet.

23 Q. Do you remember what the nurse's reaction to that was?

24 MRS ROBERTS: Nothing untoward, no. Nothing -- just ...

25 Q. Did she seem concerned?

1 MRS ROBERTS: Not really, no, she asked me to put it on the
2 sheet.

3 THE CHAIRMAN: Most of us, when we're describing something,
4 describe it using more words than we do when we come to
5 write it down.

6 MRS ROBERTS: Yes.

7 THE CHAIRMAN: If you had given the description that you
8 gave in answer to Ms Anyadike-Danes before lunch, would
9 you not have gone into a bit more detail orally with the
10 nurse than just to say, "Attack lasted frequently strong
11 seizure", and, "5 minutes"?

12 MRS ROBERTS: I don't think I did. I just think I said that
13 Claire had had a strong seizure and wasn't asked to give
14 a description or anything.

15 MS ANYADIKE-DANES: Can you remember how you communicated
16 it? Because if those were the words you used, what
17 do you remember of your manner? How you described it to
18 us is that you had never seen anything like this before.
19 Can you remember how you would have communicated that to
20 the nurse?

21 MRS ROBERTS: I would said -- obviously, I was probably
22 upset and wanted as soon as I had Claire, I thought,
23 settled, I wanted to make sure I told someone because of
24 how strong it was and what I had witnessed, but other
25 than that ...

1 Q. Did you understand what might happen as a result of
2 that, were you told, having filled in that sheet, what
3 they would now do about it or whom they might tell about
4 it?

5 MRS ROBERTS: No, I wasn't.

6 Q. And I think I had asked you before whether a doctor came
7 in relation to it at any point. Can you remember that?

8 MRS ROBERTS: What had happened was -- and that happened at
9 3.25 -- that, say, about ten past, quarter past four,
10 I had to use the bathroom and I wanted to go and get a
11 coffee. It was coming up to tea time and I went and got
12 a coffee and I definitely recall leaving Claire.
13 Meantime, I had been communicating with the mum,
14 chatting to the mum.

15 Q. Of the child your husband referred to?

16 MRS ROBERTS: Yes, just general chat about the girls and
17 that. And I went to -- had to go upstairs to the little
18 hospital shop in the corridor. I remember definitely
19 going to the bathroom and getting a coffee and coming
20 back down again. So that took me about 15 minutes. On
21 my return to the ward, the parent said to me, "You've
22 just missed a doctor". Obviously I said, "Oh, okay", so
23 again I just sat beside Claire's bed. Then, within half
24 an hour, a doctor appeared.

25 Q. When a doctor appeared --

1 THE CHAIRMAN: Sorry, just before you do that: the next
2 attack, which is on the sheet, is at 4.30.

3 MRS ROBERTS: Okay.

4 THE CHAIRMAN: Before we get on to the doctor coming maybe
5 at about 5, were you there for that attack?

6 MRS ROBERTS: Um ...

7 THE CHAIRMAN: If we bring up 090-042-144, please. You've
8 been with Claire after the attack. You take about
9 a 15-minute break at about 4.10. 4.25, you come back,
10 you're told by the other mother that you have just
11 missed a doctor.

12 MRS ROBERTS: Yes.

13 THE CHAIRMAN: There's an entry at 4.30, which is not in
14 your writing.

15 MRS ROBERTS: No.

16 THE CHAIRMAN: Were you there or do you remember that
17 incident? If you don't, Mrs Roberts, just say so.

18 MRS ROBERTS: I can't recall that episode, no.

19 THE CHAIRMAN: Okay, thank you.

20 MS ANYADIKE-DANES: Sorry, did you give us a time roughly
21 when you think you might have gone and got your cup and
22 coffee and when you might therefore be back?

23 THE CHAIRMAN: 4.10/4.15 for about 15 minutes.

24 MS ANYADIKE-DANES: Is it possible that the attack is
25 recorded at a time when you're out?

1 MRS ROBERTS: Possibly, just literally between me coming
2 back into the ward, but I was definitely back before 5.
3 Q. Did anybody tell you, that you can remember, that Claire
4 had had an episode like this?
5 MRS ROBERTS: Not another seizure, no. I wasn't aware of
6 anyone telling me that, no.
7 THE CHAIRMAN: I know it's noted as an attack. It seems to
8 have been, on the description, a lot less severe.
9 MRS ROBERTS: More an episode, I would say.
10 THE CHAIRMAN: It's a few seconds as opposed to five
11 minutes.
12 MRS ROBERTS: Most definitely.
13 THE CHAIRMAN: It's not a strong seizure, it's Claire
14 tightening her teeth slightly.
15 MRS ROBERTS: Yes.
16 THE CHAIRMAN: Okay.
17 MS ANYADIKE-DANES: What sort of communication did you have
18 with the nurses? You've told us on a couple of
19 occasions when you have actually gone up to speak to
20 a nurse. For example, you did that shortly after you
21 came back in the morning on Tuesday.
22 MRS ROBERTS: Yes.
23 Q. You did that when she had that strong seizure at 3.25.
24 But you also have said that you were aware of the fact
25 that a nurse was passing by and making some sort of

1 note, although you weren't entirely sure what it was.
2 But what kind of exchange, if I can put it that way, was
3 there between you and the nurses over that day?

4 MRS ROBERTS: It was all just very casual and friendly and
5 caring and ... Just general, possibly me talking about
6 Claire and what sort of person she was, just general
7 chit-chat.

8 Q. I'd like to pull up something else for you. This is
9 a table we've compiled out of her Glasgow Coma Scale
10 scores. 310-011-001. You can see along the top are the
11 times. So they're being recorded roughly -- well, every
12 hour apart from the 2 o'clock one, which is, I think,
13 one that Dr Webb himself records at the time when he
14 examines her. Then along the bottom is the actual
15 score; okay?

16 MRS ROBERTS: Yes.

17 Q. If one focuses on the bottom, you can see how they go
18 down and sometimes they come up a little bit. As we
19 understand it from the clinicians and from the experts,
20 that's quite low.

21 MRS ROBERTS: Yes.

22 Q. Were you ever aware of the fact that they were recording
23 Claire's, let's call it, neurological performance?

24 MRS ROBERTS: No.

25 Q. Even if you didn't know that they were recording it,

1 were you ever aware that they thought her responses were
2 troubling in any way?

3 MRS ROBERTS: No, nothing like that.

4 Q. And when you said that you had these exchanges with the
5 nurses and they were essentially pleasantries, apart
6 from the time when you told her something specific about
7 her, in all of that did you ever get the sense that
8 anybody was concerned about Claire?

9 MRS ROBERTS: No.

10 Q. Some of the doctors and some of the nurses have formed
11 the view that Claire was possibly the sickest child that
12 there was on the ward and, even if she wasn't the
13 sickest, she was actually quite ill. Did you get any
14 sense of that at all?

15 MRS ROBERTS: No, I didn't, and to hear that evidence has
16 been very disturbing for me.

17 THE CHAIRMAN: Because you're only now finding out what they
18 thought 16 years ago?

19 MRS ROBERTS: Yes.

20 MR ROBERTS: Maybe not even so much what they thought
21 16 years ago, but is that part of their reconstruction
22 at looking at the medical notes or was that their true
23 impression 16 years ago?

24 THE CHAIRMAN: I take your point. You mean you suspect that
25 the doctors and, to a degree, the nurses looking back on

1 the notes now have realised how ill Claire was, but they
2 missed it at the time?

3 MR ROBERTS: As we all can do now and look at the medical
4 notes. It paints --

5 THE CHAIRMAN: But that's your concern?

6 MR ROBERTS: That's a big concern.

7 MS ANYADIKE-DANES: When Dr Stevenson was giving his
8 evidence, he said that he, as the SHO, senior house
9 officer, rather regarded himself as the point of
10 contact, that the consultant was away doing consultant
11 things and the registrar also was a senior doctor and
12 maybe wasn't always present literally in the ward, but
13 he and Dr Stewart, who were the SHOs, he regarded that
14 position as the point of contact. They were ward based,
15 as he called it, they were exchanging with the nurses
16 and they were there to address any concerns that the
17 parents had of the children on the ward.

18 Were you at all aware of Dr Stevenson's presence or,
19 for that matter, any doctor's presence other than when
20 doctors specifically came to examine Claire?

21 MRS ROBERTS: I wasn't, no.

22 Q. Did anybody ever offer you the opportunity to speak to
23 a doctor about Claire?

24 MRS ROBERTS: No.

25 MR ROBERTS: No, the only contact I had with a doctor was

1 Dr Sands at the ward round. That was the 10-minute
2 discussion with Dr Sands. Now, I know I was in and out
3 of the hospital quite a bit, I went for lunch and then
4 went and collected the boys, but that was the only time
5 that I had a face-to-face discussion with any doctor.

6 Q. If, as you now learn, Dr Sands and others were concerned
7 about your daughter's condition, if they had felt that
8 at the time, would you have expected a doctor to come
9 and tell you about Claire's condition?

10 MRS ROBERTS: Oh, most definitely, yes.

11 Q. You have already given evidence to the fact that you
12 really didn't think that she was that serious and
13 I think that the chairman had asked you whether that
14 view was reinforced by certain sorts of things. Is the
15 fact that no doctor ever came down and had a discussion
16 with you about Claire's condition -- did that affect how
17 seriously ill you thought she was?

18 MR ROBERTS: Well, it has to because you're dependent on
19 feedback through any of the medical staff, either
20 through nurses or mainly through a doctor. If a doctor
21 has examined Claire and looked at Claire and has
22 a concern, even if it is Dr Sands early on in the
23 morning, he should be coming back and telling us that or
24 having a chat with us later on in the day. If it is
25 Dr Webb, he should be saying, "I need to speak to these

1 parents, can we pull them to one side and have a chat
2 with them?" None of that happened.

3 Q. Was that, in a strange sort of way, a comforting thing
4 to you, the fact that no doctor came to tell you that
5 there was a problem?

6 MR ROBERTS: Yes, yes.

7 THE CHAIRMAN: Up to a point? Because your daughter isn't
8 responding and then, in the afternoon, she has an
9 attack, which frightens you.

10 MRS ROBERTS: Yes.

11 THE CHAIRMAN: So you're not that reassured about what's
12 going on?

13 MRS ROBERTS: Up to a point, but then, you know, when that
14 happened Claire then -- I assumed that she had been
15 vomiting and she's now -- that this has happened to her
16 and she's sleeping.

17 MR ROBERTS: Well, Dr Webb did -- we were concerned about
18 the seizure, but a doctor had examined Claire following
19 the seizure, if you like, so he was aware. I'm going on
20 to 5 o'clock here.

21 THE CHAIRMAN: I think Ms Anyadike-Danes was going to come
22 to 5 o'clock. Let's go to 5 o'clock.

23 MS ANYADIKE-DANES: At 5 o'clock, you're not there at that
24 point, are you, Mr Roberts?

25 MR ROBERTS: No.

1 Q. So you're there, Mrs Roberts. So when Dr Webb comes and
2 you have had that discussion with the mother of the
3 child in the bed close to Claire who said, effectively,
4 you have just missed a doctor seeing Claire. Did you
5 understand that the doctor who was coming now was the
6 same doctor who had examined Claire when you were having
7 your cup of coffee?

8 MRS ROBERTS: I didn't know what sort of a doctor was coming
9 back to see her until Dr Webb.

10 Q. I understand that. When Dr Webb actually did come at
11 5 o'clock, did he either tell you that he had seen
12 Claire while you were away or did you understand that
13 from anybody else that this is the same doctor who came
14 while you were away?

15 MRS ROBERTS: I possibly thought it was the same doctor that
16 had spoken to the grandparents at 2 o'clock.

17 Q. But not necessarily the doctor that came to see her
18 while you were away?

19 MRS ROBERTS: Correct, yes.

20 THE CHAIRMAN: That's the 3.15/3.30?

21 MRS ROBERTS: Yes.

22 THE CHAIRMAN: Just the way things happened, you'd missed
23 two visits by one or more doctors to Claire: one at
24 lunchtime, and the other about 3.30-ish.

25 MRS ROBERTS: Yes.

1 THE CHAIRMAN: So when you met Dr Webb at 5 o'clock-ish,
2 that was the first time you met him, but you didn't know
3 whether he was the doctor who'd been there at about
4 3.30-ish or who'd been there at lunchtime?

5 MRS ROBERTS: Correct.

6 THE CHAIRMAN: Did he say that he'd seen Claire before?

7 MRS ROBERTS: I think he did, yes, because ...

8 THE CHAIRMAN: You are assuming it was lunchtime?

9 MRS ROBERTS: He was the one that had spoken to my mother,
10 yes.

11 MS ANYADIKE-DANES: Thank you. I'd like to pull up
12 Dr Webb's witness statement, 138/3. If we go to the
13 next page of that. This is Dr Webb's most recent
14 statement. If you look at the first paragraph, he's
15 talking about the prescription for midazolam. He says:
16 "I believe I suggested midazolam as the next option
17 for Claire, but I would not have been certain of the
18 dose and would have had to check this by reviewing
19 papers kept in my office. I believe my communication
20 with the medical staff in relation to this was most
21 likely to have been by phone as I did not attend the
22 ward until some time later and did not write the dose
23 myself in Claire's notes."
24 So I think what Dr Webb is suggesting, which is in
25 a way the point that the chairman was putting to you,

1 that he did come at the sort of 2 o'clock time when the
2 grandparents were there, and obviously he came at the
3 5 o'clock time because you were there, Mrs Roberts. But
4 what he's essentially saying is he didn't visit Claire
5 after the seizure that you noted and not in relation to
6 the prescription of midazolam.

7 MRS ROBERTS: Right.

8 Q. And if we go to the medical notes and records at
9 090-022-055, it's up at the top. This is Dr Stevenson's
10 note. We have thought this related to about 3 o'clock,
11 roughly because of the midazolam prescription, if I can
12 put it that way. It says, "Seen by Dr Webb".

13 Just so that we're absolutely clear about that: so
14 far as you are concerned, Mrs Roberts, while you were
15 there, am I right in saying that the first time you saw
16 Dr Webb was at 5 o'clock?

17 MRS ROBERTS: Correct, yes.

18 Q. As I think you answered the chairman, nothing that he
19 said to you when he met you then indicated that he had
20 come on the ward, seen Claire shortly after the seizure
21 that you recorded and given this prescription. He
22 didn't say anything to you to suggest that.

23 MRS ROBERTS: Oh no, he didn't.

24 Q. Thank you. Can we now go to when he does come to see
25 Claire? This is his note, and if we pull it up and

1 expand that, the bit that starts "17.00". That's his
2 entire note there. There's just you there when that
3 happens or is there a nurse or a junior doctor or
4 anybody like that?

5 MRS ROBERTS: I can just recall myself and Dr Webb.

6 Q. How well do you remember it?

7 MRS ROBERTS: Very clearly.

8 Q. Okay. He has made a note of what has happened and you
9 can see that:

10 "Claire has had a loading dose of phenytoin and
11 a bolus of midazolam. She continues to be largely
12 unresponsive."

13 And before we get into the examination, just those
14 two medications. When he was with you examining Claire,
15 did he tell you what medication had been prescribed and
16 administered to Claire?

17 MRS ROBERTS: No.

18 Q. Did he ever mention to you phenytoin or midazolam?

19 MRS ROBERTS: No.

20 Q. Did he go over with you what plan he had devised for
21 Claire when he saw her in the presence of her
22 grandparents?

23 MRS ROBERTS: No, nothing like that was discussed.

24 Q. Did he take any further history from you?

25 MRS ROBERTS: Yes, we had a general chat, and again it was

1 very brief, and it was just background about Claire and
2 her character and the previous days, the weekend,
3 leading up to her admission on the Monday night and
4 a little bit about her past history.

5 Q. If you can see, it's the second paragraph, where it
6 says, "Background from mum", we can highlight that for
7 you. He says:

8 "Background from mum. Contact with cousin on
9 Saturday, who had GIT upset. Claire had loose motion on
10 Sunday and vomiting Monday. She had some focal seizure
11 [it might be] on Monday and right-sided stiffening."

12 MRS ROBERTS: Okay.

13 Q. So far as you can remember, does that fit with what you
14 were telling him?

15 MRS ROBERTS: He was enquiring about a little bit of past
16 history. The loose motion again was just a piece of
17 information, if he was asking about her bowel movement
18 at all. Again if I had said "loose motion" ... But it
19 was by no means continual loose motions and, as I've
20 said, smelly poo. Maybe just going back to the Sunday.
21 Again, emphasising about her coming home from school and
22 vomiting on the Monday. Again, being in contact with
23 anyone that had had a tummy upset, to which her cousin had
24 during that week:

25 "Some focal seizures on the Monday."

1 Claire didn't have any seizures at all until that
2 seizure activity that I witnessed on the Tuesday at
3 3.25.

4 Q. So just to be clear about this, because he may have
5 gleaned something from the medical notes and from
6 a clinical perspective, but insofar as it's a history
7 from you, you would not have been telling him anything
8 about a seizure; is that what you're saying?

9 MRS ROBERTS: Yes, and I wouldn't have -- I definitely
10 wouldn't have said the words "focal seizures on Monday".

11 THE CHAIRMAN: He will put in medical language what you are
12 describing. I hope we find out at some point what this
13 means. But what you're saying to us is you don't
14 believe that you described anything to him which would
15 be accurately summarised as a seizure on Monday?

16 MRS ROBERTS: On Monday, definitely not.

17 THE CHAIRMAN: When you were discussing things with him, do
18 you remember whether you mentioned the attack which had
19 frightened you?

20 MRS ROBERTS: Oh yes. At 3.25, yes. I definitely would
21 have said that, yes. Claire had had a seizure. I would
22 have said, again, it was a strong seizure, and then and
23 obviously if the doctor had wanted to ask me about the
24 seizure ...

25 MS ANYADIKE-DANES: What he's describing here is something

1 on Monday, and that seizure was on Tuesday. If we stick
2 with the Monday, is there anything that you told him on
3 Monday that described anything like a seizure as far as
4 you're concerned?

5 MRS ROBERTS: No.

6 Q. Then it goes on to say:

7 "And right-sided stiffening."

8 Did you describe anything like that to Dr Webb?

9 MRS ROBERTS: No.

10 Q. We can go to Dr Webb's witness statement, where I think
11 he does describe what the focal signs were or seizure.

12 138/1, page 38. At (g), he says:

13 "The focal seizure includes focal stiffening of
14 Claire's right side."

15 MRS ROBERTS: Mm-hm.

16 Q. "And this had been repeated on more than one occasion.
17 From the description I considered it to be seizure
18 activity."

19 As the chairman has put to you, that might be
20 something that he has concluded from the tests and
21 examinations that were carried out firstly by the GP.
22 Remember there was a bit where "tonic" and "clonic" were
23 used in the referral letter.

24 MRS ROBERTS: Yes.

25 Q. There's also some examination by Dr O'Hare, there's

1 examination by Dr Puthuchearry in A&E. So that might be
2 his medical expression of those descriptions. But what
3 I was asking you is: you didn't describe anything to him
4 in relation to a seizure?

5 MRS ROBERTS: No. Not on the Monday.

6 Q. Let's go to page 66 of this then. Let's look at 45.

7 This is Dr Webb's description of speaking to you,

8 Mrs Roberts:

9 "However, when I spoke to Claire's mother later on
10 that afternoon, I obtained a history of a definite
11 seizure affecting Claire's right side the previous day
12 [that's Monday] and I was in no doubt that she had
13 indeed had a convulsive seizure on Monday, the day of
14 admission. I believe my impression was that this girl
15 who had an undoubted epileptic tendency, and had
16 a witnessed seizure on the day prior to admission, was
17 having subtle non-convulsant seizure activity triggered
18 by a recent intercurrent viral infection. This
19 condition is referred to as non-convulsant
20 status epilepticus."

21 Do you recognise what is attributed to a description
22 that you gave him in that? Did you say those things?

23 MRS ROBERTS: No, because if Claire had a witnessed seizure
24 on the day prior to admission, that would have been the
25 Sunday.

1 Q. Yes.

2 THE CHAIRMAN: Or even if you take it as "earlier on the day
3 of admission", that would be the Monday.

4 MRS ROBERTS: Exactly.

5 THE CHAIRMAN: You're saying --

6 MRS ROBERTS: No seizure activity at all, nothing.

7 MS ANYADIKE-DANES: So this is just wrong? You didn't tell
8 him that?

9 MRS ROBERTS: No.

10 THE CHAIRMAN: It might be a mixed up way of recording that
11 you'd told him there had been a seizure that afternoon.

12 MRS ROBERTS: Yes. That's where ...

13 THE CHAIRMAN: Sorry, put it this way: you believe that you
14 did tell him about the attack earlier that afternoon.

15 MRS ROBERTS: At 3.25, yes.

16 THE CHAIRMAN: There was no other attack for you to tell him
17 about.

18 MRS ROBERTS: Yes, that's right.

19 THE CHAIRMAN: So if you are right and you did tell him
20 that, then somehow that has been mixed up as being
21 a reference back to something which happened before she
22 came into hospital rather than something which had
23 happened within the last two hours.

24 MRS ROBERTS: Most definitely, yes.

25 THE CHAIRMAN: Thank you.

1 MS ANYADIKE-DANES: If we go back to where we were, which
2 was witness statement 138/3. When you told him about
3 the seizure at 3.25, did you describe it to him?

4 MRS ROBERTS: Again, I just would have said a strong
5 seizure, but I wasn't asked to really describe it by
6 a doctor.

7 Q. So he didn't ask you whether it affected one side more
8 than another, how she presented, what she was like
9 immediately after it and so on?

10 MRS ROBERTS: No, he didn't.

11 Q. Did he seem concerned when you told him about it?

12 MRS ROBERTS: Not really, he didn't really just ... Just
13 listened to what I had to say and obviously was writing
14 notes or just taking in what I was saying to him.

15 Q. Sorry, if we go back to those notes then, 090-022-055.
16 That's the background and you have some issues with
17 that.

18 Then if we enlarge that again. You can now see the
19 plan.

20 MRS ROBERTS: Yes.

21 Q. So:

22 "To cover with cefotaxime, acyclovir."
23 And he says:
24 "I don't think meningoencephalitis is very likely.
25 Check the viral cultures ... stool, urine, blood."

1 Then he says:

2 "Add IV sodium valproate, IV bolus."

3 After he had taken that brief history and you had
4 explained about the strong seizure, did he tell you what
5 he thought was the problem with Claire? After all, this
6 is a second opinion that you were looking for and this
7 is the second time he'd seen her so far as you're aware.
8 Did he tell you what he thought about what was happening
9 to Claire and did he tell what you he was going to do?

10 MRS ROBERTS: No, he didn't. What I want to go back on
11 there was when we were talking about Claire's past
12 history, I said she had infancy epilepsy and I can
13 recall her being on her Epilim medication because I can
14 remember that. When I said that, he didn't say we were
15 going to start Claire on Epilim, but if he had been
16 starting Claire on medication and said Epilim, I would
17 have known -- well, possibly. And even, the more
18 I think of it, with Dr Sands saying earlier on that she
19 may be experiencing some form of internal fitting and
20 then we were discussing this seizure at 3.25, I possibly
21 said, you know, whenever my husband comes up, if
22 Claire's going to have these -- if her epilepsy is going
23 to return and she will be in hospital for more
24 observations ... But there was nothing to indicate that
25 his plan -- what he was to going to do and why he was

1 doing it.

2 Q. You have suggested your concerns about what you thought
3 might be happening, which might be in some way a return
4 of those epileptic episodes that she had had when she
5 was very small. Did he tell you what he thought was
6 happening?

7 MRS ROBERTS: No, he didn't.

8 Q. Are you sure?

9 MRS ROBERTS: He didn't, no.

10 Q. Do you recall asking him what he thought the problem
11 was?

12 MRS ROBERTS: I didn't. To me, Claire still had her tummy
13 upset, she had been vomiting, and I thought she had been
14 looked after and was now sleeping.

15 THE CHAIRMAN: After you and he finished, do you remember
16 how you felt?

17 MRS ROBERTS: Well, yes, I just thought to myself, if ...
18 Obviously I didn't want to disturb Claire when she was
19 sleeping and that. I did think, if Claire is going to
20 have a return of her epilepsy, then I could handle that
21 because it was very mild in material to any -- what she
22 had over the years, and she had been fit-free for so
23 long and off her medication. So if this was going to be
24 the return of her seizures, then she was in the right
25 place to get the observations for that. But nothing

1 untoward then was mentioned by the doctor about what was
2 happening.

3 MS ANYADIKE-DANES: And the last time she had had those
4 seizures, ultimately that had been controlled by
5 medication?

6 MRS ROBERTS: Yes.

7 Q. Can you remember what you thought was going to happen?

8 MRS ROBERTS: I just thought that Claire just wasn't well
9 and, you know, when one of the children isn't well,
10 particularly Claire because she was so active, that just
11 let her be and she'll sleep off her tummy bug. Do not
12 disturb. And that was it.

13 Q. So he comes and examines her at 5 o'clock.

14 MRS ROBERTS: Yes.

15 Q. If you're able to, roughly how long does that take?

16 MRS ROBERTS: It didn't seem very long, again, that Dr Webb
17 and I had a chat. Again, I would say five to ten
18 minutes.

19 Q. Did he examine her?

20 MRS ROBERTS: I can't recall that. I definitely recall
21 speaking to him, but I can't recall him doing any obs or
22 anything.

23 Q. When he left, did any of the nurses come up and talk to
24 you?

25 MRS ROBERTS: No.

1 Q. Did any other doctor come and talk to you when he left?
2 MRS ROBERTS: No.
3 Q. You both met Dr Sands in the morning at the ward round,
4 so you knew what he looked like.
5 MRS ROBERTS: Yes.
6 Q. Did he, at any time, come before you left that evening?
7 MRS ROBERTS: No.
8 Q. When we were looking at the medication, there was some
9 medication to be given, and in fact it would seem that
10 Dr Sands has signed for having administered the sodium
11 valproate at about 5.15 or thereabouts; do you remember
12 that?
13 MRS ROBERTS: I don't, no.
14 THE CHAIRMAN: Could that have been something that he did
15 and you just don't remember it?
16 MRS ROBERTS: It could be.
17 THE CHAIRMAN: It is a bit odd if he's signed for --
18 MRS ROBERTS: Exactly, yes. Possibly. But there's no chat
19 with another male doctor from when Dr Webb left the
20 bedside.
21 MS ANYADIKE-DANES: So if he administered it, as he has
22 signed that he did, there wasn't any discussion with
23 her, any re-examination of Claire at the time that
24 he was doing that?
25 MRS ROBERTS: No. From Dr Sands?

1 Q. Yes.

2 MRS ROBERTS: No.

3 THE CHAIRMAN: We need to be a bit careful about it because
4 you don't actually remember Dr Sands doing it at all.

5 MRS ROBERTS: I don't, no.

6 THE CHAIRMAN: Isn't it a bit hard for you to say there was
7 no discussion with him because you don't remember him
8 being there?

9 MRS ROBERTS: Yes.

10 THE CHAIRMAN: Our memories aren't always perfect,
11 particularly 16 years later.

12 MRS ROBERTS: I know that.

13 THE CHAIRMAN: And particularly since there wasn't an
14 inquest in 1996 or 1997.

15 MRS ROBERTS: Exactly.

16 MS ANYADIKE-DANES: In any event, you simply don't remember
17 it?

18 MRS ROBERTS: I don't, no.

19 Q. Stop me if you can't help with this, but if you'd had
20 a discussion with him about Claire's condition, do you
21 think you're more likely to have remembered that?

22 MRS ROBERTS: I think I would have, yes.

23 THE CHAIRMAN: We have to be very careful.

24 MS ANYADIKE-DANES: I understand that, Mr Chairman.
25 So what happens, so far as you can recall it,

1 between when Dr Webb leaves and your husband coming
2 back, which is roughly when, Mr Roberts?

3 MR ROBERTS: That would have been certainly before 6.30,
4 somewhere between 6.15 and 6.30.

5 Q. So there's an hour and a bit, an hour and a half,
6 between Dr Webb first coming and your husband returning?

7 MRS ROBERTS: Yes.

8 Q. Does anything happen during that period that you can
9 remember?

10 MRS ROBERTS: Again, there doesn't -- I'm just beside Claire
11 and she's sleeping and just watching over her and ...

12 Q. Then when your husband comes back. Do you explain to
13 him about Dr Webb's visit and what was said?

14 MRS ROBERTS: Yes. I can recall saying to my husband
15 that -- Alan comes up with the boys and that a doctor
16 had been round. Meantime, I had said about Claire
17 having the seizure at 3.25 and we were annoyed of that.
18 But then, again, we related that to the quote from the
19 doctor at 11, saying she may be experiencing some form
20 of internal fitting. So we says, maybe it's just
21 a release, maybe something's gone on and that she's had
22 this fit and again, if it's going to go back to her
23 having to go on medication for seizures, so be it. And
24 we were annoyed, but we just related it to ...

25 THE CHAIRMAN: So you were discussing with each other: this

1 may be the outcome, but if it is, we'll live it with it,
2 we went through it before, she took the medication, the
3 medication controlled it and then it faded away again?

4 MRS ROBERTS: We did, yes.

5 MR ROBERTS: When I returned to the hospital around
6 6.15/6.30, we had a discussion. My wife explained that
7 a doctor had seen Claire, discussed the seizure that
8 she'd had and Claire was then receiving treatment for
9 that, medication for that. So that, to me, was
10 a sedative-type medication and that was the condition
11 that I saw Claire in when I returned, that she was
12 sedated, sleeping and resting.

13 MS ANYADIKE-DANES: By the time you came back, Mr Roberts,
14 and you'd had your discussion with your wife about what
15 had happened whilst you had been away, as matters stood
16 then, did you have any clear idea of what the doctors
17 actually thought was wrong with Claire?

18 MR ROBERTS: No. We still had -- our understanding then
19 was --

20 Q. Sorry, what I want is not so much what you thought. Did
21 you have any idea of what they thought was wrong with
22 Claire?

23 MR ROBERTS: Well, I had still never had a conversation with
24 a doctor, so I couldn't say what the doctor's
25 interpretation or what the doctor's impression was of

1 Claire.

2 THE CHAIRMAN: Your only conversation with a doctor was
3 Dr Sands at the ward round at 11-ish?

4 MR ROBERTS: Correct.

5 MS ANYADIKE-DANES: If I ask that of you, Mrs Roberts: did
6 you have any clear idea, when your husband came back and
7 you were filling him in, of what the doctors actually
8 thought was wrong with Claire?

9 MRS ROBERTS: No, because no concern was expressed, nothing
10 like that was expressed by the doctor at 5 o'clock.

11 Q. That might be how serious they thought it was, but did
12 you even know what they thought was wrong with her,
13 leaving aside how serious it might be?

14 MRS ROBERTS: No.

15 Q. Okay. I have asked you about Dr Sands coming back.
16 I have asked you about Dr Stevenson. There is another
17 doctor who would have been around at about 5.30, which
18 was Dr Hughes. Do you remember Dr Hughes?

19 MRS ROBERTS: I don't, no.

20 Q. Finally, there is another doctor who was on duty at the
21 same time as Dr Stevenson, which is Dr Stewart. Do you
22 remember seeing him or even knowing that he was about?

23 MRS ROBERTS: I don't, no.

24 Q. Then does anything else happen that you can recall up
25 until the time when you have to go?

1 MRS ROBERTS: The episode at 9 o'clock. We can recall that.

2 THE CHAIRMAN: Okay. Just before you get to that, there's

3 a 7.15 episode noted; do you recall that?

4 MRS ROBERTS: Yes. If I could have the ...

5 THE CHAIRMAN: Yes. 090-042-144, please.

6 MS ANYADIKE-DANES: So you have the 4.30 episode where you

7 think maybe you were literally on your way back and

8 might have missed that.

9 MRS ROBERTS: Yes.

10 Q. Then there's a 7.15 episode, which lasts about a minute.

11 Both of you are on the ward at that stage.

12 MR ROBERTS: I was certainly aware of that. I was there

13 at the time that happened.

14 Q. Can you describe it?

15 MR ROBERTS: It would be -- Claire was sleeping at the time

16 and it was almost -- it was a sensation while sleeping

17 that she ... I think it's quite a good description that

18 she clenched her teeth and groaned a little. I think

19 that's a good description.

20 Q. Did it wake her?

21 MRS ROBERTS: No.

22 THE CHAIRMAN: Were you there Mrs Roberts?

23 MRS ROBERTS: Yes.

24 THE CHAIRMAN: Did you both see it then?

25 MRS ROBERTS: Yes, but occasionally Claire opened her eyes

1 and closed them and did look at us and looked at her
2 brothers --

3 MR ROBERTS: I recall at least around that time, if I'm back
4 shortly before 6.30, certainly around 7, 8 o'clock, I do
5 recall Claire opening her eyes and looking at us and us
6 reassuring her and talking to her and explaining that
7 the doctor had seen her, she had had a seizure and
8 a doctor's given her medication, and encourage her, if
9 you like, to rest and sleep.

10 MS ANYADIKE-DANES: Sorry, when do you say that is
11 in relation to?

12 MR ROBERTS: That would have been from when I came back --
13 if we put it at 6.30, through until 7, 8, 8.30. I do
14 recall Claire being wakeful around those sorts of times.

15 Q. What's described there as "teeth tightening slightly" or
16 "teeth clenching and groaning" -- Mr Roberts, you
17 weren't there. Mrs Roberts hasn't remembered the 4.30
18 or may not have been there for the 4.30. I think you
19 both said you saw the 7.15. Did that give you any cause
20 for concern?

21 MRS ROBERTS: No.

22 MR ROBERTS: No, it didn't heighten concerns. Again we
23 thought, okay, is this like a slowdown of what has been
24 going on? Claire has had a seizure, she's on
25 medication.

1 THE CHAIRMAN: Can we take it that the fact that this note
2 exists, you told the nurse about it and this is an entry
3 by the nurse?

4 MR ROBERTS: Yes.

5 THE CHAIRMAN: This isn't your own writing again?

6 MRS ROBERTS: It's not and a nurse could have been round the
7 bedside as well.

8 THE CHAIRMAN: I take it, generally, the nurses were round
9 and about because we know they were doing observations.

10 MR ROBERTS: Yes. The nurse may not have witnessed those
11 seizures, but if they didn't, we would have advised them
12 of them. I used the word "seizure" there. I don't
13 think they were seizures, I think they were, if you
14 like, agitation within Claire. I wouldn't describe it
15 as a seizure.

16 MS ANYADIKE-DANES: Had she had anything like that before
17 when she was younger?

18 MRS ROBERTS: Claire's seizures were very mild at infancy,
19 so if anything she would have come across as more
20 startled if she was having any seizures, like a noise.
21 As I say, that's when she was a baby. But you know,
22 I didn't experience anything as she was growing up.

23 Q. So there's nothing that you could relate to this
24 description of "teeth clenched and groaned"?

25 MRS ROBERTS: No.

1 Q. Did you discuss it with a nurse when you saw it?

2 MR ROBERTS: The nurse would have been informed.

3 Q. I meant discuss it. Leaving aside the 4.30, this is now
4 the second episode. I understand that you have
5 described this as in a completely different league from
6 what you saw, Mrs Roberts, at 3.25. But nonetheless,
7 it's recorded, it's something. So when you mentioned
8 that to the nurse, did you have any discussion now
9 you've seen two of them, about what this meant?

10 MRS ROBERTS: No.

11 Q. Did they tell you what they thought this might mean?

12 MRS ROBERTS: No.

13 MR ROBERTS: No.

14 Q. Did they tell you that something had happened at 4.30
15 that you can remember?

16 MRS ROBERTS: I can't remember, but -- no.

17 Q. Can you remember, Mr Roberts, whether they mentioned
18 that apart from the 3.25, that something had actually
19 happened at 4.30?

20 MR ROBERTS: I don't recall that conversation, no, that they
21 discussed that with us. You're talking about this as
22 a sequence that's going on?

23 Q. Yes, exactly.

24 MR ROBERTS: No, there was nothing. It was another entry in
25 this document and that was about the height of it,

1 really.

2 THE CHAIRMAN: Then we were coming to 9-ish, weren't we?

3 MS ANYADIKE-DANES: We are.

4 So even though they didn't appear overly -- well,

5 sorry, I should put that question to you. How did

6 the nurses seem when you mentioned this?

7 MR ROBERTS: Again, no level of heightened concern. It

8 was: okay, Claire's -- we know she's had a seizure

9 earlier on and these are two entries, an hour, three

10 hours after that. So that's like a -- as I was phrasing

11 it, like a reaction to her either having gone through

12 the seizure and coming out of that, the medication was

13 there, and it was sedating her for that seizure, that

14 strong seizure.

15 Q. When you said "medication was sedating her", did you

16 know she was on medication?

17 MR ROBERTS: Yes, my wife informed me when I came back to

18 the hospital.

19 Q. That she was on what?

20 MR ROBERTS: That she was on a medication.

21 Q. Do you know what medication that was?

22 MR ROBERTS: No. But I assumed it was a medication to

23 control the seizure that had been discussed with the

24 doctor, as we know, Dr Webb.

25 Q. Now that Claire was approaching having been in hospital

1 for 24 hours, was there any suggestion that a doctor
2 would come and discuss what they thought was the
3 underlying problem and what the plan was?

4 MRS ROBERTS: No discussion.

5 MR ROBERTS: It was the opposite of that actually. The fact
6 that no doctor did approach us -- then we thought
7 everything's under control. Dr Webb has been there at
8 5, he's aware of what's going on, he's given Claire
9 medication and the fact that no doctor then did appear
10 or approach us again, we were saying, "Okay, Claire's
11 being treated for that, she's now got her medication,
12 let her rest, let her sleep".

13 Q. Okay. In the same way as you had explained to us this
14 morning when you were giving your evidence that you had
15 to make your plans for when you would have to go home,
16 what were the constraints, if any, as to when you had to
17 go home, what plans were you making as to when you had
18 to be back?

19 MR ROBERTS: No set plans, really. I think two boys of 12
20 and 14 who had been running about the hospital for three
21 hours -- we had to get them back home to prepare for school
22 the next day.

23 MRS ROBERTS: We did.

24 MR ROBERTS: As soon as we were happy that Claire appeared
25 to be settled, asleep, then we would have said, "We'll

1 make arrangements to head home".

2 Q. Did you have a target time, so long as nothing untoward

3 happened, when you really thought if she was settled,

4 you should be going at this time?

5 MR ROBERTS: We had a general time in mind.

6 Q. Which was?

7 MR ROBERTS: You're looking at any time around 9.30 when,

8 hopefully, Claire has settled and she's moving into her

9 night's sleep, and as I say, the other two boys are

10 maybe -- we have to do things with them, get them home,

11 get them prepared. So that would have been our

12 impression then.

13 THE CHAIRMAN: Also, by that time, it had been a long day

14 for Mrs Roberts, hadn't it?

15 MRS ROBERTS: It had been.

16 THE CHAIRMAN: You'd been there from about 9.30 sitting with

17 your daughter for 11, 11-and-a-half hours.

18 MRS ROBERTS: I was, yes.

19 THE CHAIRMAN: If you believed that there was no need for

20 you to stay, then it's time to go. On the other hand,

21 if you thought, you did need to stay because there's

22 something terrible, then you wouldn't have gone?

23 MRS ROBERTS: Oh, most definitely. Yes, that would have

24 been very easy to do that.

25 MS ANYADIKE-DANES: Then do you know actually when you did

1 leave with any certainty, or is it just roughly?

2 MR ROBERTS: 9.15 to 9.30.

3 Q. Is there any particular guide as to how you know that

4 was the time?

5 MR ROBERTS: We witnessed a seizure at 9 pm. We were with

6 Claire. I keep using the word "seizure". When that

7 event happened at 9 pm, we were at Claire's bedside.

8 That was -- it's timed as a 30-second duration attack.

9 I would personally describe that as someone who appeared

10 to be in a sleep mode and, if you like, was startled and

11 woke up from their sleep a little bit unsure of where

12 they were, a little bit of verbal and drawing -- pushing

13 up of the arms and then it was a reassurance to Claire:

14 mum and dad are here, you're in the hospital, settle

15 back into your sleep again.

16 THE CHAIRMAN: The word "screaming", does that, on your

17 description, seem a bit strong?

18 MRS ROBERTS: Yes.

19 MR ROBERTS: I think it does, yes. I think it does.

20 THE CHAIRMAN: Okay.

21 MS ANYADIKE-DANES: Well, did you find that troubling? Read

22 there, starkly, it does read a little troubling:

23 "Episode of screaming and drawing up of arms."

24 MRS ROBERTS: Yes.

25 Q. "Pupils large, reacting to light."

1 MRS ROBERTS: Yes. Oh yes.

2 MR ROBERTS: We weren't aware at that point -- this is the
3 nurse's note. So the nurse had taken the pulse rate at
4 165. We wouldn't have been aware of that.

5 MRS ROBERTS: No.

6 MR ROBERTS: And we wouldn't have been aware of how Claire's
7 pupils were reacting. Our understanding of that was
8 someone waking up startled out of their sleep and the
9 duration is short, so it was seconds.

10 Q. You see there it talks about what her pulse rate was and
11 it talks about how her pupils react to light and the
12 size of them and that a doctor was informed. Does that
13 mean that there was somebody actually carrying out some
14 examination of Claire immediately after that? Do you
15 recall that?

16 MR ROBERTS: We don't recall that, no, but obviously that's
17 what happened.

18 Q. Let me help you with this. When it did happen, who was
19 there?

20 THE CHAIRMAN: Let's talk about the nurse and then the
21 doctor. If this is a note about the nurse that the
22 pulse rate went up to 165, do you remember the nurse
23 taking Claire's pulse?

24 MR ROBERTS: No, no.

25 THE CHAIRMAN: So is the sequence -- correct me if I'm

1 wrong -- that the four of you are with Claire, you see
2 this episode, you tell the nurse.

3 MRS ROBERTS: Yes.

4 THE CHAIRMAN: A nurse comes along, what, immediately, or
5 a few minutes later?

6 MR ROBERTS: I think that's a more accurate description:
7 this happened and then a nurse came along. Whether it
8 was within seconds or minutes ...

9 THE CHAIRMAN: When the nurse comes along, it's pretty clear
10 from this that she did take Claire's pulse.

11 MR ROBERTS: Yes, yes.

12 THE CHAIRMAN: Did you know that she was going to tell
13 a doctor?

14 MR ROBERTS: No.

15 MRS ROBERTS: No.

16 THE CHAIRMAN: How did that episode compare to the one which
17 you'd both seen at 7.15?

18 MRS ROBERTS: You see, that episode at 9 was, to us, Claire
19 wakening up startled and waving her arms about. We were
20 more concerned about this wee thing in her hand, if she
21 didn't like that. It was literally seconds of, you
22 know, agitation and if you're wakened up startled and
23 that's it.

24 MR ROBERTS: Reassurance, saying where she is, speak to her,
25 and settle her again.

1 MS ANYADIKE-DANES: Did Claire ever have nightmares?

2 MR ROBERTS: No.

3 MRS ROBERTS: No.

4 Q. When you say it was like she woke up and was startled
5 and was screaming, that could be like a nightmare. I'm
6 not suggesting she had one, I'm trying to get a sense of
7 your description so that whichever clinicians want to
8 look at this and gain some understanding, you haven't
9 described anything that sounds like a seizure or sounds
10 like anything like that. I'm trying to see if you can
11 help us a little bit by comparing it to something.

12 MRS ROBERTS: It's probably more like a noise than a scream.

13 MR ROBERTS: I've maybe used the word "seizure" in and out
14 there, but I wouldn't describe really any of those
15 events, apart from the first one, as a seizure. I think
16 the 4.30 and the 7.15 I would put down more as reactions
17 to whatever, but certainly not a seizure. And I've
18 already described the event at 9 as almost like someone
19 wakening from a sleep, startled if you like, and
20 a nightmare or coming out of a dream would be a more
21 accurate way of describing it.

22 Q. So did any medical person or nurse come and explain to
23 you whether there was any significance in the fact that
24 there are four of these things, call them what you will,
25 episodes, actually recorded, starting at 3.25 in the

1 afternoon?

2 MRS ROBERTS: No.

3 MR ROBERTS: No, there was nothing attached to that trend or
4 significance. That reinforces what we have just said,
5 that the main event was at 3.25 and, if anything was
6 going on, these were reactions to that, that they
7 weren't further seizures.

8 Q. Yes. Because you weren't there for 4.30 and Mrs Roberts
9 doesn't think she was there, you have described the last
10 two in a completely different category to what happened
11 at 3.25, and not being particularly concerned about
12 those and haven't necessarily seen that they may or may
13 not have been part of a pattern. What I'm trying to ask
14 you is: did anybody try and help you with whether what
15 was being recorded was actually part of or could be part
16 of a pattern?

17 MR ROBERTS: No, that wasn't discussed.

18 MRS ROBERTS: No.

19 Q. Underneath there it says, "Doctor informed". Did
20 a doctor come and see Claire, examine her or speak to
21 you before you left?

22 MR ROBERTS: No. Because I go back to my recollection of
23 speaking to one doctor the whole time.

24 Q. I see. I'm not sure that it would necessarily have been
25 appreciated from the evidence that you've previously

1 given to the inquiry that you might actually have seen
2 these things that -- one is described as "teeth
3 clenching" and the other is described as "waking in
4 a shocking way". Is there any reason for that? The
5 explanation of seizure activity has been confined solely
6 to what Mrs Roberts saw at 3.25.

7 MRS ROBERTS: Yes.

8 Q. Some may have got the impression from reading your
9 evidence that actually not very much else happened: she
10 had that, she seemed to go to sleep, things seemed to
11 calm down, and not very much happened, it was all
12 uneventful, and then you told the nurses' station that
13 you were going to go.

14 MRS ROBERTS: Correct, yes.

15 Q. They might not have appreciated that you actually
16 witnessed anything other than her sort of being on her
17 bed and drifting in and out of sleep, if I can put it
18 that way.

19 MR ROBERTS: Yes.

20 Q. Is there a reason why you didn't highlight or identify
21 these two things?

22 MR ROBERTS: What two things now are we --

23 Q. The 7.15 and the 9 pm.

24 MR ROBERTS: Again, we didn't relate them to be serious, we
25 didn't relate them to be seizure activity. We related

1 it to be agitation and --

2 Q. In fairness, you saw, Mrs Roberts, I think, this

3 document when you made your own entry.

4 MRS ROBERTS: Yes.

5 Q. I take it you didn't see it at any stage after that

6 before you left.

7 MRS ROBERTS: I did not, no.

8 Q. So you wouldn't necessarily have seen how these things

9 were described --

10 MRS ROBERTS: That's right.

11 Q. -- and whether they were therefore being described as

12 "attacks", as they are shown on this sheet.

13 MRS ROBERTS: Yes.

14 Q. All you would know is what you saw and what you then

15 went and told a nurse.

16 MRS ROBERTS: Yes.

17 Q. And even if this does capture some of what you said,

18 am I right in saying that you wouldn't necessarily have

19 categorised them as attacks?

20 MRS ROBERTS: Exactly, yes.

21 MR ROBERTS: I think so, yes, more agitation. Someone in

22 a sleep pattern, who's maybe restless in their sleep or

23 agitation through their sleep.

24 Q. Were you there when they were being actually written up

25 on this sheet or do you remember that?

1 MRS ROBERTS: We were at Claire's bedside, but what was
2 being documented and on what form, we wouldn't have been
3 aware, no.

4 Q. Did you even know that they were going to inform
5 a doctor?

6 MRS ROBERTS: Not at 9 pm, no.

7 Q. I understand. So then does anything else happen before
8 you leave with the boys for the evening?

9 MR ROBERTS: Just my wife goes round to the nursing station
10 and has a chat with the nurses before we leave.

11 Q. And do you recall that or have you sort of pieced it
12 together from various things that you've read since
13 then?

14 MRS ROBERTS: No, I recall that from day one.

15 Q. From your own memory?

16 MRS ROBERTS: Yes.

17 Q. And what is it that you recall?

18 MRS ROBERTS: Obviously then round about 9.15, explaining to
19 the boys that we'll have to get home, and Claire's
20 sleeping, that's her settled. So we get ourselves
21 sorted and Alan and the boys hold back and I go up into
22 the nurses' station. I can just visualise popping my
23 head in and saying, "Nurses, that's us away for the
24 evening. Claire seems to be settled and sleeping".
25 I still had a picture of Claire wakening up and jumping

1 out of bed, and I just said that as long as the bed
2 sides are up -- all very quickly -- she'll be okay. And
3 between the general chat, goodnight, a phone call came
4 through and I was handed the phone and it was my cousin
5 from Scotland, who is a nurse herself, and a mother, but
6 she had heard about Claire through my auntie that day --
7 her mummy lives beside us -- and again I said, "Och,
8 Joan, Claire's fine, she's just had an unsettling few
9 days, she seems to be sleeping and Alan and I and the
10 boys are going home".

11 Q. Did the nurses say anything to you?

12 MRS ROBERTS: Not one thing -- just, "Okay, Mrs Roberts", or
13 just, "Okay, see you in the morning".

14 Q. So that's what you did?

15 MRS ROBERTS: Yes.

16 MS ANYADIKE-DANES: Mr Chairman, I wonder if we might have
17 five minutes.

18 THE CHAIRMAN: 3.30.

19 (3.15 pm)

20 (A short break)

21 (3.35 pm)

22 MR QUINN: Mr Chairman, if I may, Mr and Mrs Roberts have
23 had a long and tiring day giving evidence, even though
24 you were very kind and didn't start until around
25 11 o'clock. But it is a tiring day and I did speak very

1 briefly with my learned friend about that. There may be
2 merit in continuing on until somewhere around 4.30, but
3 with the greatest will in the world, I don't think
4 that's going to finish the evidence today.

5 THE CHAIRMAN: I don't want to rush anybody's evidence,
6 least of all Mr and Mrs Roberts'. If people get to the
7 stage where they're just too tired to give evidence,
8 I won't force it. I can hardly think of anything more
9 inappropriate to do with a witness, especially the
10 evidence that they're having to go through, that they
11 have just been through this afternoon and will continue
12 with. So let's see how far we can get by about 4.30.

13 MS ANYADIKE-DANES: Thank you, Mr Chairman.

14 Mr and Mrs Roberts, I want to take you back to what
15 you have said about the -- let's call them "episodes" as
16 a neutral way to distinguish them from what you,
17 Mrs Roberts, saw at 3.25, because I think in your mind
18 they're different things. Rightly or wrongly, whether
19 they are medically or not, in your mind, they were
20 different things.

21 MRS ROBERTS: Yes.

22 Q. I want to take you back to that. Right at the beginning
23 of this, we went through the witness statements that you
24 had made previously. I wonder if you can help us with
25 why these are not described there. I'll help you by

1 pulling out your witness statements so that you can see.
2 If I start with you, Mrs Roberts, because you witnessed
3 the 3.25 episode that you considered to be a seizure.

4 MRS ROBERTS: Yes.

5 Q. If I pull up your second witness statement, it's 257/2,
6 and if we go to page 4 of that. I have pulled this up
7 because there's a little more detail in this than in
8 your first one. In fairness to you, let's put your
9 first one alongside, 257/1 at page 12.

10 If we look at page 4 in your second witness
11 statement, it starts almost exactly halfway down:

12 "The nursing care from 6.30 pm to 9.30 pm ..."

13 Do you see that?

14 If we highlight all the way down to:

15 "... bed sides were secure in case Claire would
16 waken and get out of bed."

17 So we have that. If we go to the other side, your
18 first one, if we look at (b)(iv). That sets the strong
19 seizure that you described.

20 Then if we go down to (d), there we are. So this is
21 extracts from your previous statements, where you might
22 have described these two other episodes.

23 MRS ROBERTS: Okay.

24 Q. In particular, in the left-hand side one, when you're
25 leaving the hospital, you refer to your only concern

1 being the bed sides being secure.

2 MRS ROBERTS: Yes.

3 Q. If we go to your first one, you acknowledge that you
4 were aware that she was receiving anticonvulsant
5 medication because you knew that she'd had a strong
6 seizure at 3.25. But you don't say anything further.
7 And then, under (d), when you're asked about:

8 "Describe any discussions that you had with the ward
9 nurses regarding Claire's condition, treatment [and so
10 on]."

11 You said that:

12 "[You] had only general conversations with the
13 nurse -- nothing medical."

14 That might be a place where you might have said,
15 "Actually, I had to go and point out the fact that she'd
16 had these episodes, or at least one of them". Is there
17 any reason why you didn't describe in that evidence the
18 episode at 7.15 or 7.30, sorry, and the one at
19 9 o'clock?

20 MRS ROBERTS: I just think that it was because what I'd
21 witnessed at 3.25, but those episodes at 7.10 and 9
22 were, to me, awakening and startled. They weren't any
23 form of seizures, so possibly that's may be why ...

24 Q. I understand that. If I just press you a little bit
25 in relation to (d), when you say that you only had

1 general conversations with the nurse, that might be
2 a place where you had described or you might have
3 described that you went to a nurse to tell her in
4 particular about what you had seen, which is just not
5 quite a general conversation --

6 MRS ROBERTS: No.

7 Q. -- it's a report of something. Is there any reason why
8 you didn't include that there, that you can think of?

9 MRS ROBERTS: I suppose if I had to rewrite that, I would
10 have maybe mentioned the 3.25, but really, yes, when
11 I went and informed the nurse at 3.25 if Claire had had
12 a strong seizure, um ... Nothing maybe more came out of
13 that to me, other than to note it on a form. So ...

14 Q. I meant really when you, for example, saw the one at
15 9 o'clock. That was something that you went to tell the
16 nurse about, or rather a nurse came and you described it
17 to her.

18 MRS ROBERTS: Yes.

19 Q. I wondered why you didn't include that under (d), the
20 bottom highlighted part, as a more than general
21 discussion that you'd had with a nurse, but something
22 a little more particular.

23 MRS ROBERTS: Right. There again, it was an episode that
24 happened. To me, Claire had wakened, had moved, had all
25 her arms about, to which, to me, it could have been that

1 the thing in her hand was irritating her or the position
2 she was lying in, she was uncomfortable, and to me it
3 wasn't really -- it was an episode, but not really
4 medical or something.

5 THE CHAIRMAN: I understand why you attached less
6 significance perhaps to the later ones, particularly the
7 one about 9 o'clock, shortly after about 9. What's
8 a little more difficult for me to get clear is why you
9 don't mention the first one, the one that you witness,
10 the one which you have said frightens you. To me,
11 that's one that, on reflection, I would have expected
12 that to be mentioned in your statement because that was
13 a moment or a few minutes which troubled you.

14 MRS ROBERTS: Yes, it has, very much so. For me to have
15 said that, um ... What's the start of the ...

16 THE CHAIRMAN: I think the point is generally that it's
17 not -- that episode is not mentioned in your statements.

18 MS ANYADIKE-DANES: Sorry, Mr Chairman -- [OVERSPEAKING].
19 It's mentioned there at (b)(iv) when the question is
20 whether you had been told that she was receiving
21 anticonvulsant medication. You say, yes, you know that
22 because Claire had had a strong seizure at 3.25. So
23 you have referred to it there. I think what the
24 chairman's not quite sure about and what I was inviting
25 you -- when it comes down to describing the discussions

1 you're having with nurses, you don't include these
2 specific things under that.

3 MRS ROBERTS: Right. Yet with all, I had informed Dr Webb
4 of the strong seizure at 3.25.

5 Q. Yes.

6 MRS ROBERTS: I put that in. And then when my husband came
7 up at 6.30, I had also discussed with him the strong
8 seizure at 3.25 --

9 THE CHAIRMAN: Okay.

10 MRS ROBERTS: -- that obviously had upset me and to which
11 the both of us then said, if this is going to be
12 something that Claire is going to experience, we will
13 deal with that. So I possibly should have elaborated
14 a bit more on question (d).

15 MS ANYADIKE-DANES: In fact, sorry, Mr Chairman, just for
16 completeness, because I have only put up a section of
17 this in relation to 3.25. If one goes back to 257/1 at
18 page 10, if you look at the answer to (f):

19 "Describe any concerns [just with reference to what
20 you have just there said you expressed to Dr Webb].

21 "No concerns about Claire's condition. I mentioned
22 that Claire had a strong seizure at 3.25, but thought
23 that she was coming out of the internal fitting that had
24 been described to me earlier."

25 And you preface that by saying "no concern". I'm

1 just trying to understand what you mean actually. Is it
2 because you had an explanation for it that you didn't
3 have a concern, or was there some other reason why,
4 despite having seen that seizure and seen these other
5 episodes, why you didn't have a concern about your
6 daughter's condition or particular concern about her
7 condition?

8 MRS ROBERTS: Right. Again, yes, the seizure concerned me,
9 but what I kept thinking was that if Claire is going to
10 experience some form of fitting, sorry, her seizures,
11 and the doctor had mentioned earlier that she may be
12 experiencing some form of internal fitting, that's what
13 I just linked the seizure activity at 3.25 and the some
14 form of internal fitting ... and expressed that.

15 Q. I understand. Then Mr Roberts, if I may ask you,
16 because you've also made two statements that deal with
17 it. If we can go to 091-004-006. This is the statement
18 you make in September. I think it's your earliest
19 statement actually. If you can see a paragraph that
20 starts:

21 "Over the following hours to 21.15, Claire was
22 reviewed by the ward nurse in a way that appeared as
23 general observation and certainly without alarm or
24 concern."

25 And then the paragraph immediately under that:

1 "We left the hospital at 21.15 with, as we thought,
2 Claire settled and asleep and a reassurance from nursing
3 staff that Claire was comfortable. We informed the
4 nursing staff that we would return to the hospital the
5 following morning."

6 If we can then put up another part of that, so have
7 that alongside, 091-004-011. Can you see about a third
8 of the way down, between 17.00 and 21.30:

9 "My wife and I [and this is the part really which is
10 your statement] only recall a fairly general nursing
11 care with the biggest alarm being Claire shaking off her
12 finger pulse monitor."

13 So if we stick with that for the moment.
14 Admittedly, you weren't there when Claire suffered the
15 seizure that your wife witnessed, but she described it
16 to you.

17 MR ROBERTS: Yes.

18 Q. And you were there when these other episodes happened.
19 So is there a reason why you don't include them and
20 referred to the biggest alarm being Claire shaking off
21 her finger pulse monitor?

22 MR ROBERTS: Yes, there is, because I think I've already
23 stated that I would not have classified those as
24 seizures. To me, they were not concerning events. They
25 were agitation, they were restlessness, they were not

1 something that I would have been overly concerned about.

2 Q. Okay. Can I ask you maybe in this way: all through this
3 period, I've been asking you to recount for us, I have
4 been inviting you to tell us about your level of
5 concern, whether you had a concern, if you did why you
6 did, and if you didn't why you didn't, and so forth.
7 And you described your thoughts about Claire and whether
8 her condition did or did not concern you when you left
9 the hospital on the Monday evening. It was about 10.30,
10 I think you said, it was quite late.

11 MR ROBERTS: Monday evening, around 10.

12 Q. I beg your pardon. Then you've also described your
13 thoughts about her condition when you arrived on the
14 Tuesday morning, which is about 9.30, and in fact you
15 thought she was a little worse.

16 MR ROBERTS: Certainly no improvement.

17 Q. And maybe, if anything, slightly worse, but no
18 improvement. Then you go off for lunch at about 1.30
19 and I think your evidence was essentially that you
20 didn't think that things were very much different when
21 you went for lunch. You come back at about 2-ish and
22 I'm not sure that you think that anything is very much
23 different, that she's essentially the same throughout
24 the day. Mr Roberts, you come back at about 6 o'clock
25 or thereabouts.

1 MR ROBERTS: 6.15/6.30.

2 Q. And when you see her, how does she seem by comparison to
3 how she has been all the time, so far as you're
4 concerned?

5 MR ROBERTS: I couldn't make a correlation between earlier
6 in the day and when I returned at 6.15/6.30 because
7 Claire was asleep at that time.

8 Q. Okay. So then if we go to your levels of concern, when
9 you leave at 9.15/9.30, thereabouts, how does your level
10 of concern about her general condition compare with any
11 of the other times when you've left, if I can put it
12 that way?

13 MR ROBERTS: We still had had no heightened level of concern
14 for Claire's well-being. Leaving the hospital at 9,
15 9.15 or 9.30 on the Tuesday evening, we had no
16 heightened level of concern.

17 THE CHAIRMAN: Do I understand your position to be that if
18 you had had a heightened level of concern, you'd have
19 had to have arranged to get your boys home because you
20 couldn't have kept them on indefinitely in the
21 hospital --

22 MR ROBERTS: Yes.

23 THE CHAIRMAN: -- but there were a number of alternatives
24 which you could have put in place? Maybe you would have
25 left the boys at home, got the grandparents involved,

1 but left your wife behind. There are a number of
2 variables there, which could have been organised.

3 MR ROBERTS: That would have been very easily organised if
4 we had had any indication.

5 THE CHAIRMAN: And the fact that you didn't do that, you
6 would say, proves the point that you had no elevated
7 concern about Claire's condition on the Tuesday evening?

8 MR ROBERTS: Exactly, yes.

9 THE CHAIRMAN: Thank you.

10 MS ANYADIKE-DANES: Just one final question on this issue
11 and that is: when you looked at the record of attacks --
12 and I appreciate that you wouldn't have seen it
13 in relation to the 9 o'clock one, but I think you saw
14 that it recorded the fact that a nurse had examined
15 Claire to some level -- at least to check her pupil
16 response to light and to see what her pulse rate was and
17 so on -- and formed the view that she was going to tell
18 the doctor about it, how did that compare, Mrs Roberts,
19 to the nurse's response to when you told them or her
20 about the seizure at 3.25?

21 MRS ROBERTS: It's no different. The 3.25 -- going and
22 reporting the seizure at 3.25 was: there's the form and
23 complete the form. But there was no further questioning
24 over the 3.25. So then when we're leaving --

25 Q. Sorry, I probably didn't phrase that well. What I mean

1 to ask you is: did a nurse come and examine Claire in
2 the same way as they have recorded in the record of
3 attacks that they examined her, after the 3.25, so far
4 as you can remember?

5 MRS ROBERTS: Oh, I can't recall, sorry.

6 Q. There's no record of those responses, but you can't
7 remember whether they did do that?

8 MRS ROBERTS: I cannot recall, no.

9 Q. Thank you very much indeed.

10 MR ROBERTS: If I could just add to when we did leave the
11 hospital around 9.30. It's now widely recognised that
12 by 9.30, Claire had reached the point of no return, or
13 that seems to be quite an accepted view. Claire's
14 sodium level had fallen to 121 by that time and
15 certainly a lot of the reports that I've read have
16 indicated that Claire's -- with a 121 sodium reading
17 from a 9.30 blood test, Claire was at the point of no
18 return.

19 Q. Although in fairness, Mr Roberts, until the result is
20 actually recorded, which doesn't seem to happen until
21 about 11.30, although the sample is taken at 9.30 and
22 therefore the result is referable to her condition then,
23 they wouldn't necessarily know that until they've got
24 the result back and examined it.

25 MR ROBERTS: No, but I'm just making the correlation between

1 Claire's clinical state at 9.30 and when we left the
2 hospital at 9.30.

3 Q. I understand. So then you leave for home?

4 MRS ROBERTS: Yes.

5 Q. Was it your understanding, or wasn't even any of this
6 discussed at all, that if anybody did have any concern,
7 they would simply contact you at any stage, whether it
8 was on the 21st, the 22nd? Is that what you thought
9 would happen?

10 MR ROBERTS: Certainly there was no discussions with
11 a doctor, as I said earlier: Mr and Mrs Roberts, we need
12 to pull them together, we need to have a discussion, we
13 need to explain to them exactly what's going on, we need
14 to discuss Claire's clinical state, her condition. That
15 just did not happen.

16 Q. And although, Mr Roberts, you have given evidence to say
17 that Mrs Roberts had told you that there was some
18 medication being given in relation to the seizure that
19 she suffered at 3.25, did you have any better idea of
20 the medications that Claire was actually on and what
21 those medications were for?

22 MR ROBERTS: No. The only knowledge I had was that Claire
23 was receiving a medication to treat the seizure at 3.25.
24 I wouldn't have been aware of it by name or type or
25 whatever.

1 Q. Or anything else that she was on?

2 MR ROBERTS: No.

3 Q. Like those for the potential viral infection?

4 MR ROBERTS: I had no discussions with any nurse or doctor
5 to say Claire's on phenytoin, midazolam, acyclovir or
6 whatever. Nothing.

7 Q. Okay. Then when you go, you get a call in the early
8 hours of the morning. Mr Chairman, I'm in your hands as
9 to how far you want me to ...

10 THE CHAIRMAN: Let's start, it's only 4 o'clock.

11 MS ANYADIKE-DANES: Okay. Who takes that call?

12 MR ROBERTS: I received the call from Dr Bartholome.

13 Q. Can you remember what Dr Bartholome said?

14 MR ROBERTS: Dr Bartholome informed me that Claire was
15 having breathing difficulties and that she was being
16 transferred to intensive care.

17 Q. Did you say anything?

18 MR ROBERTS: Well, Dr Bartholome also advised that my wife
19 and I should make our way to the hospital straightaway.
20 So I responded to that, I obviously didn't have
21 a conversation, that was an alarming call. So I said,
22 "Okay, we'll be up as soon as possible".

23 Q. And was it as brief as that, really, get yourselves up
24 here?

25 MR ROBERTS: Yes.

1 Q. So you made your arrangements and did that?

2 MR ROBERTS: Yes. That call was around 3.45. I believe we
3 made our way up to the Royal and arrived there around
4 4.30.

5 Q. Did you have your boys with you or were you able to make
6 arrangements for that?

7 MR ROBERTS: No, we had to make arrangements for relatives
8 to come to the house.

9 Q. When you got to the hospital, you went to intensive
10 care, did you, or did you go to the Allen Ward?

11 MR ROBERTS: No, we made our way straight to intensive care.

12 Q. Can you help us with what happened?

13 MR ROBERTS: We made our way to intensive care and we met
14 with Dr Steen and Dr Webb. I can't be overly specific
15 about where we met; I believe it was possibly in the
16 corridor around PICU.

17 Q. And that was the first time either of you had met
18 Dr Steen?

19 MRS ROBERTS: Yes.

20 MR ROBERTS: It was the first time for me meeting either
21 Dr Steen or Dr Webb.

22 Q. I was just going to say that: and the first time you had
23 met Dr Webb?

24 MR ROBERTS: Yes.

25 Q. What happened then?

1 MR ROBERTS: Well, Dr Steen advised us that there had been
2 a build-up of fluid around Claire's brain and that she
3 was being sent for a CT scan or she was being prepared
4 for a CT scan.

5 Q. Did she explain how that might have happened or why it
6 had happened?

7 MR ROBERTS: At that stage, I don't think so. I think the
8 explanation given then was that they were concerned that
9 there was a build-up of fluid around Claire's brain.
10 They needed to carry out the CT scan. That would
11 confirm, possibly confirm, what was going on, and
12 we would have a discussion after the result of the CT
13 scan.

14 Q. Did Dr Webb say anything?

15 MR ROBERTS: I cannot recall a lot of the input of Dr Webb.
16 Everything was -- our conversation, that I recall, was
17 centred around Dr Steen.

18 Q. Did you know what specialty Dr Webb had?

19 MR ROBERTS: That's the first time I had met Dr Webb, so
20 I didn't know his specialty.

21 Q. Was he introduced to you in any way that would have
22 indicated that he was a neurologist?

23 MR ROBERTS: Not that I can recall, no.

24 Q. How did Dr Steen introduce herself?

25 MR ROBERTS: I can't recall. We were in a state of mind

1 then -- this is Dr Steen, and I think introductions and
2 formalities just go over your head really at that stage.

3 Q. What I'm trying to find out is whether she conveyed to
4 you that she was your daughter's consultant.

5 MR ROBERTS: She may well have done. I couldn't recollect
6 that.

7 Q. I understand.

8 THE CHAIRMAN: Do you accept it's likely that, given the
9 circumstances in which you were in, there are parts of
10 this conversation which you just don't recall?

11 MR ROBERTS: That has to be a natural reaction, that you can
12 only --

13 THE CHAIRMAN: It would be almost unnatural to recall every
14 last detail, wouldn't it?

15 MR ROBERTS: Yes. What I do recollect is that the control
16 of the conversation, the conversation between my wife,
17 myself and a doctor was with Dr Steen.

18 THE CHAIRMAN: Okay.

19 MS ANYADIKE-DANES: Yes.

20 MR FORTUNE: Sir, however distressing this may be, can we
21 find out how Mr and Mrs Roberts came to meet Dr Steen
22 and Dr Webb? Was there a nurse with them? Did they
23 just bump into the doctors in the corridor? How did it
24 happen?

25 MS ANYADIKE-DANES: Can you help?

1 MR ROBERTS: I can't really help with that. I have
2 a picture and an image of just getting into intensive
3 care, in and around intensive care. There may well have
4 been a nurse there. I couldn't recollect that.

5 THE CHAIRMAN: Okay. Dr Webb may have recognised your wife,
6 Mrs Roberts, right? Because you and he had spoken
7 earlier on.

8 MRS ROBERTS: Yes.

9 THE CHAIRMAN: That may be one way through it. But the
10 nursing staff in PICU wouldn't have known you because
11 you hadn't been there.

12 MRS ROBERTS: No, that's right.

13 THE CHAIRMAN: And neither of you had met Dr Steen.

14 MRS ROBERTS: No.

15 THE CHAIRMAN: Okay.

16 MS ANYADIKE-DANES: Obviously, you thought it was serious,
17 otherwise people aren't calling in the early hours of
18 the morning and telling you to get yourself down to
19 intensive care.

20 MR ROBERTS: Yes.

21 Q. Apart from that, did Dr Steen give you any sense at all
22 of -- I think one would call that prognosis?

23 MR ROBERTS: I think the only thing that was expressed to us
24 was that there was a build-up of fluid around Claire's
25 brain and she had been prepared and sent for a CT scan

1 just to capture the extent of that, and that's ...

2 Q. Was there any sense that that is something they could
3 deal with, they just needed to see what was going on, or
4 not?

5 MR ROBERTS: Again, I think -- no, there was no sense of
6 that. I think the picture that was given to us was
7 Claire was in this condition and she needed to have a CT
8 scan straightaway to establish the severity or what was
9 going on there.

10 THE CHAIRMAN: Okay. What happened next that you can
11 recall?

12 MR ROBERTS: What happened next was my wife and I were
13 brought into intensive care and Claire was --

14 MS ANYADIKE-DANES: Do you recall by whom?

15 MR ROBERTS: Certainly Dr Steen. And we were given a chance
16 to go in and see Claire within intensive care. Claire
17 at that time was being prepared for the ... She was on
18 like a flat -- I think a flat trolley bed, and I assumed
19 that was for preparation for movement on for the CT
20 scan.

21 Q. So you went in. Was anything said to you while you were
22 there with her?

23 MR ROBERTS: No, there was very little conversation at that
24 time. Obviously, emotions take over at that time.

25 Q. Of course. What's the next thing that you remember?

1 MR ROBERTS: The next thing that I remember is just waiting
2 for the result of the CT scan to come back. We walked
3 back out of PICU, Claire was still there. I believe we
4 either went into the corridor or maybe into
5 a counselling room. We then were basically then waiting
6 for Claire to be sent for the CT scan and waiting for an
7 update on that.

8 Q. Did any nurse or anybody else come to see you while you
9 were there waiting, that you can remember?

10 MR ROBERTS: Again, I think emotions take over at that stage
11 and just to say whether there was a nurse there or not
12 would be very difficult to recollect.

13 Q. I quite understand.

14 THE CHAIRMAN: What's the next thing that either of you
15 remember?

16 MRS ROBERTS: I recall having to go to the bathroom and
17 I remember walking along corridors and finding
18 a bathroom and just walking back again to where we were.
19 I take it then I must have been shown into a room and
20 there was Alan and two doctors there.

21 MS ANYADIKE-DANES: Do you remember who those doctors were?

22 MRS ROBERTS: It was a lady doctor and man doctor, just both
23 those doctors that had met us.

24 THE CHAIRMAN: So Dr Steen and Dr Webb?

25 MR ROBERTS: Dr Steen and Dr Webb.

1 THE CHAIRMAN: Thank you.

2 MRS ROBERTS: Alan was in the room.

3 MR ROBERTS: Yes, I had initially gone into the room.

4 Dr Steen and Dr Webb were both in the room. I'm not
5 quite sure how that came about, whether a nurse said to
6 me -- this was after the CT scan results had come
7 back -- the doctors need to speak to you. And I was
8 either instructed or asked to go into the counselling
9 room, as I would describe it. I entered the room,
10 Jennifer, my wife, had gone to the ladies. So I went on
11 into the room on my own and met with Dr Steen and
12 Dr Webb.

13 THE CHAIRMAN: Did the conversation start before your wife
14 came back?

15 MR ROBERTS: It did, yes.

16 THE CHAIRMAN: If you describe what happened, and then your
17 wife can pick it up.

18 MR ROBERTS: I do recall -- I have a clear recollection of
19 going into the room, and Dr Steen was standing to the
20 right and Dr Webb was on the left, as I looked at them.
21 Dr Steen was facing Dr Webb, they were talking.
22 I recollect certainly that Dr Steen appeared to me to be
23 more animated. She certainly had her hands raised at
24 this sort of level (indicating).

25 MS ANYADIKE-DANES: You mean gesticulating?

1 MR ROBERTS: Yes. Dr Steen and Dr Webb were having some
2 sort of conversation. I obviously went into the room
3 and I knew straightaway, through their body language,
4 through their mannerisms, that they were about to tell
5 me some terrible news.

6 Q. And did they indeed tell you anything terrible before
7 your wife joined you?

8 MR ROBERTS: Yes, they did.

9 Q. What did they say?

10 MR ROBERTS: They told me that the results of the CT scan
11 had shown severe fluid build-up around Claire's brain
12 and, in fact, she was brain-dead.

13 Q. Do you know who told you that?

14 MR ROBERTS: Yes, that was Dr Steen.

15 Q. Did Dr Webb contribute at all at that stage?

16 MR ROBERTS: Dr Webb's input was very minimal. I only
17 recall -- even on arriving at PICU and the discussions
18 afterwards, I only recall Dr Steen being the driver, if
19 you like, and informing us.

20 Q. And after she had said that, is that when your wife
21 comes in?

22 MR ROBERTS: Yes.

23 Q. What's said when your wife comes in?

24 MR ROBERTS: Well, I obviously looked at Jennifer and she
25 looked at me and we knew then from what had been said.

1 Q. Did they try and explain why or how that had happened?

2 MR ROBERTS: Yes. Well, I do recall, obviously, I think we
3 both sat down, we were both seated, and the two doctors
4 were there. I do recall asking the obvious questions,
5 if you like: is there anything possible that can be
6 done?

7 Q. Yes.

8 MR ROBERTS: The fluid build-up around Claire's brain, is it
9 possible for any type of surgery? Is it possible to
10 operate? I recall even using the word "drill". Would
11 it be possible to drill into Claire, into her skull?

12 Q. You mean effectively to drain the fluid off?

13 MR ROBERTS: Yes.

14 THE CHAIRMAN: And the answer was?

15 MR ROBERTS: Well, the answer to that was, no, nothing like
16 that could be done.

17 MS ANYADIKE-DANES: So that is essentially not really giving
18 you any thought that there was anything that could be
19 done. Did they try and help you understand how Claire
20 had got to that condition?

21 MR ROBERTS: Yes. It was, again, Dr Steen who advised us,
22 tried to give us a reasoning behind the fluid build-up
23 and what had caused the fluid build-up.

24 Q. Can you remember what she said?

25 MR ROBERTS: She explained that a virus had caused Claire's

1 brain to swell. I think she maybe used terms like
2 enterovirus and explained to us that viruses can
3 originate in the stomach and other parts of the body and
4 they can then move into other areas of the body, ie the
5 brain, and it was the virus that had caused Claire's
6 brain to swell.

7 Q. What did that mean to you in terms of your original
8 thoughts about tummy bug and so forth?

9 MR ROBERTS: Well, that ... In many ways, that made sense
10 because we knew that Claire was in with what we thought
11 was a gastro-enteritis type tummy bug, and now what
12 we were being told was the virus had moved on, the virus
13 had spread, the virus had moved into her brain and
14 caused her brain to swell.

15 Q. Was there any mention at all of low sodium?

16 MR ROBERTS: No.

17 Q. I know it's very difficult perhaps to try and remember
18 each and every thing that might have been said.
19 Dr Steen doesn't have a recollection herself, but she
20 thinks -- and it's in the transcript of her evidence --
21 that something about low sodium would have been
22 mentioned to you. Just for the sake of reference, it's
23 on 17 October, it starts at line 19. I know this is not
24 something that you can see, you can't see the
25 transcripts, but I asked her:

1 "So given what you've just said now about
2 hyponatraemia, do you think that was something that was
3 mentioned to Claire's family or not?"

4 Her answer is:

5 "I think the low sodium was mentioned to Claire's
6 family. We didn't use the word 'hyponatraemia' and we
7 don't particularly now."

8 Then just for reference purposes, over the page to
9 page 123 and starting at line 4, I ask her:

10 "Question: Did you tell Claire's parents that her
11 sodium was abnormally low?

12 "Answer: Yes, I believe I did because I believe
13 that's what triggered their memory when the UTV
14 programme came on, to say: could that be our Claire?"

15 There are two things that I wonder if you could help
16 us with there. They're slightly out of chronological
17 order, if you like. One of them is whether you recall
18 at all her giving you an alternative explanation or part
19 of an explanation that might have included low sodium.
20 That's one thing. And then secondly --

21 THE CHAIRMAN: Let's stop at that. Do you have any
22 recollection of that at all?

23 MR ROBERTS: No, there was no alternative explanation given
24 as a reason for the fluid build-up.

25 MS ANYADIKE-DANES: You have said that, in a way, the viral

1 thing made sense to you --

2 MR ROBERTS: Yes.

3 Q. -- because of what you thought Claire had come in with.

4 Do you think you would have remembered if she had said

5 something else? It's a hard thing to ask.

6 MR ROBERTS: There's no way I can sit here and say that, in

7 the course of a conversation, Dr Steen did not mention

8 the word "sodium". That would be impossible. What

9 I can say is it was not defined or explained in

10 a certain way to say that it was a virus that caused it

11 or, the alternative is sodium, and this is what low

12 sodium can do. There was nothing like that.

13 Q. Yes. That's actually how I was going to put it to you.

14 So even though you can't rule out the fact that she

15 referred to or mentioned low sodium, are you saying that

16 you don't recall an explanation for how that would have

17 had anything to do with the build-up of fluid in

18 Claire's brain?

19 MR ROBERTS: That's correct, yes. At that time, we took on

20 board the explanation given and the explanation given

21 was the virus.

22 THE CHAIRMAN: A tummy bug spread up through Claire's body?

23 MR ROBERTS: Yes and terms like "enteroviruses" were

24 explained and mentioned.

25 MS ANYADIKE-DANES: The second thing I was going to ask you

1 is: she has a view she did say something like that
2 because that what's enabled you -- many years on as it
3 turned out -- to make a connection when you watched the
4 UTV programme. Do you remember seeing that programme?

5 A. Yes, we watched the UTV programme. It was broadcast,
6 I think, on 21 or 22 October.

7 Q. Do you know how you came to watch it, why you were
8 watching it? Did you intend to do it or was it just on?

9 MR ROBERTS: I think a broadcast was shown earlier on that
10 year, around March time, and we just caught the last few
11 minutes of that programme. Then we heard it was going
12 to be broadcast again in October, so we certainly made
13 a point to make sure that we watched the programme when
14 it was broadcast.

15 Q. Why was that? Why did you want to watch it?

16 MR ROBERTS: Because the programme, from what we could pick
17 up, was talking about -- well, obviously, three children
18 who had died in hospital, and it related to the
19 children's fluid, their fluid management, and
20 intravenous fluids. Our recollection in trying to piece
21 that together with Claire's -- what we had been -- what
22 had been explained to us in 1996 was the fluid build-up
23 around Claire's brain. We knew Claire had received
24 intravenous fluids, so we made the correlation between
25 the programme talking about fluids, fluid management,

1 and what had been explained to us in PICU.

2 Q. So not because of anything to do with low sodium that
3 you can recall?

4 MR ROBERTS: No, the word "hyponatraemia", we struggled to
5 even pronounce that word at the time. We'd never heard
6 of the word hyponatraemia. And certainly sodium levels
7 was something ... Because I think when we did arrange
8 to go back to the hospital and ask about Claire's fluid
9 management, we did a little bit of research and the
10 first sort of document that I was able to dig up was the
11 Arieff article. So we were able to read a little bit
12 about fluid management and educate ourselves a little
13 bit about how -- the potential for hyponatraemia, the
14 importance of sodium levels and how they're
15 interrelated.

16 Q. But at that time, you didn't know any of that?

17 MR ROBERTS: No, no.

18 Q. If I then bring you back to real time as we're going
19 through it. So you have had the explanation from
20 Dr Steen as to what she thought had happened and how it
21 had happened and why it had happened in that way.

22 MR ROBERTS: Yes.

23 Q. What's the next thing that you remember?

24 MR ROBERTS: I think, obviously, at that stage Dr Steen
25 explained to us that there was nothing more could be

1 done for Claire. And like every parent, I suppose,
2 anyone, you would ask, "Has everything possible been
3 done?"

4 Q. Of course.

5 MR ROBERTS: And Dr Steen reassured us that everything
6 possible had been done and that nothing more could be
7 done for Claire. So she explained to us that there was
8 a process that they had to go through and that would be
9 the brainstem testing and how that would be organised.

10 Q. Just before you carry on with that: at this stage, is
11 Dr Webb still there with you, that you can remember?

12 MR ROBERTS: Yes. That conversation was when Dr Steen and
13 Dr Webb were together. That was identified then.

14 Q. So it's all part of the same time, if I can put it that
15 way?

16 MR ROBERTS: Yes.

17 Q. I think, in fairness, you have described it as Dr Steen
18 doing most of the talking --

19 MR ROBERTS: Yes.

20 Q. -- can you remember anything that Dr Webb contributed?

21 MR ROBERTS: No, I can't.

22 MRS ROBERTS: I can't.

23 THE CHAIRMAN: Mr Fortune?

24 MR FORTUNE: Sir, can we establish whether in fact there was
25 a nurse present during this conversation?

1 THE CHAIRMAN: Can you recall?

2 MR ROBERTS: I cannot recall a nurse being present.

3 THE CHAIRMAN: Does that mean it could be either way?

4 MR ROBERTS: It could have been either way. As I said,
5 emotions take over at that time and whether there was
6 a nurse present or not, my clear recollection is both
7 doctors were there explaining things to us at that time.

8 THE CHAIRMAN: Mr Fortune?

9 MR FORTUNE: Sir, I have in mind the document 090-028-088,
10 which is the relative counselling register. You will
11 recall there are two hands, so it's assumed that there
12 were two nurses at different times writing up the
13 explanations. I'm just wondering whether the
14 explanation in the centre of the page in fact is the
15 explanation that coincides with what Mr and Mrs Roberts
16 were told at that time by Dr Steen.

17 THE CHAIRMAN: Let's ask them about this note and then leave
18 it for today; okay?

19 Have you seen this document before?

20 MR ROBERTS: Yes.

21 MRS ROBERTS: Yes.

22 THE CHAIRMAN: Let's take the column under "explanation".
23 To what extent do you agree or disagree with what is
24 recorded in that column?

25 "Explained that Claire had trouble with her

1 breathing and needed to have ventilatory support now."

2 And then that seems to be the initial note. And
3 then a second note is:

4 "Following CT scan, Dr Steen and Dr Webb explained
5 that Claire had swelling of the brain and could possibly
6 be brain-dead."

7 MR ROBERTS: I think they're fairly accurate.

8 THE CHAIRMAN: Going to the right-hand column:

9 "Explained to parents that Claire's brain had
10 swollen and that CT scan and brainstem tests showed
11 Claire's brain had died."

12 At that stage, I think the point you were at
13 a moment ago with Ms Anyadike-Danes was that what was
14 being explained to you was the brainstem death testing
15 procedure which was to be gone through. But it hadn't
16 been gone through -- it followed later rather than being
17 an immediate step; isn't that right?

18 MRS ROBERTS: It had, yes. There was no time or anything
19 in that --

20 THE CHAIRMAN: Was it explained to you, if we go down to the
21 next bit:

22 "Only the ventilator was keeping her heart beating.
23 Parents very distressed but understood the explanation.
24 Asked why her brain had swollen. It was explained it
25 was probably caused by a virus."

1 And that virus explanation is consistent?

2 MRS ROBERTS: Yes.

3 MR ROBERTS: Yes.

4 THE CHAIRMAN: So that note appears to have been written at
5 different times. But is the gist of it correct?

6 MR ROBERTS: Yes, it is, yes.

7 THE CHAIRMAN: Okay.

8 MS ANYADIKE-DANES: Mr Chairman, also for the benefit of
9 Mr and Mrs Roberts, I don't have very much more at all
10 to ask you. In fact, it probably will only be a few
11 minutes, but I know that there are some things that you
12 would like to raise and would like to say, and I'm
13 conscious of the hour. On that basis, Mr Chairman ...

14 THE CHAIRMAN: Shall we leave it?

15 Tomorrow is a bit uncertain at this stage. As
16 you know, we have set up a video link and arranged with
17 Dr Volprecht that she will give evidence at 9 am
18 tomorrow, but the e-mails and telephone calls to her
19 this week have not been responded to, I'm afraid. So
20 while we very much hope that she will turn up as
21 scheduled tomorrow for the 9 am link, I cannot guarantee
22 that that will be the case. So the unfortunate position
23 is that I have to ask you to be here at 9 o'clock with
24 fingers crossed that Dr Volprecht gives evidence.
25 I have a limited remit over the German Republic.

1 Then Professor Neville is scheduled to give evidence
2 after that. He's arriving in Belfast today and
3 Ms Anyadike-Danes needs a little time with him before he
4 gives evidence. So if Dr Volprecht doesn't appear at 9,
5 there might be a little delay before we actually start
6 the evidence. I'm sorry that's a bit unsatisfactory,
7 but we'll push on as early as we can tomorrow. In an
8 ideal world, we would find time tomorrow for Mr and
9 Mrs Roberts to finish their evidence. We'll do it
10 sooner rather than later.

11 MR QUINN: If the first witness did turn up and the video
12 interview did go ahead -- I would anticipate perhaps two
13 hours for that, looking at the evidence --

14 MS ANYADIKE-DANES: Certainly no longer.

15 MR QUINN: No longer? Would there be an opportunity then to
16 put Mr and Mrs Roberts in after that just to finish off
17 because that would, as it were, finish them. As
18 I understand it, my learned friend only has maybe
19 15 minutes. I have a number of questions.

20 MS ANYADIKE-DANES: Probably not even that, but I know that
21 there are other matters that [OVERSPEAKING].

22 THE CHAIRMAN: I accept that that's preferable. I think the
23 difficulty is that Dr Neville is coming over tomorrow
24 and has had his own health problems over the last
25 11 months. He's over tonight and flying back tomorrow

1 night and we're not sitting on Friday. So I'm anxious
2 to get everybody finished, but we only have Dr Neville
3 for tomorrow. So if we can do all of that together,
4 we will.

5 MR QUINN: I'm obliged.

6 THE CHAIRMAN: In fact, it might be that if Dr Volprecht
7 doesn't materialise, it might make it a bit easier to
8 fit things in.

9 On that rather unsatisfactory note, thank you for
10 today. We'll be here at 9 am tomorrow and hope that
11 Dr Volprecht is ready to talk to us. Thank you.

12 (4.30 pm)

13 (The hearing adjourned until 9.00 am the following day)

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I N D E X

MR ALAN ROBERTS (called)1
MRS MARGARET JENNIFER ROBERTS1
 (called)
 Questions from MS ANYADIKE-DANES1

