

Monday, 30 April 2012

1

2 (9.45 am)

3 THE CHAIRMAN: Good morning, Ms Comerton?

4 MS COMERTON: Good morning, Mr Chairman. Our first witness  
5 this morning is Patricia Conway, please.

6 MS PATRICIA CONWAY (called)

7 Questions from MS COMERTON

8 MS COMERTON: Good morning, Ms Conway, I'd like to first  
9 ask you about your experience in nursing at the time of  
10 Adam's transplant surgery. That is set out to some  
11 extent in your police statement, which is reference  
12 093-009-027.

13 If I try to summarise that, at the time of Adam's  
14 transplant surgery, you were paediatric staff nurse  
15 in the theatres in the Children's Hospital?

16 A. Correct.

17 Q. And you were on duty from 8 pm on 26 November through  
18 until 8 am on 27 November?

19 A. That's correct.

20 Q. You began your general nursing training in the Royal  
21 Victoria Hospital in 1991?

22 A. 1981.

23 Q. Sorry, 1981. I beg your pardon. You then qualified in  
24 1985?

25 A. Mm-hm.

1 Q. And you'd worked in theatres in Musgrave Park Hospital  
2 for two years between 1995 and 1997?

3 A. Mm-hm. 85 to 87.

4 Q. I beg your pardon, 85 and 87. And then you also worked  
5 between February 1992 and 1999 in theatres in the  
6 Children's Hospital?

7 A. That's correct.

8 Q. So by the time of Adam's surgery, you'd worked in  
9 theatres for over five years in total, roughly?

10 A. Yes.

11 Q. And just under four of those was in the Children's  
12 Hospital?

13 A. Mm-hm.

14 Q. Would you accept that there were very few paediatric  
15 renal transplants that took place in the Children's  
16 Hospital at that time?

17 A. Yes.

18 Q. It was a fairly rare occurrence?

19 A. Yes.

20 Q. Had you had any experience of paediatric renal  
21 transplants before in theatre?

22 A. I had. I do recall scrubbing for at least one.

23 Q. In the Children's Hospital?

24 A. Correct.

25 Q. Do you remember when that was?

1 A. No idea.

2 Q. Okay, thank you. Would you accept that it was a fairly  
3 big event for the Children's Hospital for some surgery  
4 of that nature to take place for a number of reasons?

5 A. Yes.

6 Q. Now, you may have heard mentioned the Children's  
7 Hospital protocol for renal transplantation in small  
8 children. Were you familiar with that document?

9 A. I have no recollection of that document.

10 Q. Perhaps we might call it up. It's WS002/2. Page 52.  
11 Had you seen that before?

12 A. I have no recollection of it.

13 Q. Do you recall anyone mentioning it to you?

14 A. No.

15 Q. And you don't recall seeing it; is that right?

16 A. I have no recollection of seeing it.

17 Q. Whenever Adam came to theatre, would you have seen his  
18 medical notes and records?

19 A. Just in the handover of seeing the consent being signed.

20 Q. So the file would have been opened and you might have  
21 seen some of the papers in it?

22 A. Yes.

23 Q. Do you recall seeing this document on the file?

24 A. This is the first time I have seen this document.

25 Q. Thank you.

1 A. Or that I recall seeing this document.

2 Q. If I ask you then about the organisation of the theatre  
3 team. Can you recall who was on the paediatric team who  
4 prepared theatre for Adam's surgery?

5 A. No. I know I was there. I have no recollection of the  
6 other staff. There would have been two other staff.

7 Q. What positions would they have held normally?

8 A. Either two other staff nurses or, more often, a staff  
9 nurse and an auxiliary.

10 Q. And they would have been theatre staff nurses; is that  
11 right?

12 A. Yes.

13 Q. Is there a theatre auxiliary nurse as well?

14 A. Well, employed specifically for the area, yes.

15 Q. Who was in charge of the theatre team in 1995? Was it  
16 the night sister who would have done that or another  
17 employee?

18 A. On night duty at that time, there would have been  
19 a night sister over the whole hospital. But in theatre,  
20 generally, the three members of staff would have been  
21 well qualified and would have known their roles and  
22 shared responsibilities and roles.

23 Q. But in terms of who would coordinate that work, was  
24 there a senior theatre sister who would have coordinated  
25 who was doing what?

1 A. Not on night duty.

2 Q. Do you recall how you first heard about the plan to have  
3 a transplant operation on the 27th?

4 A. I don't recall who told me, but obviously an operation  
5 of that level required a lot of preparation and -- both  
6 for the patient and for staff and equipment, et cetera.  
7 I do know that, on the night, I knew that we had to  
8 prepare and set up theatre for a possible transplant.

9 Q. Do you recall at what stage on the evening that you  
10 heard that information?

11 A. It must have been at handover from the day staff.

12 Q. So your handover, when you came into work, would have  
13 been around 8 o'clock, 8 pm?

14 A. 8 pm.

15 Q. So you knew then that you were going to have to prepare  
16 theatre just in case the transplant went ahead?

17 A. Yes.

18 Q. Were you assisted in that task by the two other staff  
19 nurses and the auxiliary nurse?

20 A. I would have been.

21 Q. Did you learn at that time which other nurses were  
22 coming in to assist in performing the transplant  
23 surgery, whether later that night or the following  
24 morning?

25 A. Well, it's my recollection that Gillian Popplestone was

1 coming in at 7 am to scrub for the surgery. That's my  
2 recollection.

3 Q. When would you have learned that, Mrs Conway?

4 A. At handover.

5 Q. Around 8 pm?

6 A. Yes.

7 Q. Did you know who was going to act as the runner?

8 A. No.

9 Q. Or whether that person was coming in early too?

10 A. No.

11 Q. Okay. In terms of roles within theatre, would it be  
12 more important for the scrub nurse to come in early and  
13 do more preparation, compared to what the runner would  
14 have to do?

15 A. Yes.

16 Q. And would it take a scrub nurse longer to prepare for  
17 theatre than a runner?

18 A. To prepare trolleys?

19 Q. Yes.

20 A. Yes, yes.

21 Q. Have you acted as a scrub nurse before yourself?

22 A. Several times.

23 Q. Roughly how long does it take you to get ready before  
24 the surgery actually starts as a scrub nurse?

25 A. For surgery at the level of renal transplant with your

1 trolleys and instrumentations, swabs, et cetera, at

2 least, you know, 40 minutes. Somewhere around that.

3 Q. Can you recall at all any information you were given  
4 about the time at which surgery was going to start?

5 A. No.

6 Q. Whenever you came in and had your handover at 8 pm on  
7 the 26th, were you given any indication at that stage  
8 when surgery might start so you knew how much time you  
9 had to get theatre ready?

10 A. Well, the plan was that when Gillian came in at 7, that  
11 I would be throwing out to her, you know, giving her her  
12 instrumentation, et cetera. I can't recall any specific  
13 time given, but, you know, for the purpose of sterility  
14 of the instrumentation, you'd want to be starting as  
15 soon as possible after the instruments were laid.

16 Q. You said when Gillian was coming in you were throwing  
17 out to her; is that right?

18 A. Yes.

19 Q. What does that mean?

20 A. Well, when a scrub nurse has scrubbed up and her -- and  
21 I as her assistant has opened the outer layers of the  
22 packs where the instruments are in, and she opens the  
23 sterile inner bits, then any extra instruments that she  
24 needs or that the surgeon specifically requests, which  
25 are sterile, packed separate, I would be throwing them

1           on to her sterile field.

2    Q.   So you wouldn't be coming into contact with her?

3    A.   Correct.

4    Q.   Thank you. I can't recall if I asked you, did I ask you

5           who had told you that Miss Popplestone was coming in for

6           surgery that morning?

7    A.   I cannot recall the specific person.

8    Q.   Were you aware of any potential start time in the early

9           hours of the morning on 27 November? Was that ever

10           mentioned to you, that surgery might start at 1 or 2

11           in the morning?

12   A.   No.

13   Q.   Thank you. Or was it ever mentioned to you that surgery

14           might start at 6 in the morning on the 27th?

15   A.   Not to my recollection.

16   Q.   Thank you. You say that your job was to prepare

17           theatre, but you were also going to act as an assistant

18           to Gillian Popplestone so you'd be an assistant scrub

19           nurse?

20   A.   No, I would be assisting her in ensuring she had all her

21           instrumentation, swabs, et cetera, prior to her entering

22           theatre.

23   Q.   Was it normal for another nurse to assist a scrub nurse,

24           prepare the instrumentation and set up the trolleys?

25           Does it take two people to do that, Mrs Conway?



1 A. Yes, it takes one to be scrubbed and one not to be  
2 scrubbed.

3 Q. Yes, thank you. So if I try and work out what you were  
4 doing between 8 pm and overnight, you were preparing  
5 theatre with the rest of the team, the two staff nurses  
6 and the auxiliary, and then from 7 in the morning, so  
7 far as you recall, you were assisting  
8 Gillian Popplestone by throwing out the instrumentation  
9 that she needed?

10 A. Yes. Sorry, it wouldn't have been two staff nurses and  
11 an auxiliary, it would have been either two staff nurses  
12 or one staff nurse and an auxiliary.

13 Q. Ah, thank you. But there were three of you in any event  
14 preparing theatre --

15 A. Yes.

16 Q. -- whichever way you look at it?

17 Now, perhaps I could refer you to another document,  
18 which is 093-012-039. This is Gillian Popplestone's  
19 police statement. She says about five lines down:

20 "On 27 November 1995 I commenced duty at 8 am in  
21 theatre. I took over from Staff Nurse Conway as scrub  
22 nurse for the duration of a kidney transplant operation  
23 on Adam Strain."

24 A. Mm-hm.

25 Q. So Miss Popplestone has a slightly different

1 recollection?

2 A. Yes. Mm-hm.

3 Q. If you follow through from what she's saying there,  
4 the suggestion is that you had acted as a scrub nurse up  
5 until 8 o'clock. What do you say about that?

6 A. Well, for me it would be impossible because on the  
7 pre-op checklist it's my writing that has written down  
8 the swabs that are thrown out to the sterile field.

9 Q. Perhaps we might go to that and you can help us  
10 understand it. I think it's document 058-007-020. Is  
11 this the document you're referring to?

12 A. Yes.

13 Q. Now, would you like to identify on that document your  
14 handwriting?

15 A. Top left, where it says, "Operation left renal  
16 transplant".

17 Q. Yes.

18 A. Staff Nurse Popplestone written as scrub nurse.

19 Q. Yes. That's in the right-hand side at the top, yes.

20 A. Yes. I think I might have written the "Mr" beside the  
21 surgeon, but at that stage we wouldn't have known his  
22 name. As regards abdominal swabs, the 9 by 9s and the 4  
23 by 4s all of that is mine, apart from the slashes  
24 through the first two --

25 Q. The strikeout?

1 A. The strike out, which would have happened as they were  
2 counted off during the surgery. "Sloops 26", that's me.  
3 "Pre-op count, P Conway".  
4 Q. That's your signature?  
5 A. Yes. The pre-op count isn't mine.  
6 Q. Isn't yours?  
7 A. No, I don't think ... I can't recognise it as mine.  
8 THE CHAIRMAN: Is it your point, Ms Conway, that -- if I'm  
9 right in understanding, you weren't asked about your  
10 involvement in this for about 10 years; is that right?  
11 A. Yes.  
12 THE CHAIRMAN: You weren't asked by the Royal after Adam had  
13 died for any account of what had happened?  
14 A. No.  
15 THE CHAIRMAN: Okay. And you weren't involved in Adam's  
16 inquest in 1996?  
17 A. No.  
18 THE CHAIRMAN: Was it the first time, then, that you were  
19 asked about this in late 2005/early 2006 when you made  
20 the police statement?  
21 A. Yes.  
22 THE CHAIRMAN: And you were remembering that  
23 Nurse Popplestone came in an hour early in effect to  
24 start at 7 instead of 8 and she remembers coming in at  
25 8, but the one thing you have in common is that you both

1 remember the other one being involved?

2 A. Yes.

3 THE CHAIRMAN: Thank you.

4 MS COMERTON: Maybe you could explain, you said it would  
5 have been impossible for you to work as a scrub nurse  
6 because you were throwing out items to  
7 Nurse Popplestone, and that that was shown in this  
8 sheet. Could you explain that to us perhaps?

9 A. Right. If ... When I look at this sheet, I am seeing  
10 this in the set-up room and I am writing as Gillian is  
11 scrubbed and she's sterile in front of me. I'm  
12 non-sterile and throwing out whatever. As I throw out  
13 the 26 sloops, I'm writing "Sloops 26" --

14 Q. Yes.

15 A. -- because everything that goes into the operating field  
16 must be counted off at the end, obviously. So as I'm  
17 throwing out the 9 by 9s, I'm going "There's one pack of  
18 five, two packs of five, three packs of five, four packs  
19 of five", and that's how they're written up, and the  
20 same for the 4 by 4s.

21 Q. So is your signature at the bottom of that list really  
22 everything you'd thrown out, it's really a shopping list  
23 of everything you'd thrown out to the scrub nurse?

24 A. The pre-op count?

25 Q. Yes.

1 A. Yes, to say these are -- this is what is going in --  
2 Q. So they have to check that it's going out as well?  
3 A. Yes.  
4 Q. And Nurse Popplestone couldn't have done that on her own  
5 because if she'd written things down, she wouldn't have  
6 been sterile any more; is that right?  
7 A. Correct.  
8 Q. Was the setting up and preparation for theatre in cases  
9 of paediatric renal transplantation in November 1995 any  
10 different from the preparation for other major  
11 paediatric surgery at that time, or was there just  
12 a routine for major paediatric surgery?  
13 A. Well, every operation, no matter how minor someone may  
14 deem it, requires a lot of preparation and -- so  
15 the basic preparation would have been the damp dusting  
16 and getting everything available that would be needed in  
17 theatre, and then, on top of that, for an operation of  
18 this degree would have been the specifics requested.  
19 Q. Would you have received any training on the procedures  
20 and practices for preparing for a paediatric renal  
21 transplant?  
22 A. Not specific to renal transplant, but certainly specific  
23 to preparation of theatre for any child coming in.  
24 Q. Okay, thank you. Now, if we turn to the preparation of  
25 theatre before Adam's surgery. Do you recall how long

1           it took you to prepare theatre for the surgery?

2    A.  No, I can't recall.

3    Q.  Okay.  Were you involved in checking that the equipment

4           was available and functioning?

5    A.  Certain pieces of equipment, yes.

6    Q.  Would that have included the CVP monitor?

7    A.  No.

8    Q.  And I should ask you, where is the set-up area within

9           the theatre complex?  I'm going to refer you to

10           a drawing that might assist you in showing us.  It's

11           reference 300-005-005.

12           This is a floor plan of the Children's Hospital at

13           that time, and the red square is the theatre in which

14           Adam had his operation.  You'll see there's a theatre

15           beside it, ICU is marked on it, and Musgrave Ward is

16           further down towards the lower part of the document.

17           Can you explain where the set-up room would have been?

18    A.  Yes.  I think it's --

19    Q.  Was the set-up room sterile, I should ask you?

20    A.  No.

21    THE CHAIRMAN:  Well, can you point out there where the

22           set-up room was?

23    A.  I'm trying to get my map reading skills.

24    THE CHAIRMAN:  Okay.

25    MS COMERTON:  If I can assist you, Mrs Conway, SR means the

1 sterilising room or the clean utility. DU is the dirty  
2 utility. RR is the restroom, the staff restroom, if  
3 that assists you.

4 A. Okay.

5 Q. And BG, I think, is the blood gas machine.

6 A. I think it's in the SR area.

7 Q. Was that just one room?

8 A. No, there was another one attached to orthopaedic  
9 theatre, which would be on over past the RR. No, I ...  
10 The green theatre is where -- sorry, I've got my  
11 bearings now. The green theatre is where the surgery  
12 took place, is my recollection.

13 Q. Okay. We have been informed that it's the red theatre  
14 where it took place. In any event, you think it was  
15 in the green theatre?

16 A. Yes.

17 Q. Whichever theatre it was in, can you recall where the  
18 set-up room was?

19 A. The SR, yes. There.

20 Q. What happens in that room?

21 A. That's where the scrub nurse has her trolleys and her  
22 sets of instruments opened and her needle slips,  
23 et cetera, swabs, thrown out to her.

24 Q. When you're in that set-up room, can you see what's  
25 happening in the theatre marked red; is it open? Have

1           you a view of what's happening in theatre while you're  
2           standing in the set-up room?

3    A.   But it's my recollection that I'm here and it's the  
4           green theatre.

5    Q.   Okay.  But let me ask you, if you assume for a moment  
6           that it was the red theatre, have you a view --

7    A.   No.

8    Q.   -- into theatre from the set-up room?

9    A.   No.

10   Q.   If you're in the set-up room, can you see into the green  
11           theatre?

12   A.   Um ...  No, because there was a wall and a small  
13           corridor.

14   Q.   Thank you.

15   A.   Yes.

16   Q.   If we go to witness statement 060/2, page 4.  It's  
17           at the bottom of the page where you say:

18               "The preoperative checklist was the instrument  
19               checklist, which returned to the central sterile  
20               supplies department with the instrument set following  
21               surgery when all instruments are accounted for."

22   THE CHAIRMAN:  This is your own witness statement.

23   MS COMERTON:  This is your witness statement, Mrs Conway.

24               So I wanted to ask you: is the preoperative checklist  
25               the list that you referred to before entitled "Swab



1 count" or is that a separate document?

2 A. No, it's a separate document that -- when the scrub  
3 nurse opens her set of instruments there is a list of  
4 every instrument that is in that pack, which has come up  
5 from the central sterile supplies department. Okay? So  
6 as she opens it, she'll go -- you know, she hands over  
7 the piece of paper to me as -- who's non-sterile, and  
8 I will go, "Blade 3 and 4, 3 and 4, 5 forceps,  
9 5 forceps, two Kochers, two whatever," do you know what  
10 I mean?

11 Q. You'd check that everything was present on the list?

12 A. Yes.

13 Q. Okay. And ultimately, is that the list then that's used  
14 whenever the instruments are being checked at the end of  
15 surgery to make sure everything's accounted for?

16 A. Yes.

17 Q. So it seems to be a dual role to prepare the  
18 instrumentation before surgery, but also to account for  
19 it at the end of surgery; is that right?

20 A. Correct.

21 Q. Thank you. Did renal transplant surgery require  
22 a specific set of instruments?

23 A. Additional instruments to a general laparotomy set, yes.

24 Q. Does that mean it would have taken slightly longer to  
25 set up?

1 A. Yes.

2 Q. And who would have requested those extra instruments, or  
3 how would you have known which instruments to prepare  
4 for that specific kind of surgery?

5 A. There would have been a list of instruments specific to  
6 certain types of operations and then whatever surgeons  
7 have specific requests ...

8 Q. Do you recall speaking to the transplant surgeon in  
9 Adam's case?

10 A. No. I didn't know his name.

11 Q. Mr Keane is his name.

12 A. Yes. I didn't know his name at the time of the pre-op  
13 checklist.

14 Q. Does that mean you didn't speak to him or you just don't  
15 remember whether you did or not?

16 A. Oh, no, I didn't speak to him.

17 Q. Would you normally speak to the surgeon beforehand to  
18 discuss any matters?

19 A. If there was something which was unclear, yes, or if the  
20 scrub nurse wanted to know something.

21 Q. Thank you.

22 THE CHAIRMAN: Do I understand your evidence to be that it  
23 wasn't intended that you would be part -- one of the  
24 nurses during the surgery, that you were simply involved  
25 in preparing it; is that right?

1 A. That's correct.

2 THE CHAIRMAN: So if you had been one of the nurses involved  
3 in the surgery, you might then have had reason to speak  
4 to the surgeon if he wanted his things done his way, but  
5 on this morning when Adam's operation was being planned  
6 for, since you weren't going to be involved in the  
7 surgery, you didn't need to speak to him?

8 A. I didn't speak to Mr Keane.

9 THE CHAIRMAN: Yes.

10 MS COMERTON: Would it normally be the scrub nurse who would  
11 talk to the transplant surgeon, given the close  
12 proximity in which she would be working with him?

13 A. It's constant communication during surgery because  
14 obviously he's requesting whatever --

15 Q. I realise that, but Mr Keane wasn't a surgeon who worked  
16 frequently in the Children's Hospital, he came from the  
17 City Hospital, so he mightn't have the familiarity that  
18 the Children's Hospital surgeons would have with the  
19 nurses?

20 A. I think any surgeon knows that the key to it is good  
21 communication and there was never any issue.

22 Q. Could I just clarify one point with you, Mrs Conway.  
23 I wonder if we could refer to two documents, first of  
24 all, 058-007-021. The second one is 093-013-043. The  
25 first document on the left is the blood loss document.

1 A. Mm-hm.

2 Q. Are you familiar with that?

3 A. Yes.

4 Q. And this is the one for Adam's surgery. You'll see the  
5 date. The second document on the right is Staff

6 Nurse Mathewson's police statement that she made.

7 I wanted to see if she could assist us. If you go to  
8 the police statement first, you'll see that she says,  
9 if we start at the top:

10 "From this sheet I can state the writing in the left  
11 column from total blood loss to 911 approximately is my  
12 writing [that is the left-hand column]. This column was  
13 used by me to calculate the total blood loss by adding  
14 the total of 411 in the right-hand column to 500 ml  
15 approximately in the suction bottle."

16 Then we move columns:

17 "I can also confirm on this sheet in the centre  
18 column my writing commences at the figure of 20.1."

19 It's not very clear, it's about halfway down. This  
20 column records the blood accumulated in an individual  
21 swab.

22 Again we move columns:

23 "In the right column, I can confirm that my writing  
24 commences at 160.7 and this column records a running  
25 total of all blood loss in the swabs. I am unable to

1 say who recorded the earlier figures in the centre and  
2 right columns."

3 So Staff Nurse Mathewson's statements have said she  
4 came in as the runner later on, and her police statement  
5 says she's really written the figures from about halfway  
6 down that document to the end of the page. But she  
7 doesn't know who wrote the figures on the top half of  
8 the column in the middle and the right.

9 Have you any idea who recorded those figures?

10 A. No. I didn't.

11 Q. You didn't do it?

12 A. No.

13 Q. I suppose I'm really asking you, did you act as runner  
14 or circulating nurse before Staff Nurse Mathewson  
15 arrived? Because it would be the runner who records  
16 that; isn't that right?

17 A. Yes.

18 Q. Can you recall acting as runner or circulating nurse  
19 before she arrived?

20 A. No.

21 Q. May you have?

22 A. No, I would have been off duty.

23 Q. Would there possibly have been a period of time before  
24 she came on duty that there was a need for a runner and  
25 that you might have stepped in?

1 A. I have no recollection of that. No.

2 Q. You don't think so?

3 A. No.

4 Q. You don't need to be sterile to be a runner; isn't that  
5 right?

6 A. No.

7 Q. If it wasn't you, Mrs Conway, have you any idea who it  
8 would have been or likely to have been?

9 A. I have no idea. You know, sorry, I just ...

10 Q. Were you in theatre after you prepared or assisted Staff  
11 Nurse Popplestone prepare as a scrub nurse and threw out  
12 the various instruments to her, did you go into theatre  
13 after that?

14 A. No, I would have cleared up the set-up room, you know,  
15 the outer packagings that were lying, et cetera, because  
16 the set-up room would have been used for surgery in  
17 other theatres.

18 Q. Okay. Do you recall being in theatre at all? After you  
19 prepared the theatre, do you recall being in theatre at  
20 all?

21 A. I don't recall seeing Adam himself that morning.

22 Q. Do you recall him arriving?

23 A. No.

24 Q. And on your evidence, between 7 and 7.40 or 7.45, you  
25 were assisting Staff Nurse Popplestone in the set-up

1 room.

2 A. Mm-hm.

3 Q. So you weren't in theatre during that period either?

4 A. No.

5 Q. You wouldn't have had to step out to go and get  
6 something or had reason to go in?

7 A. No, everything that was needed was in the set-up room.

8 Q. Okay, thank you. If I just go back to that list for  
9 a moment, is it correct that the people who were on the  
10 theatre team with you, whether it was the two staff  
11 nurses or the one staff nurse and the auxiliary, would  
12 have been on duty until 8 o'clock as well with you,  
13 everyone was on the same shift?

14 A. Yes.

15 Q. So if we are trying to work out who may have acted as  
16 runner and filled in that blood loss sheet, is it most  
17 likely that it would have been one of the other members  
18 of the theatre team who did that?

19 A. It would have to be a member of the theatre team to have  
20 access to any of these documents.

21 Q. Yes.

22 A. Which member --

23 Q. You don't know.

24 A. I have no recollection.

25 Q. Mm-hm, thank you. So if we move on then and this might

1 be brief, given what you have just told us. I was going  
2 to ask you about Adam's arrival in theatre. The nursing  
3 note -- I perhaps should refer to that -- is at  
4 057-017-019.

5 Sorry, 014-019. I beg your pardon.

6 If we can turn that round. Thank you. You will see  
7 this is staff Nurse Murphy's nursing note, the ward  
8 nurse. The last line of that says:

9 "7 am transferred to theatre."

10 And she's signed it.

11 A. Mm-hm.

12 Q. So around 7 am, where would you have been, Mrs Conway?

13 A. In the set-up room.

14 Q. Okay. Do you recall there being a handover between  
15 whoever took Adam to theatre and a theatre nurse when he  
16 came down to theatre?

17 A. There would have been a handover, but, no, I --

18 Q. Were you involved in that at all?

19 A. No.

20 Q. Do you recall whether the handover occurred in the  
21 theatre or --

22 A. I wasn't involved.

23 Q. Okay.

24 THE CHAIRMAN: You just don't recall Adam arriving?

25 A. No. I didn't see --



1 THE CHAIRMAN: Did you know Adam at all?

2 A. I did know Adam. Everybody knew Adam.

3 THE CHAIRMAN: Right. But you don't remember him coming  
4 down from the ward to the theatre or whether he went  
5 straight to theatre? You don't remember it at all?

6 A. No recollection.

7 MS COMERTON: Can you tell us, Mrs Conway, what would  
8 normally have happened? Would a ward nurse normally  
9 have come down with the child and parent to theatre and  
10 the handover would have occurred or would a theatre  
11 nurse normally go up to the ward and have a handover up  
12 there?

13 A. Either could happen. It would depend on -- generally on  
14 night duty, we, after having the theatre ready, would  
15 have gone down and collected the child and brought the  
16 child up. But in the instances generally speaking,  
17 I have no recollection of this specific case, but  
18 generally speaking, with major cases coming to theatre,  
19 the ward staff would have brought the child up because  
20 theatre staff would have been checking off procedures or  
21 ensuring things were ready.

22 Q. Okay. So if I asked you what's the most likely way Adam  
23 came to theatre in this case?

24 A. That he would have been brought up.

25 Q. By a member of the ward staff?

1 A. Yes, I would assume so.

2 Q. Do you know which nurse on the theatre team would have  
3 taken care of the handover then if it wasn't you?

4 A. I can't recall which other members of staff were on  
5 duty.

6 Q. Is that a designated task or does it just depend on  
7 who's there whenever the patient arrives?

8 A. Well, it's designated in that within -- if you have  
9 three staff nurses working, you do a role rotation. You  
10 know, I will do runner for the first, scrub for the  
11 second, anaesthetics for the third, and that's  
12 generally -- it was like an unspoken agreement. So any  
13 member of staff. It would have been a registered staff  
14 nurse, it wouldn't have been the auxiliary.

15 Q. Okay. How would you have describe your role in  
16 preparing for Adam's surgery, because you have told us  
17 you weren't the scrub nurse and you weren't the runner?  
18 So were you the set-up nurse? Did you have a title that  
19 described your role?

20 A. Well, the runner is the set-up nurse and continues into  
21 theatre in normal cases, but I was going off duty.

22 Q. Okay. So normally, does it only take two nurses to get  
23 ready for theatre, the scrub nurse and being assisted by  
24 the set-up nurse, who then acts as runner?

25 A. And a third nurse would be available to the

1 anaesthetist, generally speaking.

2 Q. Is that what you would now commonly know as an  
3 anaesthetic nurse, although they might not have been  
4 referred to in those terms at that time?

5 A. Well, we knew them as anaesthetic nurses but they didn't  
6 have the specific anaesthetic nurse qualification that's  
7 available now.

8 Q. Do you recall whether there was a third nurse available  
9 to assist Dr Taylor on the morning of Adam's surgery?

10 A. I have no recollection.

11 Q. Okay. Where would that nurse have been, and what would  
12 she have been doing when they were getting ready for  
13 Adam's surgery, normally, in general terms? Would she  
14 have been in the theatre? Would she have been in the  
15 anaesthetic room?

16 A. Major surgical cases generally were intubated and  
17 ventilated in theatre because of the amount of equipment  
18 and transferring all of the equipment from an  
19 anaesthetic room and into theatre. So it was generally  
20 for major cases.

21 Q. Okay. Can you tell us, Mrs Conway, what was the  
22 procedure for checking a patient into theatre?

23 A. In general?

24 Q. For major surgery or in Adam's case, what would the  
25 procedure have been?

1 A. Well, the procedure would have been that you  
2 obviously -- I didn't check Adam into theatre.

3 Q. Okay.

4 A. I'm speaking generally.

5 Q. Would one of the other members of the theatre team have  
6 done that then?

7 A. He would have been checked into theatre, yes.

8 Q. Okay.

9 A. You want me to tell you?

10 Q. Yes, if you could assist us, it would help.

11 A. First of all, it would be that you identified the right  
12 patient, the hospital number, clarified the date of  
13 birth and in the instance of children, the parents or  
14 guardian would be there and you would clarify it with  
15 them. You would also show the consent form to the  
16 parent or guardian and ask, "Is that your signature?  
17 You've consented and can we clarify it's a left renal  
18 transplant or it's a --

19 Q. Okay.

20 A. -- whatever the surgery is that you've agreed to? And  
21 check that the doctor's signature was on it, that it was  
22 explained to you that your child is coming for X." And  
23 you would check that all the child's notes and X-rays  
24 and scans or whatever else is available, a fluid balance  
25 chart, any kind of charts specific to treatment in the

1           ward, such as peritoneal dialysis or --

2   Q.   Do you know whether they had a specific chart for

3           peritoneal dialysis back in 1995?

4   A.   I didn't work in that area.

5   Q.   Yes, but given your role in theatre, you might have been

6           familiar with checking for it?

7   A.   Yes.  There would have been a record of fluid in, fluid

8           out, yes.

9   Q.   Would that have been in a separate sheet or just in the

10          medical notes normally?

11  A.   I would imagine it was on a fluid balance chart.

12  Q.   Okay, thank you.  Could I ask you -- you've mentioned

13          X-rays.  Do you recall whether the X-rays in Adam's case

14          were available?  Had you any dealings in that respect?

15  A.   I do recall somebody -- and I don't know who it is --

16          coming into the set-up room to show the consent had been

17          signed.  As a scrub nurse, Gillian was the scrub nurse,

18          but I was there, you would be shown --

19  Q.   The consent --

20  A.   The consent --

21  Q.   -- is that like a safety net really?

22  A.   Yes.

23  Q.   Thank you.  Perhaps I could refer to a document at

24          057-026-043.  If we can turn it round.  It's not a very

25          good copy, but you've mentioned a checklist.  Is this

1 the kind of checklist that you're talking about,  
2 Mrs Conway? It's an earlier checklist from one of  
3 Adam's earlier procedures.

4 A. Mm-hm.

5 Q. You'll see on the left-hand side:  
6 "Pre-surgery assessment of patient by theatre  
7 staff."  
8 And then on the right:  
9 "Patient's identification checklist."

10 A. Yes.

11 Q. Would there have been a pro forma document that whoever  
12 in the theatre staff would have ticked off all the  
13 necessary points to make sure that all the details were  
14 right?

15 A. Yes, I think so.

16 Q. Okay. Do you know why there wouldn't be one of those  
17 documents available in relation to Adam's transplant  
18 surgery?

19 A. I have no idea.

20 Q. Do you recall a document like that being filled in or  
21 ever seeing it for Adam's transplant surgery?

22 A. I didn't check Adam into theatre.

23 Q. I realise that, but you may have seen some of the  
24 documents.

25 A. No.

1 THE CHAIRMAN: Would you assume that a document like that  
2 was filled in?

3 A. I think if it was procedure, it would have been filled  
4 in. This form suggests to me that the first part is  
5 completed by the ward staff.

6 THE CHAIRMAN: Yes.

7 A. So it's possibly a form that comes with the notes from  
8 the ward, to look at it.

9 THE CHAIRMAN: I think it's headed by "theatre staff".  
10 Do you see, just inside the box in the left-hand side?

11 A. Oh, "Pre-surgery ..." Um ... It ... It is a pre-op  
12 checklist and, yes, there should -- I would imagine that  
13 every child going to theatre had one.

14 THE CHAIRMAN: Okay.

15 MS COMERTON: Can I ask you, would there usually be  
16 a nursing operation care plan for a child before  
17 surgery?

18 A. As in? Sorry? Do you want to clarify that?

19 Q. Was there a document that you would have been familiar  
20 with called "A nursing operation care plan"?

21 A. I have no recollection.

22 Q. If I could refer to 202-002-037. This is a report from  
23 Sally Ramsay, who addresses the nursing issues and is  
24 the nursing expert for the inquiry. I'd like to refer  
25 you to the second paragraph commencing "There is no

1 nursing plan of care":

2 "There is no nursing plan of care for Adam's time  
3 in the operating theatre. On previous occasions,  
4 a pre-printed care plan was used. It is easier, in my  
5 view, to a theatre care plan during the day when more  
6 staff are available. The pre-printed care a plan lists  
7 nursing actions as 'Monitor, record and report intake  
8 and output, if necessary. Weigh swabs and record and  
9 report to anaesthetist if necessary.' I have concluded  
10 that these were normal nursing roles. I consider the  
11 blood loss and swab count records are of an appropriate  
12 standard."

13 I think I'll stop it there. So when I referred you  
14 to a nursing plan of care for his time in theatre,  
15 that is what I was talking about.

16 A. Mm-hm.

17 Q. Are you familiar with that kind of a document?

18 A. Well, it ... You know, the documentation at that time  
19 was not what it is now and what is expected now.

20 Q. Yes.

21 A. But there would have been -- that was known as, you  
22 know, part of the nursing process of assessing and  
23 planning and implementing and re-evaluating, et cetera,  
24 and that is standard care to me.

25 Q. Yes. Where would that have been recorded?



1 A. I ...

2 Q. Was it --

3 A. In nursing records.

4 Q. Would these be nursing theatre records?

5 A. Not specific to theatre.

6 Q. Would you normally have made notes in those nursing  
7 records when you were preparing the patient for theatre  
8 to work out what you were going to have to do?

9 A. As ward staff?

10 Q. No, as a theatre nurse. I'm trying to work out what  
11 a theatre nurse would have done.

12 A. No, as a theatre nurse the checklist would have been the  
13 role and the documentation, and then in recovery they  
14 would have had their own documentation prior to the  
15 child going down, but it would have been put into  
16 nursing notes.

17 Q. Okay. So other than the swab count and the blood loss  
18 document, there were no other documents that theatre  
19 nurses would have filled in, apart from that assessment  
20 one that I just referred you to?

21 A. Not to my recollection.

22 Q. Are you saying, then, that if there was going to be  
23 a nursing plan of care for time in the operating  
24 theatre, it was the ward nurse who would write that down  
25 in the nursing notes?

1 A. No.

2 Q. Who would have done that then, sorry? I misunderstood  
3 what you were saying.

4 A. The plan of care happened in theatre at that time, you  
5 know, the procedures were known and it took place, you  
6 know, the child was the -- the fluid balance, et cetera,  
7 was completed on the blood loss form.

8 Q. Yes.

9 A. And any output from, say, catheter or drains, et cetera,  
10 would have been recorded. But there was no -- to my  
11 recollection, there was no specific pre-printed care  
12 plan like this Sally Ramsay has suggested.

13 Q. Okay, thank you. I was going to ask you about Adam  
14 being positioned for surgery in theatre. Were you in  
15 theatre at any point when that was happening?

16 A. No, I didn't have any contact.

17 Q. Thank you. Now, in relation to the induction of the  
18 anaesthetic, again, just to clarify, were you in theatre  
19 at any point whenever anaesthetic was being administered  
20 to Adam?

21 A. Not to my knowledge.

22 Q. Thank you. Do you recall who would have been in theatre  
23 at that time when the anaesthetic was being  
24 administered, normally? I know you weren't there on  
25 that particular occasion, but you'd be aware of where

1 people were normally when they were getting the child  
2 anaesthetised.

3 A. Well, for surgery at that level, there would have been  
4 certainly the consultant anaesthetist, possibly a more  
5 junior anaesthetist, maybe -- still well qualified, but  
6 perhaps a registrar or something like that. There would  
7 have been a technician, who generally ... In operations  
8 of that level, the technician would have assisted the  
9 anaesthetist. There would have been at least one staff  
10 nurse and possibly an auxiliary in theatre.

11 Q. And the staff nurse, would that have been the scrub  
12 nurse then or --

13 A. No, the scrub nurse was with me.

14 Q. Yes. So was the staff nurse a theatre staff nurse?

15 A. Yes.

16 Q. And the auxiliary would have been the theatre auxiliary  
17 nurse if they were there, yes, thank you. What were  
18 those two nurses doing, what were their roles at that  
19 time?

20 A. In general?

21 Q. Yes. In general terms. I realise you don't know in  
22 Adam's case specifically.

23 A. The role of the staff nurse would have been to check the  
24 child into theatre and to ensure that whenever the child  
25 was anaesthetised, that things such as diathermy pad,

1 et cetera were attached and that the documentation was  
2 correct, and also to ensure that the surgeon and the  
3 anaesthetist saw the consent form, because it may have  
4 been a ward doctor who consented --

5 Q. Yes.

6 A. -- the child -- or the parents or guardian. The  
7 auxiliary, her role would have been generally to get  
8 whatever was needed and to move equipment out of the  
9 way, you know, and to assist in moving the child.

10 Q. Okay. So, for example, would an auxiliary be able to  
11 take a blood sample to the nearby blood gas machine or  
12 would that require a more senior person?

13 A. My memory of any blood samples being taken, it was  
14 always either one of the medical staff or a technician  
15 who went round to the Astrip(?) machine, which was  
16 in the ICU.

17 Q. Thank you. You have mentioned the technician. Is that  
18 a person also known as a medical technical officer?

19 A. Yes.

20 Q. Thank you. Do you recall how long it took for Adam to  
21 be anaesthetised that morning? I realise you weren't  
22 there, but you might have been aware of that. No?

23 A. No.

24 Q. And were you aware of any problems that were being  
25 encountered in theatre in relation to inserting the

1 central venous line, was there any discussion about  
2 that?

3 A. I wasn't in theatre.

4 Q. I realise that, but was there any discussion about that?

5 A. No.

6 Q. Mrs Conway, the set-up room and theatre are in fairly  
7 close proximity; isn't that right?

8 A. Yes.

9 Q. Yes. While you were about in the set-up room and in the  
10 theatre complex, did you hear of any difficulties  
11 relating to CVP readings that morning?

12 A. No.

13 Q. Would you have been familiar with the way in which  
14 a blood sample would be taken and brought over to the  
15 blood gas machine? I know you've said it's usually  
16 technicians or medical staff, but would you have been  
17 familiar with that as a theatre nurse?

18 A. Familiar with them doing it?

19 Q. Yes.

20 A. I would have known that if any blood samples were to be  
21 taken it was either medical or the technician who  
22 brought them round to the machine. It was --  
23 I certainly have never seen a theatre nurse do it.

24 Q. Once the sample is put into the machine and the test is  
25 done, is it correct that there's a small printout from

1 the machine providing the various results?

2 A. I do know there is a printout.

3 Q. Yes. In fact, I might be able to refer you to it. It's

4 058-003-003. There's a copy of the printout there.

5 Does that accord with your recollection, what printouts

6 are like?

7 A. Yes.

8 Q. In general terms, what's usually done with the printout

9 from the machine once it's been produced?

10 A. Well, that's the responsibility of the medical staff,

11 who obviously requested the blood sample to be read and

12 it would be part of the child's records, it would go

13 into their medical record.

14 Q. When would it go into their medical records?

15 A. I have no idea.

16 Q. Thank you, I just wanted to ask you. I realise you

17 weren't in theatre, but were you aware of any

18 discussions about taking a preoperative blood sample for

19 electrolytes that morning?

20 A. No.

21 Q. Okay. What time did you leave and go off duty that

22 morning, Mrs Conway?

23 A. 8 o'clock.

24 Q. Do you know whether surgery had started by that time or

25 not?

1 A. I have no knowledge of that.

2 Q. Is it correct, then, that you handed over information to  
3 Staff Nurse Mathewson at 8 o'clock that morning?

4 A. Yes.

5 Q. Before you went off duty?

6 A. Yes. That's my recollection, yes.

7 Q. What exactly would you have told her at the handover?

8 A. Well, the handover would have been -- my recollection is  
9 it would have taken place in the set-up room and it  
10 would have been that there are the instrument sets,  
11 there's the extra instruments which were put out.  
12 There's the swab count form with the number of swabs,  
13 slips, et cetera, that have been -- are on the sterile  
14 field. And that ... Um ... I ... Are you okay with  
15 that? You know, there would have been a general --

16 Q. So are you saying all of the instruments on the trolleys  
17 were still in the set-up room at the time you handed  
18 over to her?

19 A. That's my recollection.

20 Q. So on that basis, would it be fair to say surgery  
21 couldn't have started because all of the instruments  
22 weren't in theatre?

23 A. Yes.

24 Q. Okay. Once you explained all of those things to Staff  
25 Nurse Mathewson, does she then take over as the runner,

1 she stepped into that role?

2 A. Yes.

3 Q. Would it have been her responsibility to bring all of  
4 those things into theatre or was that the scrub nurse  
5 who did that?

6 A. The scrub nurse wheels her trolley into theatre, the  
7 runner, who would have been, to my recollection,  
8 Janie Mathewson would have gone ahead of her, ensuring  
9 that there was --

10 Q. Opening the doors.

11 A. -- no blockage or -- well, there was no door, but to  
12 ensure that there wouldn't be contamination by somebody  
13 coming round a corner or whatever.

14 Q. Okay, thank you. Did you give Staff Nurse Mathewson  
15 an X-ray on that morning or draw an X-ray to her  
16 attention?

17 A. I would have -- with the consent forms, shown the  
18 consent form, signed. They would have been there.  
19 I would have said "The X-rays, et cetera, are all  
20 present".

21 Q. Okay.

22 A. Because whoever checked Adam into theatre would have  
23 informed me.

24 Q. Did you look at the X-rays yourself?

25 A. No.



1 Q. Would you have been aware whether an X-ray had been  
2 taken after his admission on the 26th or whether they  
3 were just relying on old X-rays?

4 A. I have no idea.

5 Q. Okay, thank you. You say then that you went off duty.  
6 Can you recall who would have been in theatre at that  
7 time, just as you were leaving?

8 A. I wasn't in the theatre itself.

9 Q. So you're not aware who was in theatre when you left?

10 A. No.

11 Q. Thank you. Do you recall any discussion that morning  
12 about whether a catheter should be put into Adam or not?

13 A. No.

14 Q. So on your evidence, Mrs Conway, you left and you gave  
15 the runner the information and then you left  
16 immediately, did you, once you'd handed over to  
17 Janie Mathewson?

18 A. Yes, at 8 o'clock. At that time I know that at  
19 8 o'clock I had to kind of be home, I had two small  
20 children, et cetera.

21 Q. Yes. Thank you.

22 THE CHAIRMAN: You were also finishing 12 hours, weren't  
23 you?

24 A. Finishing a 12-hour shift, yes.

25 THE CHAIRMAN: As far as you were concerned, everything was

1           in place for the operation to go ahead?

2    A.   To my knowledge, yes.

3    THE CHAIRMAN:  You had no reason to think that anything was

4           wrong or there was a gap at that time?

5    A.   No.

6    MS COMERTON:  If I could refer to your police statement,

7           please.  It's reference 093-009-028.  (Pause).

8           Perhaps I'll just read it out.  Only a short

9           excerpt.  There we go:

10           "I came back on duty ..."

11           It's the third line down.  This is your police

12           statement, Mrs Conway:

13           "... at 8 pm that night."

14           So you were starting another 12-hour shift --

15   A.   Yes.

16   Q.   -- as a theatre nurse that night?

17   A.   Yes.

18   Q.   If we look at the statement:

19           "I asked how Adam was and I recall being told that

20           he had arrested and passed away in theatre.  I cannot

21           recall who told me that.  I have had no other

22           involvement in this matter."

23           Was this conversation one that you had when you came

24           back on to duty and when you were working as part of

25           a theatre staff team?

1 A. No. Whenever -- you know, generally, as night staff you  
2 would have come in at half seven or a quarter to eight  
3 so that you could, you know, allow the day staff to go  
4 off duty on time. And it was just -- it was a nice  
5 working arrangement, you know. And naturally, after any  
6 major surgery and particularly with a child that you had  
7 known of in the hospital, because the hospital at that  
8 time was very small compared to now --

9 Q. Mm-hm.

10 A. -- and it would have been just asking the day  
11 staff: well, how did Adam get on today? You know,  
12 expecting to hear a positive outcome. And that's  
13 exactly what I recall.

14 Q. Okay. So you think it was one of the day staff that you  
15 were speaking to?

16 A. It would have been, yes.

17 Q. Would it have been day theatre staff or ward staff?

18 A. Oh, day theatre staff.

19 Q. Thank you. You say in your statement you were told that  
20 he had arrested. What does that mean? What do you mean  
21 by "arrested"?

22 A. That his heart had stopped.

23 Q. And that he had passed away in theatre?

24 A. Yes.

25 Q. Did you speak to anyone else about this after you were

1 told that?

2 A. I can't recall.

3 Q. Do you recall any further discussions about Adam after

4 that?

5 A. No. You know, it was a very busy -- it was a very small

6 but busy theatre suite. So, I mean, without sounding

7 callous, you had to move on and do your night's work.

8 Q. Yes.

9 A. There were other children who needed surgery and

10 surgeons waiting to work, you know. So I have no

11 recollection of anything more.

12 Q. Were you ever required to give a statement about Adam's

13 death afterwards?

14 A. My first knowledge was whenever I went up to -- I can't

15 even remember the date, but it was that first statement.

16 Q. The first police statement or first inquiry statement?

17 A. First police statement.

18 Q. Do you recall being involved in any review or audit

19 in relation to Adam's case?

20 A. No, I wasn't working in theatre any --

21 Q. Do you recall any investigation into his death?

22 A. No.

23 THE CHAIRMAN: Any internal one within the Royal?

24 A. No. I wasn't working in the Royal, I left after --

25 MS COMERTON: You left in 1999, isn't that right?

1 A. Yes.

2 Q. Did your reason for leaving have anything to do with  
3 Adam?

4 A. No, I had moved to Warrenpoint and I got a job in Daisy  
5 Hill.

6 Q. And you're now working there as a health visitor,  
7 isn't that right?

8 A. In South Armagh.

9 MS COMERTON: No further questions, thank you.

10 THE CHAIRMAN: Mr McBrien, Mr Hunter?

11 MR MCBRIEN: We suspect probably not, but we would just like  
12 to go through her evidence if we could be allowed a few  
13 minutes. You're aware from my clinical opening that  
14 there were questions arising as regards the theatre  
15 nurses on that particular day. We've picked up the  
16 general gist of it, but we just want a few moments to  
17 check whether there are any specific things that we  
18 might want clarified.

19 THE CHAIRMAN: It's a bit early to be taking a break, but  
20 if we break now for 15 minutes. It seems a bit unlikely  
21 that there are many questions for this witness, but  
22 we'll do that, we'll take a break, and then when we come  
23 back after the break we'll ask whatever questions need  
24 to be asked and go straight into the next witness after  
25 that.

1 Thank you very much.

2 (10.53 am)

3 (A short break)

4 (11.19 am)

5 MS COMERTON: In fact, there are a few issues that have been  
6 raised and that's what's taken us time.

7 First of all, Mrs Conway, I have been asked for you  
8 to clarify, if you can, who would have assigned you to  
9 the particular duties that you carried out on your shift  
10 on 26 and 27 November? So who would have assigned you  
11 to go and work in the set-up room and told you this is  
12 what you have to do this evening? Was there  
13 a particular person who directed you to do that?

14 A. No. I said earlier about role rotation between the  
15 three members of staff. If it was three qualified  
16 members of staff, that is. And it would have been --  
17 well, I'll do the set-up and I'll do anaesthetics, I'll  
18 do runner or -- you know, there was no ... It was  
19 a party agreement, if you like.

20 Q. So if you assume there were three staff nurses on, they  
21 would have agreed between themselves who was doing  
22 what --

23 A. Yes.

24 Q. -- based on the routine?

25 A. Yes.

1 Q. Was there an expectation that your duties would be  
2 rotated from night to night, so you mightn't necessarily  
3 be doing the same task if you were on duty consecutively  
4 at night?

5 A. Your duties would rotate throughout the night. On  
6 a normal night when maybe you had four surgical cases,  
7 you might have done runner for one, scrubbed for two and  
8 anaesthetics for the fourth one.

9 Q. Thank you. I have been asked to refer you back to the  
10 blood loss sheet, which is 058-007-021. I'd indicated  
11 to you that Nurse Mathewson had stated in her police  
12 statement that from 20.1 in the middle column down and  
13 from 160.7 down to the bottom of the page are all  
14 entries made in her handwriting.

15 A. Mm-hm.

16 Q. And I've been asked to enquire whether you recognise the  
17 handwriting at the top of the page above those two  
18 figures from 17.6 through to 13.1 and 7.6 through to  
19 140.7.

20 A. No. I think you asked me that before. I don't know  
21 whose writing that is.

22 Q. Thank you. I just wanted to be sure. The last thing  
23 that I want to do is something that slipped my mind,  
24 just to confirm the previous statements that you've  
25 made, Mrs Conway. There are four. There's your police

1 statement of 29 June 2005, the first inquiry statement  
2 dated 16 February 2006, then your second inquiry  
3 statement, 21 May 2011, and then the final inquiry  
4 witness statement, 29 July 2011. Can you confirm that  
5 they were your statements?

6 A. I can't remember the dates, but yes, I did make  
7 statements and sign them.

8 MS COMERTON: Thank you.

9 THE CHAIRMAN: Okay. Mr McBrien?

10 MR McBRIEN: No.

11 Questions from THE CHAIRMAN

12 THE CHAIRMAN: Does anybody have any questions for  
13 Mrs Conway?

14 Could I just check one thing with you?

15 A. Yes.

16 THE CHAIRMAN: Your recollection was that you were told that  
17 the handover on the Sunday evening at 8 pm when you came  
18 in that there would be a transplant, and I think,  
19 putting things together as best you can, you thought it  
20 might have been at that point that you were told that  
21 the surgery would be the following morning. Or is that  
22 not ...

23 A. Yes, that it would be -- there was the possibility of  
24 Adam having a renal transplant on the Monday morning.

25 THE CHAIRMAN: Right.



1 A. And it is my recollection that I was aware that Gillian  
2 was coming in early to scrub.

3 THE CHAIRMAN: Because it's hard for everybody to piece  
4 together what happened --

5 A. Yes.

6 THE CHAIRMAN: -- so many years ago, but it does seem that  
7 at 8 o'clock on Sunday night it's unlikely that the  
8 arrangement at that point was that the operation would  
9 be at 7 o'clock on Monday morning because -- well, for  
10 a start at that point the tissue match hadn't been done,  
11 so it wasn't certain there would be an operation at all.  
12 But more to the point, there seem to have been  
13 discussions going on during Sunday evening about when  
14 the surgery would start. Would it be at 2 o'clock?  
15 Would it be at 6 o'clock? Would it be at 7 o'clock?  
16 I mean, do you have a fixed recollection that you knew  
17 from 8 pm that it was at 7 am, or do you just remember  
18 that there was the possibility of a transplant for Adam  
19 and it then turned out to be 7 o'clock the next morning?

20 A. I am aware that there was ... I knew that there was the  
21 possibility of a transplant at 7 o'clock the following  
22 morning, that Gillian was coming on duty if the  
23 transplant was going ahead, okay? Because, you know,  
24 cases of that size, surgical cases of that size, you  
25 can't decide one hour that it's going to happen and have

1 everything set up and ready within the hour for it. So  
2 we were working on the premise that it was happening --

3 THE CHAIRMAN: Right.

4 A. -- and, therefore, getting everything together and the  
5 theatre prepared.

6 THE CHAIRMAN: Well, do you remember anything about the  
7 possibility that it might go ahead at 2 am, in which  
8 case it obviously wouldn't be Miss Popplestone coming  
9 in? She might come in a hour earlier from 8 to 7, but  
10 she'd hardly come in for 2.

11 A. No, if it had gone ahead I possibly would have scrubbed  
12 at -- you know, if it had started at 2 o'clock in the  
13 morning, because I had -- I don't know who the other  
14 members of staff were on, but I certainly had scrubbed  
15 for at least two other renal transplants, so I possibly  
16 would have been the scrub nurse had it started at 2.

17 THE CHAIRMAN: Thank you very much for your time. You're  
18 now free to leave.

19 (The witness withdrew)

20 MS COMERTON: Mr Chairman, the next witness is  
21 Gillian Popplestone.

22 MS GILLIAN POPPLESTONE (called)

23 Questions from MS COMERTON

24 MS COMERTON: Mrs Popplestone, I will go through your  
25 statements at the start, if I may. Could you confirm

1           that you have provided four statements in total? And  
2           I'll run through them.

3           The first one was the police statement dated  
4           31 January 2006. Secondly, your first inquiry witness  
5           statement, 31 January 2006. Your second inquiry witness  
6           statement, 9 September 2011. Your third inquiry witness  
7           statement, 29 September 2011.

8   A. I can't be specific about the dates, but yes I made four  
9           statements.

10 Q. Thank you. I'd like to ask you first about your role  
11           and experience as a nurse, and if we refer to  
12           Mrs Popplestone's police statement at reference  
13           093-012-039. Mrs Popplestone, could you confirm that  
14           you were qualified as a nurse in 1992?

15 A. Yes.

16 Q. And you then worked since July 1994 in the Children's  
17           Hospital in theatres?

18 A. Yes.

19 Q. You have indicated that you have previously worked in  
20           Craigavon between 1992 and 1994; is that right?

21 A. That's correct.

22 Q. Was that in theatres also?

23 A. No.

24 Q. Where was that?

25 A. That was on the paediatric ward.

1 Q. Thank you. So by November 1995, you'd had just over  
2 a year's experience of working in the Children's  
3 Hospital as a theatre nurse?

4 A. That's correct.

5 Q. In Adam's surgery you acted as the scrub nurse?

6 A. Yes.

7 Q. This renal transplant was your one and only renal  
8 transplant?

9 A. Yes.

10 Q. Do you accept that at that time paediatric renal  
11 transplants were a rare occurrence in the Children's  
12 Hospital?

13 A. I do.

14 Q. So it would have been a fairly big event for everyone?

15 A. Yes.

16 Q. Now, if I move on, then, were you familiar with the  
17 renal transplantation protocol? And I'll pull up a copy  
18 of it, it's witness statement -- thank you.

19 A. No. In fact, today when it was shown to Nurse Conway,  
20 that was the first time that I had seen it.

21 Q. So you'd never seen it before?

22 A. No.

23 Q. Were you aware of it -- you may not have seen it, but  
24 were you aware of its existence before?

25 A. Not to my recollection, no.

1 Q. It has been suggested that there was a copy of it on  
2 Adam's medical notes at the time of his transplant.  
3 Can you say whether or not that was the case?

4 A. I have no recollection that I ever saw Adam's notes.

5 Q. Thank you. If we move on to preparing theatre on  
6 27 November. Can you explain how you became aware of  
7 the plan for Adam to have a renal transplant on  
8 27 November 1995?

9 A. My recollection is that I reported as normal for duty at  
10 8 o'clock. I am aware that Nurse Conway's recollection  
11 is different. I'm not saying that that wasn't the case,  
12 but I don't -- I personally don't remember. We started  
13 work at 8 o'clock in the morning and, a bit like our  
14 night staff colleagues, we would have come in early.  
15 We travelled to work in our civilian clothes and  
16 then had to change into theatre blues and clogs, and  
17 hats, et cetera, before we entered the operating  
18 department. So you were always in work earlier than  
19 actually 8 o'clock. 8 o'clock was when we -- you  
20 obviously started work.

21 Q. So at what time would you normally have come in?

22 A. Well, knowing my preponderance for being early, probably  
23 between, I would have said, 25 to and 20 to 8 I would  
24 have been actually in the changing rooms.

25 Q. In cases of planned surgery or routine surgery, would

1 surgery normally have started at a particular time?

2 A. 9 o'clock was the usual starting time.

3 Q. So if you arrived in and were ready to go at 8, you had

4 plenty of time to get ready for whatever surgery was on

5 the routine list?

6 A. Yes.

7 Q. If you needed 40 minutes or an hour to set up as a scrub

8 nurse or whatever, there was plenty of time to do so?

9 A. Yes.

10 Q. Do you accept that if surgery was due to start at 7 am,

11 then whoever was going to act as scrub nurse would have

12 to get in before then?

13 A. Yes.

14 Q. Because they would need that 40 minutes or hour to get

15 everything ready for the surgery, and that would be

16 particularly true in a more significant operation like

17 a paediatric renal transplant?

18 A. Yes, and the one thing that we always tried to avoid was

19 one nurse taking over from another, because of the

20 continuity and the risk of mistakes being made, which is

21 why I have it in my head that Nurse Conway had actually

22 started to prepare the instrumentation i.e. she had

23 scrubbed, not necessarily the operation had started but

24 she had started the preparation, and I scrubbed in and

25 took over from her, and she would then become my nurse

1           who threw out the stuff to me.

2    Q.   Were you in the chamber when Mrs Conway was giving her  
3           evidence this morning?

4    A.   I was, yes.

5    Q.   So you have heard her account of her recollection?

6    A.   Yes, yes.

7    Q.   What do you say about that?  She's explained that she  
8           definitely wasn't scrubbed because she was assisting you  
9           set up all the instruments and the trolleys, so she was  
10          non-sterile and you were sterile?

11   A.   Well, my recollection is that there had been a start  
12          made to setting up the trolleys.  Now, that may not have  
13          been her, it may have been one of the other members of  
14          staff, but my recollection is that I actually took over  
15          and scrubbed in, and the reason I feel that sticks in my  
16          mind is that we try to avoid that as much as possible.

17   Q.   Yes.  Do you have a specific recollection of her being  
18          scrubbed or sterile?

19   A.   No.

20   Q.   So it's possible that someone else could have been  
21          scrubbed and she was the assisting role?

22   A.   Mm-hm.

23   Q.   I've referred -- but your recollection is that you did  
24          go into the set-up room and take over setting up the  
25          various instruments and the trolley and she would have

1           thrown them out to you?

2    A.   Yes, once I'd actually scrubbed up and gowned up.

3    THE CHAIRMAN:  The last point was that you recall going into

4           the set-up room and taking over the setting up?

5    A.   Yes.

6    MS COMERTON:  Now, I had referred earlier to the nursing

7           note.  I'll give you a reference for it later,

8           Mrs Popplestone, but the note on the nursing note in

9           file 57 is that at 7 am Adam was transferred to theatre.

10   A.   Mm-hm.

11   Q.   Do you accept that it would have taken probably between

12           40 minutes and an hour to organise the set-up trolleys

13           and get things organised to start surgery at 8?

14   A.   Yes.

15   Q.   In those circumstances, do you accept that if you were

16           involved in setting up the trolley and getting scrubbed

17           up, that you probably did come in before your normal

18           start time?

19   A.   Yes.  I'm prepared to accept that, I just don't recall

20           the specific time.

21   Q.   Thank you.  Do you recall getting any kind of telephone

22           call prior to going in to work on the 27th to tell you

23           that there was a renal transplant possibly occurring?

24   A.   No, I don't recall that.

25   THE CHAIRMAN:  Miss Popplestone, if you don't mind me



1 asking, for you to come in at 7 am, to be there at 7 am,  
2 you would need a phone call, wouldn't you?

3 A. Oh yes, yes.

4 THE CHAIRMAN: Did you have a habit if you were starting at  
5 8 am of roughly what time you would have gone to bed at  
6 the night before?

7 A. My normal going to bedtime would be about 10.30.

8 THE CHAIRMAN: Okay. If you were to come in for 7, then, do  
9 you think that you most probably would have been  
10 telephoned about that before 10.30, or might you have  
11 got a 1 o'clock or 2 o'clock in the morning call?

12 A. I think it's unlikely that I would have had a call  
13 in the middle of the night if that's what happened.  
14 It would have been more likely to be before -- probably  
15 before 12.

16 THE CHAIRMAN: Okay, thank you.

17 MS COMERTON: Thank you.

18 That's the page reference that I was referring to,  
19 Mrs Popplestone. You'll see it's "7 am, transferred to  
20 theatre". There's the timing --

21 A. Yes.

22 Q. -- we've been referring to. Whenever you came in to  
23 work and got scrubbed up and togged out in your theatre  
24 attire, what was the first thing you would have done as  
25 a scrub nurse?

1 A. Well, as my recollection is taking over, as I feel  
2 I did, then I would have had to do a count with the  
3 nurse that I was taking over with, and that was why we  
4 tried to avoid it.

5 Q. Yes. Is the nurse from whom you remember taking over  
6 Staff Nurse Conway?

7 A. I'm beginning to doubt whether it was or not.

8 Q. Okay.

9 A. Certainly her -- she has signed my signature. No, well,  
10 when we get to that -- actually I'm confusing myself  
11 a bit. But my recall is I really can't remember who it  
12 was now that I took over from.

13 Q. Do you remember what you were told at the handover?

14 A. There wasn't a specific handover, as I recall. I would  
15 have been told that Adam was coming for a kidney  
16 transplant and that -- you know, that was probably  
17 the -- as much information that I as a scrub nurse  
18 needed to know at that stage.

19 Q. When you came in to work, do you recall which other  
20 nurses were in the theatre complex preparing for Adam's  
21 surgery?

22 A. I can't recall who was there.

23 Q. Do you recall the number of nurses that were there?

24 A. No.

25 THE CHAIRMAN: Do you agree with the evidence which we've

1 heard to date that, during the operation, you would have  
2 been one of three nurses who were there?

3 A. Yes. That was the norm. Certainly I was there as the  
4 scrub nurse. At a definite point in the proceedings,  
5 nurse Mathewson was there because she and I did the four  
6 final counts together. And there would generally have  
7 been a third person. When we rostered nursing staff to  
8 theatres, there were usually three people allocated to  
9 each theatre.

10 MS COMERTON: Is that a staff nurse?

11 A. It could have been two staff nurses and an auxiliary  
12 nurse.

13 Q. Do you remember on the morning of Adam's surgery whether  
14 it was a staff nurse or an auxiliary?

15 A. I can't remember.

16 THE CHAIRMAN: You made a statement to the inquiry which has  
17 said that people you remembered at some stage during the  
18 transplant were doctors Taylor, Montague and Brown,  
19 a surgeon from the City, who must have been Mr Keane --

20 A. Yes.

21 THE CHAIRMAN: -- and Staff Nurse Conway and Staff Nurse  
22 Mathewson, and nothing has happened since you made that  
23 statement to give you any clearer or better idea of who  
24 was there?

25 A. No, unfortunately not.

1 MS COMERTON: If I could ask you about the third nurse whose  
2 identity you can't recall. What would the third nurse  
3 have been doing while you were scrubbing up and  
4 Nurse Mathewson was getting ready to be a runner?

5 A. The third nurse possibly would have been assisting with  
6 the anaesthetic side of things.

7 Q. Can you say whether that nurse would have been  
8 designated to take care of the anaesthetic aspects?

9 A. Now nurses who do an anaesthetic course, it's a very  
10 different situation as to what it was then. I mean,  
11 I could have been designated as an anaesthetic nurse,  
12 but my role would have been relatively minor in that  
13 I would have been setting out various sizes of  
14 intubation tubes, organising tapes to be cut to hold  
15 those tubes in place. The nurse who would have been --  
16 had that designation also would have held the keys for  
17 the drugs cupboard, so that if the anaesthetist required  
18 further drugs, then she would have gone and sourced  
19 those for him.

20 I think there was an anaesthetic course at that  
21 time. I remember some of the nurses, at least one or  
22 two, had attended that course. Who they were, I can't  
23 now remember, but it wasn't all of us who had that  
24 course. So if I was picked to be an anaesthetic nurse,  
25 then my role assisting the anaesthetist was relatively

1 minor, more setting out the equipment, as opposed to  
2 anything else.

3 THE CHAIRMAN: If you had done the course -- or the others  
4 who had done the course, was their role as an  
5 anaesthetic nurse then greater than your role would have  
6 been?

7 A. Yes, it would have been. I can't remember just how much  
8 more involved they would have been, but I just know  
9 that, from my point of view, as being at that stage only  
10 in theatres about a year, or more, and most of my  
11 experience was either as a scrub nurse or a runner or  
12 circulating nurse, to use the other expression.

13 THE CHAIRMAN: Okay. Thank you.

14 MS COMERTON: Just to be clear, Mrs Popplestone, you hadn't  
15 done the anaesthetic training course at the time of the  
16 transplant surgery?

17 A. No.

18 Q. And you acted only as the scrub nurse on that occasion,  
19 you weren't involved in the assisting with the  
20 anaesthetic at all?

21 A. Not at all.

22 Q. Thank you. We've mentioned Mr Keane, who was the  
23 transplant surgeon. Did you have any discussions with  
24 Mr Keane on 27 November before the surgery?

25 A. I don't recall any discussions with Mr Keane.

1 Q. Would you normally have had discussions with the --  
2 well, with a surgeon before you start as a scrub nurse?

3 A. Generally not, unless there was something specific. For  
4 instance, say if I was in the set-up room, the surgeon  
5 may come to the doorway and say, "I would like this  
6 suture or this particular instrument", and really  
7 nothing more than that. We had a list in theatre of  
8 what was needed for various operations, and that was all  
9 part of the set-up that we would have accessed that  
10 information, and it was all part of the process of  
11 trying to make sure that the theatre ran as smoothly as  
12 possible.

13 Q. Did you have a list of what was needed for renal  
14 transplants?

15 A. I can't recall whether there was a specific list for the  
16 renal transplant.

17 Q. Thank you. Do you have any recollection at all of  
18 Mr Keane coming into the set-up room, as you've  
19 described, to mention a couple of things that he wanted  
20 in particular?

21 A. I have no recollection of that at all.

22 Q. Do you recall Adam's arrival in theatre on 27 November?

23 A. No, I don't.

24 Q. Do you recall where you were around 7 o'clock when Adam  
25 was transferred to theatre?

1 A. If I --

2 Q. If you'd been there.

3 A. If I'd been there, I would have been in the set-up room,  
4 which was immediately behind the theatre.

5 Q. Yes. If I could ask you, if you're in the set-up room  
6 getting the instruments and trolleys ready, do you have  
7 any view of the theatre in which Adam was going to be  
8 operated in?

9 A. Could we pull up the map?

10 Q. Certainly.

11 A. Because my recollection -- I would like to give you my  
12 recollection of which theatre was used.

13 Q. Yes. The reference is 300-005-005. So if we could just  
14 refresh your memory, Mrs Popplestone. The pink square  
15 with the red X through it, we have been told was Adam's  
16 theatre. Then the green shaded theatre was the other  
17 theatre in use on that morning. The SR was the  
18 sterilising room. DU, dirty utility. RR is the  
19 restroom. And then you'll see intensive care and the  
20 other theatre and anaesthetic room marked.

21 What is your recollection of --

22 A. My recollection is that the green theatre is the theatre  
23 that was used for Adam's transplant, because if you --  
24 the set-up room was immediately behind that and that  
25 had -- there was no door on either end of the set-up

1 room. It was just a doorway as such. The DU was  
2 actually our, if you like, coffee room. And immediately  
3 behind SR was the sluice, which was the dirty part, if  
4 you like, which is where, after surgery, I would have  
5 taken my instruments.

6 Q. So you think DU should be in the --

7 A. Immediately behind SR.

8 Q. Yes.

9 A. The theatre marked in red was traditionally the one that  
10 we used for orthopaedic operations because there they  
11 needed imaging throughout the surgery, and that housed  
12 an image intensifier, which is quite a large piece of  
13 equipment.

14 Q. Could I just stop you for a moment. What kind of  
15 imaging intensifier? Was that an X-ray?

16 A. Yes.

17 Q. So there was an X-ray machine available in the red  
18 theatre --

19 A. Yes.

20 Q. -- that was used frequently?

21 A. For orthopaedic theatre. But that is my recollection,  
22 that it was the green theatre that Adam's transplant  
23 occurred in.

24 Q. Let me take you through two scenarios. First of all, if  
25 it was the red theatre and you were in the set-up room,



1           would you have had any view into the red theatre from  
2           the set-up room?

3    A.   Yes, you could see into the set-up room from the red  
4           theatre.  Not the whole of the theatre, but you would  
5           have ...

6    THE CHAIRMAN:  Okay.  And from the green theatre?

7    A.   No, because there was a wall.  That's a wall between the  
8           theatre and the SR, and you couldn't see the green  
9           theatre from the set-up room.

10   MS COMERTON:  So from your recollection, you believe Adam  
11           had surgery in the green theatre and you were in the  
12           set-up room?  From your recollection, do you recall  
13           being able to see into theatre at all from the set-up  
14           room?

15   A.   Not into the green theatre, no.

16   Q.   So while you were working in the set-up room preparing  
17           for surgery, would you have been aware of what was  
18           happening in the theatre where Adam was being  
19           anaesthetised?

20   A.   No.

21   Q.   When Adam was brought down to theatre, did you see him  
22           arriving at all?

23   A.   No.  Not that I recall.

24   Q.   Did you see at any point his medical notes and records?

25   A.   Not that I'm aware of.

1 Q. Would it --

2 A. The first time I would have seen them would have been  
3 when I was called to give my police witness statement.  
4 And at that stage, I had access to the records. But  
5 prior to that, no.

6 Q. Would it have been usual practice for you to see those  
7 medical notes and records for this kind of surgery  
8 before surgery started?

9 A. Not as a scrub nurse, no.

10 Q. Was there any discussion that you had about Adam's notes  
11 and records or Adam generally before surgery?

12 A. Not that I recall.

13 Q. Would you have normally had a discussion about the  
14 patient before surgery, if you were acting as scrub  
15 nurse?

16 A. Generally not, no, other than obviously to know what the  
17 surgery was going to be.

18 Q. Yes.

19 A. But that was a given.

20 Q. Were you involved at all, Mrs Popplestone, in the  
21 procedure for checking the patient, Adam, into theatre?

22 A. No.

23 Q. Who would have done that?

24 A. I don't recall who would have done that. Obviously,  
25 it would have had to have been a registered nurse. On

1 night duty there would have been either two registered  
2 nurses and a nursing auxiliary or three registered  
3 nurses. So one of the registered theatre nurses, but  
4 I don't know who that was.

5 Q. Okay. One of the night duty theatre nurses?

6 A. If he arrived at 7, unless someone else had been called  
7 in from the day staff, yes, it would have been one of  
8 the night nurses.

9 Q. Would there usually be a nursing operation care plan for  
10 a child before surgery?

11 A. I have no recollection of a nursing care plan.

12 Q. Do you recall if there was one in relation to Adam?

13 A. I can't...

14 Q. Do you recall whether you would normally have had one  
15 generally for any child coming into theatre?

16 A. I have no recollection of that.

17 Q. Perhaps we can pull up a document at 057-026-043. We  
18 have referred to this earlier, Mrs Popplestone. You'll  
19 see various headings that are relevant:

20 "Pre-surgery assessment of patient by theatre  
21 staff".

22 That's on the left-hand side.

23 And then:

24 "Patient's identification checklist."

25 Do you recall a document like that being completed

1 for children coming into theatre for surgery?

2 A. This actual document I can't specifically remember, but  
3 yes, we would have always had a checklist in that we had  
4 to ascertain that it was the correct patient.

5 Q. Who would have gone through the checklist with the  
6 patient?

7 A. Most likely whichever nurse had been allocated to assist  
8 with anaesthetics. That was usually part of their  
9 role --

10 Q. Yes.

11 A. -- to ensure that it was the correct patient.

12 Q. You've referred to a preoperative checklist.

13 A. Yes.

14 Q. What is that?

15 A. Well, basically ensuring that you have the right  
16 patient, that you have the unit number, the date of  
17 birth. In fact, everything that's on the right-hand  
18 side of the page, to me that's a preoperative checklist.

19 Q. Right. In relation to the swab count document, if we go  
20 to that at 058-007-020, was that a kind of checklist in  
21 terms of the instruments being produced for surgery and  
22 then ultimately that would be checked at the end of  
23 surgery?

24 A. Yes, that's the extras, if you like, that are added to  
25 the actual sets, the instrument sets that we use. So

1           that's accounting for all the extra things that were --

2   Q.   So this is all additional to what you would normally

3        have?

4   A.   Yes.

5   Q.   Thank you.  Were you involved at all in Adam being

6        positioned for surgery?

7   A.   No.

8   Q.   Were you involved in the anaesthetic being administered

9        to Adam?

10  A.   No.

11  Q.   Would you have been aware who was in theatre when Adam

12        was being anaesthetised?

13  A.   I don't think so.  I can't -- I can't recall.  I know

14        that later on, when I was actually in theatre, the

15        people that I remember at that stage, but whether I had

16        just gone straight into the set-up room, in which case

17        I wouldn't have seen ...

18  Q.   But your evidence is that you believe there would have

19        been another nurse there fulfilling the role of

20        anaesthetic nurse?

21  A.   Yes.

22  Q.   Do you recall how long it took for Adam to be

23        anaesthetised on that morning?

24  A.   No.

25  Q.   Okay.  Were you present at any time in theatre while

1 he was being anaesthetised?

2 A. To my recollection, no.

3 Q. Did you hear any discussion about the central venous  
4 line being inserted?

5 A. No?

6 Q. Or any CVP readings at that time?

7 A. No.

8 Q. And once you went into theatre, would you have been  
9 aware of the central venous pressure readings as the  
10 scrub nurse? Is that something that you'd have been  
11 aware of?

12 A. No, it would be outside my remit.

13 Q. Okay. Prior to surgery, Mrs Popplestone, do you recall  
14 any discussion about a blood sample being taken for an  
15 electrolyte test?

16 A. No.

17 Q. Perhaps you could assist in telling us who would  
18 normally transport the blood sample for laboratory  
19 testing. How would that normally be arranged?

20 A. My recollection for a blood gas analysis, there was  
21 a blood gas analysis machine in the intensive care  
22 unit --

23 Q. Yes.

24 A. -- and generally, it would have been either the theatre  
25 technician or one of the medical staff who would have

1           taken that through.

2   Q.   Were you ever involved in anything like that?

3   A.   No.

4   Q.   I had referred earlier to the printout from the blood  
5       gas machine.  Were you aware that that was produced once  
6       the sample had been analysed?

7   A.   Yes.

8   Q.   Where would the printout -- what would have happened to  
9       the printout once it had been produced by the machine?

10  A.   Well, it would have been taken back and given to whoever  
11      had requested it and then, generally, that was filed in  
12      the notes.

13  Q.   When would it have been filed?

14  A.   Well, that would have been at the discretion of whoever  
15      had received it.

16  Q.   Thank you.

17  THE CHAIRMAN:  Well, just to get the impression of it.  If  
18      whoever asked for it, it would be brought back, given to  
19      that person, who would then check it, and then they  
20      don't need to hold on to it for a few minutes, they just  
21      need to see what the reading is, and then it's passed to  
22      somebody who puts it on the record straight away?

23  A.   That would be good practice to do that, yes.

24  THE CHAIRMAN:  Okay.

25  MS COMERTON:  I'd like to ask you about the start time of

1 surgery, Mrs Popplestone. Do you recall being told at  
2 what time surgery was to start?

3 A. No.

4 THE CHAIRMAN: In fact, your recollection is that you  
5 arrived at 8 o'clock and you originally thought it had  
6 started.

7 A. Mm-hm.

8 THE CHAIRMAN: But the more you hear other people talking  
9 about it, you're not quite so sure?

10 A. It is, it's difficult. That's why I tried not to ...  
11 When you hear what other people say, that can change  
12 your --

13 THE CHAIRMAN: Of course.

14 A. -- memory of it.

15 MS COMERTON: Yes. Now, if we go, then, to the people who  
16 were present in theatre during surgery. Once you had  
17 set up the trolley, the sterile trolley in the set-up  
18 room, would you have taken that into theatre?

19 A. Yes.

20 Q. And you would have been assisted by a nurse, as was  
21 described by Mrs Conway, opening the doors and giving  
22 you an unblocked passage into theatre?

23 A. There was no actual door, it was just a doorway from the  
24 set-up room into a very short corridor and then into the  
25 theatre. Literally round a corner, if you like, and



1           yes, she would have gone ahead to make sure nobody else  
2           was walking along that back wall that would bump into my  
3           trolley and obviously de-sterilise everything.

4   Q.   Do you recall Staff Nurse Mathewson doing that?

5   A.   I don't specifically remember Nurse Mathewson doing  
6           that.

7   Q.   And you would have done that before surgery started  
8           obviously?

9   A.   Yes.

10  Q.   Whenever you brought the trolley into theatre, would you  
11           then have had to organise where it was going to go and  
12           where you were going to stand for surgery?

13  A.   Yes.  And my recollection is that I would have placed  
14           the trolley at the foot of the bed at right angles to  
15           the bed -- to the operating theatre.  At the foot of the  
16           operating theatre at right angles to it.  And that would  
17           have been on Adam's left-hand side.

18  Q.   Would the scrub nurse always stand in the same place?

19  A.   Not necessarily, but my recollection for that procedure  
20           was that that's where I was standing.

21  Q.   And when you went into theatre, at that time, and you  
22           brought the trolley in, do you recall who was present?

23  A.   Not specifically at that time.

24  Q.   What do you recall?

25  A.   I recall at some time during the morning, the people who

1           were present were Dr Taylor, Dr Montague, Mr -- the  
2           surgeon I know now to be Mr Keane, Mr Stephen Brown and  
3           Nurse Mathewson. Myself, obviously.

4   Q.   Sorry, I didn't catch the last --

5   A.   Myself.

6   Q.   Do you recall another person, a third nurse, working in  
7           theatre as well, although you mightn't recall her  
8           identity?

9   A.   I can't specifically remember, but what the norm would  
10          have been is that during the course of the morning,  
11          whoever had been designated runner would obviously go  
12          for a break, in which case the breaks were timed so that  
13          probably somebody from another theatre, another nurse or  
14          nursing auxiliary from another theatre would have come  
15          into my theatre to relieve that nurse for her break.

16  Q.   How long would the breaks have normally been?

17  A.   15 minutes.

18  Q.   But you remained in theatre at all times?

19  A.   Yes.

20  Q.   Because you were sterile obviously?

21  A.   Yes.

22  Q.   How many breaks would Nurse Mathewson have had between  
23          8 o'clock and noon?

24  A.   One.

25  Q.   One break. Most likely in the middle of the operation;

1           would that be right?

2    A.   Yes.

3    Q.   Around 10 then, probably?

4    A.   Yes, depending obviously -- there were other theatres  
5           operating, so it would have been based on that.  But in  
6           around, usually, 9.30/10 o'clock the breaks were  
7           organised.

8    Q.   Now, you've said that you remember Dr Montague being  
9           present during the surgery.  His witness statements say  
10           that he left the theatre at a certain point --

11   A.   Mm-hm.

12   Q.   -- in time.  Do you recall him leaving the theatre?

13   A.   No.

14   Q.   Okay.  Do you recall any other anaesthetist coming in to  
15           theatre to assist Dr Taylor?

16   A.   No.

17   Q.   Whether a trainee or a consultant?

18   A.   No.

19   THE CHAIRMAN:  In terms of Dr Montague, you don't recall him  
20           leaving the theatre, but does that mean he didn't leave  
21           the theatre?

22   A.   No, I'm saying I don't recall when he actually  
23           physically left the theatre.

24   THE CHAIRMAN:  I know it's very difficult, but do you have  
25           an impression that he was there most of the way through

1 the operation or could you even say that?

2 A. I couldn't even say that.

3 THE CHAIRMAN: Okay, thank you.

4 MS COMERTON: Could you say whether you thought there was

5 a trainee anaesthetist there most of the time or whether

6 Dr Taylor acted alone as an anaesthetist?

7 A. I can't say one way or the other.

8 Q. Okay.

9 A. Can I just make the point, as a scrub nurse you've

10 a very specific role and you have to concentrate really,

11 you know, quite carefully on what's happening at the

12 operating table. And I think the other thing,

13 obviously, having never scrubbed and worked with

14 Mr Keane before, that day I would have been -- would

15 have been doubly, you know --

16 Q. Vigilant?

17 A. Vigilant, yes. Because it would be very easy if you

18 didn't concentrate on what you were doing to lose track

19 of what was going on and, although we have four specific

20 counts there, which Nurse Mathewson and I did, at any

21 time during the surgery, if I wanted to, I could do

22 another count, not necessarily one that was recorded,

23 but just for my confidence that everything was as it

24 should be. So you were really focused on what you were

25 doing, and what was happening in the rest of the room

1           you needn't necessarily have been aware of ...

2   THE CHAIRMAN: In your written statement to the inquiry, you

3           listed the staff you have just listed a moment ago, and

4           you said these are the people you remember being there

5           at some stage.

6   A. Yes.

7   THE CHAIRMAN: And that's as specific as you can be?

8   A. Yes.

9   THE CHAIRMAN: All of these people were there, but if you

10          were asked were they there at 9.30 or 10.15 you couldn't

11          say?

12   A. Yes.

13   THE CHAIRMAN: Thank you.

14   MS COMERTON: Do you recall doing your own count at any

15          point during Adam's transplant surgery?

16   A. I don't recall specifically, but I would be very

17          surprised if I didn't.

18   Q. Just to be clear, what exactly was your role in Adam's

19          transplant surgery as scrub nurse?

20   A. As a scrub nurse you assist the surgeon, you try and

21          anticipate to ensure the smooth running of the

22          operation. You are always looking to see the swabs, are

23          they soaked in blood? Do you need to remove those and

24          present him with another one almost before he's asked

25          for it? You remove those swabs and then pass them off

1 to your circulating nurse, who then weighs them and then  
2 hangs them up on the rack, and that is to facilitate the  
3 count at whatever stage.

4 Q. Thank you. So in terms of what you would have been  
5 looking at, would your field of vision have been the  
6 transplant surgeon, Mr Keane, beside you and also the  
7 area of surgery, you would have been watching that as  
8 well?

9 A. Not specifically. If you think -- I mean, Adam was only  
10 four and Mr Keane would have been standing directly over  
11 him and I would have been to his left. So -- and he was  
12 probably taller than I, so the table would have been  
13 adjusted for his working height. So quite often, unless  
14 you actually were physically asked by the surgeons, did  
15 you want to look, you know, that would have necessitated  
16 him moving out of the way. So no, my sphere was more my  
17 trolley in front of me and then handing things as I'm  
18 right-handed to him.

19 Q. But you said that you would have been watching the swabs  
20 and if they were soaked, you might have removed those.

21 A. Yes.

22 Q. Where would you have been removing those from? Would it  
23 be the wound?

24 A. No, what happened usually was that they threw them  
25 out of -- you know, we'd have taken them out of the

1 wound and then I -- left them on the drapes. So, then,  
2 you know, I was watching him to see when he was removing  
3 them so I would have another one ready for use.

4 Q. So are you suggesting that your view of the area of  
5 surgery was obstructed by Mr Keane to some extent?

6 A. Yes.

7 Q. And that your attention wouldn't have been directed  
8 towards that most of the time?

9 A. No.

10 Q. Do you recall seeing the area of surgery and the kidney?

11 A. No.

12 THE CHAIRMAN: And bluntly, you wouldn't need to see it?

13 A. No.

14 THE CHAIRMAN: It's not something you need to see?

15 A. No.

16 MS COMERTON: Well, the evidence that was given earlier  
17 in the week -- I think it was by Dr O'Connor -- talked  
18 about when the anastomosis occurred and the clamps  
19 coming off, and watching that was quite an incredible  
20 thing. As this was your first renal transplant, do you  
21 recall perhaps being more interested in that aspect of  
22 it?

23 A. I can't recall that I actually saw, you know, the clamps  
24 coming off and the changes that were made.

25 Q. Thank you. I wanted also to ask you about some other

1 people who were in theatre. First of all, do you recall  
2 Dr Savage being present -- or Professor Savage being  
3 present in theatre?

4 A. No.

5 Q. Do you recall Dr O'Connor being in theatre?

6 A. No.

7 Q. One other person who said they came into theatre was  
8 Eleanor Donaghy, whose name is now Boyce. She was the  
9 transplant coordinator. Do you recall her coming into  
10 theatre?

11 A. No.

12 Q. If we could go back to the central venous pressure.  
13 When you were in theatre during surgery, do you recall  
14 any discussions about the CVP?

15 A. No.

16 Q. Would you have been within earshot of the discussions  
17 that were occurring between Mr Keane and Mr Brown?

18 A. Yes, and I do recall at one stage they discussed the  
19 colour of the kidney, but that ... They determined then  
20 that they were happy with the kidney and then the  
21 operation proceeded.

22 Q. I will ask you a little about that. Do you recall at  
23 what point during the surgery that discussion occurred?

24 A. I can't, I'm not sure what the timings would have been.

25 Q. And when they were discussing the colour of the kidney,



1 did they have a concern?

2 A. Yes, they expressed concern that it -- they weren't ...

3 It was discoloured and then that seemed to subside, that  
4 they were happy enough with the condition of the kidney.

5 Q. Do you recall any other discussions about the kidney at  
6 any point?

7 A. No.

8 Q. Would that have been something that you would have been  
9 paying attention to while you were working as a scrub  
10 nurse, Mrs Popplestone?

11 A. I think it was just something that I was aware of, was  
12 being talked about. It was certainly not -- I would not  
13 have been included in any way in that discussion.

14 Q. Okay. Thank you. If I go back, then, I had asked you  
15 initially about CVP. It was suggested by Mr Keane --  
16 and I will give you the reference but I'm not going to  
17 pull it up, it's the transcript for 23 April, page 82,  
18 line 20 to the end, and also page 83, lines 1 to 12.  
19 Page 84, line 24. Page 85, lines 1 to 16. It was  
20 suggested, Mrs Popplestone, by Mr Keane that he might  
21 have asked about the CVP reading 20 times during the  
22 course of the surgery.

23 A. I have no recollection of that.

24 Q. And that he might have asked for the specific CVP figure  
25 10 times during the course of the surgery. This would

1           have been something he was monitoring. You don't recall  
2           that at all?

3    A. No, I don't recall at all.

4    Q. Would you have had the CVP monitor within your range of  
5           vision while you were a scrub nurse?

6    A. Not that I can recall, no.

7    Q. Do you know how to read and interpret a CVP monitor?

8    A. No.

9    Q. Can you recall whether that monitor would have been  
10           within the surgeon's range of view?

11   A. No, I have no recollection.

12   Q. Sorry?

13   A. I can't recall that.

14   Q. Okay. If we move on then to blood loss. During the  
15           surgery, what was your impression of the volume of blood  
16           lost?

17   A. I can't recall what the blood loss was at that stage.

18   Q. Normally during surgery, would you form an impression of  
19           the rate at which blood was being lost?

20   A. Generally, that was up to the circulating nurse.  
21           Obviously, I was aware because of the number of swabs  
22           that would have been used.

23   Q. Yes.

24   A. But the actual total would have been the responsibility  
25           of the circulating nurse.

1 Q. Do you recall any discussion in theatre about the blood  
2 loss?

3 A. No.

4 Q. And in relation to the swabs, Mrs Popplestone, can the  
5 swabs hold fluids other than blood?

6 A. Yes.

7 Q. For example, urine or slush from the ice bath?

8 A. Yes.

9 Q. Thank you. And the way in which the process worked was  
10 you put the swab into a container and then  
11 Nurse Mathewson took it and took it over to the side and  
12 weighed it?

13 A. Yes.

14 Q. And the weight was written on a whiteboard?

15 A. Yes.

16 Q. Is it correct that the weight of the swab, each swab,  
17 was not timed? The record of the time at which the swab  
18 was weighed was not recorded?

19 A. Generally speaking, no.

20 Q. Was there any reason for that?

21 A. Because at times the swabs would -- at various times  
22 in the surgery the swabs would be becoming soaked  
23 quicker than others. So generally, we didn't time when  
24 swabs actually were weighed and measured.

25 Q. Okay. The suction bottle that was placed and that

1 collected blood, were there any other fluids in that  
2 suction bottle as well as blood?

3 A. I have no recollection of whether there were or not.

4 Q. Do you recall any discussion in theatre about inserting  
5 a catheter?

6 A. No.

7 Q. Or measuring Adam's urine?

8 A. No.

9 Q. Would you have been involved at all as a nurse in  
10 catheterising a patient?

11 A. Not a boy, no.

12 Q. Not a boy?

13 A. No.

14 Q. Thank you. Now, if we move on then to the donor kidney.  
15 I'd like to ask you first about the positioning of the  
16 kidney. Do you recall any discussions about the  
17 positioning of the kidney before it was placed?

18 A. No.

19 Q. Any discussions about anastomosis?

20 A. No.

21 Q. Or the removal of the clamps?

22 A. No.

23 Q. Do you recall any discussions about the perfusion of the  
24 grafted kidney?

25 A. Other than what I've previously stated, that there were

1 concerns about the colour of the kidney, which seemed to  
2 subside.

3 Q. Okay. Do you recall any conversation about the urine  
4 produced by the grafted kidney?

5 A. No.

6 Q. Were there any other concerns that you recall being  
7 expressed or discussed during the surgery?

8 A. No.

9 Q. Do you recall a serum sodium concentration result from  
10 the blood gas machine being obtained about 9.32 during  
11 surgery?

12 A. No.

13 Q. Or mention of a serum sodium reading of 123 millimoles?

14 A. No.

15 Q. In relation to the colour of the kidney, if I go back to  
16 that briefly, could we turn to reference 058-035-136.

17 On the fifth line down you'll see:

18 "Kidney. Looked bluish at the end of theatre."

19 That was a note made by Dr O'Connor in the medical  
20 notes, Adam's medical notes, after the surgery.

21 Do you have any recollection at all of the kidney being  
22 blue at the end of the theatre?

23 A. No. I find that not very understandable. I mean, at  
24 the end of theatre the wounds would have been closed, so  
25 I don't --

1 Q. If we leave that aside for the moment. In terms of the  
2 reference to it being bluish, do you recall that being  
3 mentioned at all in theatre?

4 A. When I said that Mr Keane and Mr Brown were discussing  
5 the colour, that's what they were discussing, that it  
6 was bluish-looking.

7 Q. Was that the term they used?

8 A. Yes. I'm -- yes, it was.

9 THE CHAIRMAN: Would you be very careful -- I'm not saying  
10 that you're wrong, but would you be very careful that --

11 A. Well, "discolouration" is the word that I used in my  
12 statement and that's --

13 THE CHAIRMAN: And are you going a bit beyond that to agree  
14 that it was --

15 A. Possibly, possibly.

16 THE CHAIRMAN: -- bluish that they were talking about.

17 A. Mm-hm.

18 THE CHAIRMAN: Okay, thank you.

19 MS COMERTON: But in any event, you said that concern was  
20 alleviated --

21 A. Yes.

22 Q. -- and the surgery continued?

23 A. Yes.

24 Q. If we move on then to closing the wound. Do you recall  
25 who was present in theatre when the wound was being

1 closed, Mrs Popplestone?

2 A. No.

3 Q. How many stages are there to wound closure?

4 A. We -- if we go back to the swab count, we had four

5 counts. There would have been one count at the organ

6 closure or, in this case, it would have been the

7 anastomosis. And then you have the three layers,

8 you have muscle, you have fat and you have skin, and at

9 each of those you do a count.

10 Q. Would that involve you and Nurse Mathewson?

11 A. Yes. It's done -- it's a spoken count, it's not, um ...

12 Q. Perhaps we could refer to the swab count document, which

13 is 058-007-020. I would, first of all, like to ask you,

14 Mrs Popplestone, to identify the entries that you made

15 on this document, if you can recall.

16 A. The only one -- and it actually doesn't show up very

17 well there -- is my signature at the very end as the

18 scrubbed nurse's signature.

19 Q. Okay. Is the reason for that because it would have been

20 Nurse Mathewson that would have been filling in this or

21 writing on this form?

22 A. Yes.

23 Q. Because you were sterile?

24 A. Yes, I was still sterile.

25 Q. So whenever you refer to the four counts, are these

1 recorded on this form anywhere?

2 A. Yes, the 1, 2, 3 and 4 on the right-hand side.

3 Q. Under "P Conway"?

4 A. Yes.

5 Q. Is that what you're referring to?

6 A. Yes.

7 Q. And that appears to be Nurse Mathewson's signature?

8 A. Yes.

9 Q. So at each of those stages you would have been counting

10 the number of swabs?

11 A. Yes, swabs and all the other items you see there, the

12 feeding tubes and ...

13 Q. Okay. But this was happening simultaneously with

14 surgery proceeding?

15 A. Yes.

16 Q. Thank you. Do you recall who carried out the wound

17 closure through the three layers of muscle, fat and

18 skin?

19 A. At this point, no.

20 Q. Do you recall any change or departure from anyone in

21 terms of the surgeons present in theatre?

22 A. I can't recall that.

23 Q. Do you recall at which time the wound closure occurred

24 during surgery?

25 A. I can't recall that.



1 Q. And do you recall at what time the surgery itself  
2 finished, the wound was closed?

3 A. I have a figure of 12 o'clock in my head, but that may  
4 have actually been the time that Adam was transferred  
5 into intensive care.

6 Q. Mr Keane has given evidence that he left the theatre and  
7 that Mr Brown closed the wound. Have you any  
8 recollection at all of that occurring?

9 A. I have none.

10 Q. Do you recall any discussions between Mr Keane and  
11 Mr Brown on that subject?

12 A. No.

13 Q. Prior to the wound being closed, Mrs Popplestone,  
14 what was your impression of the condition of the kidney?

15 A. I wouldn't have seen the kidney at that stage.

16 Q. Okay. In relation to communication in theatre, you've  
17 said that there would be constant communication between  
18 the surgeons.

19 A. Mm-hm.

20 Q. Would there also be constant communication between the  
21 surgeon and you in terms of them needing anything?

22 A. Yes. You know, they would have been asking for various  
23 instruments and, as we call them, extras, things like  
24 you see there, sloops, and there's a Malecot catheter,  
25 feeding tubes. So, yes, surgeons would be asking me for

1           those pieces of equipment.

2    Q. Did the communication in theatre during Adam's surgery

3           seem any different from any of the other surgeries that

4           you were involved in?

5    A. Not that --

6    Q. Was there anything unusual --

7    A. Not that I'm aware of.

8    Q. -- in terms of lack of communication or greater

9           communication than normal?

10   A. No, I would have -- personally, my recall is that it was

11          just as it would have been.

12   Q. Do you recall any communication between the

13          anaesthetists and the surgeons during surgery?

14   A. Not that I can remember.

15   Q. Were there any discussions about Adam's condition while

16          you were in theatre?

17   A. Not that I can remember. Not -- are you referring to at

18          the end of surgery?

19   Q. Yes. Up until the time of wound closure, were there any

20          discussions about Adam's condition?

21   A. No, no.

22   THE CHAIRMAN: And then at the end?

23   A. The fact that Adam was expected to waken up and didn't

24          waken up.

25   MS COMERTON: Were you in theatre at that time?

1 A. Yes.

2 Q. And can you tell us what happened from the best of your  
3 recollection?

4 A. I mean, it was almost -- it was an atmosphere that I was  
5 aware of that Adam was expected to waken up and  
6 he wasn't waking up. So there were concerns at that  
7 stage. Now, I still had my duties to perform, which was  
8 part of removing the instrumentation into the sluice.  
9 So I wasn't involved, but I was just aware that there  
10 were concerns that Adam wasn't waking up as he was  
11 expected to.

12 Q. Who was in theatre at that particular time?

13 A. I can't be specific as to who was there.

14 Q. Can you recall any specific discussions at that point in  
15 time?

16 A. No. It was just -- it was just -- I was aware of an  
17 atmosphere of concern. I can't remember anything that  
18 was specifically said.

19 Q. After the wound closure, what exactly were your duties,  
20 Mrs Popplestone?

21 A. At that stage, then I would have had to have taken my  
22 trolley into the sluice room and disposed of all those  
23 items that were extra to the actual instrument set, and  
24 then I had to again go through the instruments, make  
25 sure that everything on the list that came with the sets

1 initially was there, because I then signed that and  
2 I sent that back in the set to the central sterilising  
3 supply department. So that was my responsibility to  
4 ensure everything that had been used.

5 Q. Mrs Conway had referred to a list that was enclosed  
6 within the packaging. Is that the list you're referring  
7 to?

8 A. Yes.

9 Q. You would have checked all of that off?

10 A. Yes.

11 Q. When you were aware of the concern about Adam not waking  
12 up after the wound closure in surgery, do you recall  
13 anyone else coming into the theatre to assist?

14 A. No.

15 Q. Do you recall when they took the towels off Adam's face  
16 in surgery?

17 A. No.

18 Q. Would you have been involved in that at all?

19 A. No.

20 Q. Okay. Or do you recall Adam's appearance at the very  
21 end of surgery?

22 A. I didn't see him at the end of surgery.

23 Q. After you went into the sluice room and checked out all  
24 of the instruments that had been used and returned them  
25 to where they go to, did you go back into theatre?

1 A. I can't recall.

2 Q. Would you normally have gone back into theatre?

3 A. At that stage, I probably would have had a break because

4 if I had been scrubbed for that length of time,

5 I wouldn't have had a comfort break, I would have only

6 have had sips of water. So I most likely would have

7 been sent for a break at that stage.

8 Q. Okay. If you were aware of difficulties in waking Adam

9 from the anaesthetic, is it possible that you may have

10 gone in to help?

11 A. I don't recall that, but generally -- I mean, Adam --

12 the intention had been that Adam was going to intensive

13 care all along and generally, the staff, the

14 technicians, would have come from the intensive care

15 unit to help out. And also, there would have been other

16 members of staff about, who would have assisted. So,

17 no, because my colleagues would have been cognizant of

18 the fact that I had been scrubbed for quite

19 a considerable period of time, that I wouldn't have been

20 expected to then assist. I just -- I don't recall.

21 Q. Were you involved in the transfer of Adam to intensive

22 care?

23 A. To my recollection, no.

24 Q. As the scrub nurse, would you normally be involved

25 in that regard?

1 A. No.

2 Q. Okay. Who would normally do it then?

3 A. Usually the nurse designated to the anaesthetist,  
4 possibly the runner.

5 Q. Do you recall who carried out that role in relation to  
6 Adam?

7 A. No, I can't remember.

8 Q. I would like to go to the blood loss sheet, which is at  
9 058-007-021. I want to ask you about this,  
10 Mrs Popplestone. Mrs Mathewson has indicated in her  
11 witness statements that she made the entries from 20.1  
12 in the central column down to the end of the page and  
13 from 160.7 down to the end of the page. She wrote that  
14 herself.

15 A. Mm-hm.

16 Q. But she said that the numbers above those figures were  
17 not written by her. Do you know who would have made  
18 those entries on that sheet?

19 A. No. No, I have no recollection of --

20 Q. Did you make them?

21 A. No, because I was scrubbed, so I couldn't have made  
22 them.

23 Q. Well, if it wasn't you and it wasn't Mrs Mathewson, who  
24 else was available to make those entries?

25 A. Whoever else was in theatre that day.

1 Q. Would the anaesthetist nurse have carried out that role?

2 A. Possibly, or it could have been whoever was relieving

3 Nurse Mathewson for breaks.

4 Q. Okay.

5 A. But it wasn't myself.

6 Q. Right. After Adam's surgery, did you discuss Adam and

7 what happened to him with anyone?

8 A. Other than, you know, a sort of overall, quite shocked

9 at what had happened, but certainly that was general

10 discussion amongst the nursing staff, there was no

11 discussion with the medical staff.

12 Q. Okay. Were you required to give a statement after

13 Adam's death about what happened in surgery?

14 A. No.

15 Q. Were you involved in any investigation or review or

16 audit in relation to his surgery?

17 A. No.

18 Q. And were you aware of any investigation into his death?

19 A. No.

20 Q. One thing that I wanted to ask you was, one of the

21 witnesses who has given evidence was Mrs Donaghy, who is

22 now Mrs Boyce, and she indicated that when she came into

23 theatre she noticed a very sombre mood in theatre. How

24 would you have described the atmosphere in theatre

25 during the surgery?

1 A. During the surgery I felt it was appropriate. Yes, it  
2 was a major operation but, you know, it did seem to be  
3 going quite well. As I said, it was my first experience  
4 of a kidney transplant. At the end, yes, there was  
5 a grave atmosphere and that was once Adam -- you know,  
6 that the surgery was finished and Adam wasn't waking up.  
7 And at that stage, the mood, to me anyway, changed.

8 Q. Do you recall if the surgeons were in theatre at that  
9 point when Adam was not waking up?

10 A. I can't recall whether they were still there or not.

11 Q. You left theatre nursing in December 1996?

12 A. That's right, yes.

13 Q. Did your reason for leaving have anything to do with  
14 Adam Strain?

15 A. No.

16 MS COMERTON: Just a moment, please. No further questions,  
17 Mr Chairman.

18 THE CHAIRMAN: Mr McBrien, Mr Hunter?

19 Questions from MR HUNTER

20 MR HUNTER: Just one matter, sir, please, briefly.

21 Mrs Popplestone, I want to take you to what you said  
22 about Staff Nurse Mathewson. You said that if she had  
23 left theatre for a comfort break, she would have been  
24 replaced.

25 A. Yes.



1 Q. Okay. And your memory on that is very clear because you  
2 have said she only left theatre once.

3 A. No, sorry, you've maybe -- I have maybe not made myself  
4 clear there.

5 THE CHAIRMAN: I think you said if she had a break during  
6 the course of this operation, it would be a single break  
7 of about 15 minutes --

8 A. Yes.

9 THE CHAIRMAN: -- at some point between maybe around  
10 10 o'clock but not exactly on 10 o'clock.

11 A. Yes, but in the morning period we had one break.

12 MR HUNTER: Just give me one moment, please.

13 You were specifically asked by counsel how many  
14 breaks would Nurse Mathewson have had between 8 o'clock  
15 and noon. And your answer was: one.

16 A. Yes.

17 Q. Okay. So you remember that?

18 A. Yes.

19 Q. Okay.

20 A. Well, I don't remember it specifically, but I was  
21 questioned on who else might have been there, and  
22 I can't remember that. I do remember Nurse Mathewson  
23 being there.

24 Q. Well, you seemed to be saying that she had one break and  
25 you remember that.

1 A. I'm saying that she would have been entitled to one  
2 break and that when she left theatre, then someone else  
3 would have come in to be my circulating nurse while she  
4 was having her break.

5 Q. So you're now not saying that she had -- you recall her  
6 having one break?

7 THE CHAIRMAN: No, and I didn't quite pick her up as having  
8 said that, Mr Hunter. I understood her to be saying  
9 that this is what you would have expected to have  
10 happened --

11 A. Yes, that was the norm --

12 THE CHAIRMAN: -- you don't specifically remember that day,  
13 but there's no reason to think it didn't happen that day  
14 as normal.

15 MR HUNTER: The issue, sir, is she has said if any of the  
16 nurses required a comfort break, that they would be  
17 replaced. Just as the point she was specifically asked  
18 on that point, how many breaks did Nurse Mathewson have,  
19 and she said one.

20 A. Well, maybe I should clarify that, saying that's what  
21 she was entitled to and that would have been the norm  
22 between us starting work at 8, and generally lunch  
23 breaks were at the end of the morning surgery, which  
24 usually finished around 12.30.

25 Q. Okay. So to be fair to you then, that's just your

1 recollection of what may have happened?

2 A. Yes.

3 Q. Because really, you can't recall very much about what  
4 happened that day; would that be fair to say?

5 A. No, I mean it's a long time ago and a lot's happened in  
6 the meantime.

7 Q. Yes.

8 A. And --

9 THE CHAIRMAN: And you weren't asked at the time about what  
10 happened.

11 A. I wasn't asked at the time. The first time that I was  
12 asked was at the end of 2005/beginning 2006, so it was  
13 quite some ten years nearly afterwards, before I was --

14 THE CHAIRMAN: If you'd been asked at the time who was there  
15 and what had happened, you would have been able to give  
16 a lot more information?

17 A. I think everyone recalls things that happened in the  
18 recent past.

19 Further questions from MS COMERTON

20 MS COMERTON: I just wanted to clarify a point.

21 When I had asked you about the atmosphere at the end  
22 of the surgery, Mrs Popplestone, I think your words were  
23 "It was grave"?

24 A. Yes, there was an air of gravity about it because Adam  
25 was expected to waken up and he didn't.

1 Q. And do you recollect that quite clearly?

2 A. Yes.

3 Q. I take it it's very unusual for a child to pass away in  
4 theatre?

5 A. At that point I was not aware that that is what had  
6 happened. I was aware that Adam was expected to waken  
7 up and he wasn't waking up. I was not aware that at  
8 that stage anything -- you know, that he had passed  
9 away. But yes, it would be.

10 Q. So you have a clear recollection of it being a very  
11 grave atmosphere but you have no recollection at all of  
12 who actually was in the theatre at that time?

13 A. At that particular point in time, no.

14 THE CHAIRMAN: Okay. Are there any other questions before  
15 I come to the trust? No? Mr McAlinden?

16 Mrs Popplestone, thank you very much for coming.  
17 You're now free to leave.

18 A. Thank you.

19 (The witness withdrew)

20 THE CHAIRMAN: For once we're ahead of schedule. We have  
21 one witness left today. I'm in your hands about whether  
22 we start her evidence until 1 o'clock and then break, or  
23 do we break now? Does anybody have any particular views  
24 on it? We'll clearly finish early today, which is not  
25 a bad thing. We have some organisational business to



1 Mathewson.

2 MS MARGARET MATHEWSON (called)

3 Questions from MS COMERTON

4 MS COMERTON: Mrs Mathewson, I'd like to just go through the  
5 list of witness statements that you've provided to us.  
6 First of all, there was the police witness statement on  
7 6 April 2006. Then your first inquiry witness statement  
8 on 10 April 2011, second inquiry witness statement on  
9 17 August 2011, third inquiry witness statement on  
10 10 October 2011, and fourth inquiry witness statement on  
11 13 October 2011.

12 Can you confirm that's correct, please?

13 A. I think so. I'm not sure of the dates, but it sounds  
14 right.

15 Q. In relation to your role and experience at the time of  
16 Adam's surgery on 27 November, you were a theatre staff  
17 nurse; is that correct?

18 A. That's correct, yes.

19 Q. And you acted as runner in Adam's operation on  
20 27 November?

21 A. Yes.

22 Q. At that time, is it correct that you had had nine years  
23 post-qualification nursing experience?

24 A. Yes, that would be correct.

25 Q. And about six of those was as a staff nurse in theatre

1 in the Children's Hospital?

2 A. Yes.

3 Q. Now, if we could refer to your police statement,  
4 093-013-042. About two-thirds of the way down:  
5 "DS Cross has told me the nature --

6 MR FORTUNE: We don't have it on screen.

7 THE CHAIRMAN: Do you have it now?

8 MR FORTUNE: Yes.

9 MS COMERTON: "DS Cross has told me the nature of his  
10 investigation and I can say I have no specific memory of  
11 an operation involving a child named Adam Strain.  
12 I have looked at the medical records for Adam Strain and  
13 examined a page entitled 'Blood loss'.  
14 And so on.

15 Since then, Mrs Mathewson, have you now realised  
16 that in fact you were in theatre as a runner during  
17 Adam Strain's operation?

18 A. Yes. I stopped nursing in 1996 so I had no contact with  
19 any other nursing friends. I was unaware of what was  
20 happening at the time.

21 Q. Okay, thank you. At that time, in November 1995, in the  
22 Children's Hospital, do you accept paediatric renal  
23 transplant was a fairly rare occurrence?

24 A. Yes.

25 Q. Had you been involved in any operations of that nature

1 before?

2 A. Not as far as I can remember, no.

3 Q. Okay. Were you familiar with the renal transplantation  
4 in small children protocol? It's at reference witness  
5 statement 002/2, page 52. Were you familiar with that  
6 protocol?

7 A. No, I wasn't.

8 Q. Have you seen it before?

9 A. No.

10 Q. Okay.

11 A. No, I don't think so.

12 Q. Right. Had you seen Adam's medical notes or records on  
13 the morning of his surgery in November 1995?

14 A. Not that I can recall, no.

15 Q. If we can turn then to the events on 27 November 1995.  
16 First of all, I would like to ask you, were you due to  
17 come in and work at normal day shift on that date, on  
18 27 November?

19 A. Yes.

20 Q. And would your shift normally have run from 8 am until  
21 8 pm?

22 A. It depends. We had different hours every day. I worked  
23 37.5 hours per week. We could have had long shifts or  
24 short shifts.

25 Q. If you were starting in the morning, would you normally



1 be on duty at 8 am?

2 A. Yes.

3 Q. Thank you. Do you recall how you first heard about  
4 Adam's transplant surgery or the potential for there to  
5 be a transplant operation?

6 A. No, I can't recall.

7 Q. Were you in the chamber this morning, hearing the other  
8 witnesses?

9 A. Yes.

10 Q. So, for example, some of the other witnesses recall they  
11 might have had a telephone call over the evening of the  
12 26th November. Do you recall anything of that nature  
13 happening?

14 A. No.

15 Q. At what time did you arrive in the Children's Hospital  
16 on 27 November?

17 A. Probably about quarter to 8 or so. Starting at 8. So  
18 I'd be there about quarter to to change and then into  
19 theatre.

20 Q. And so far as you can recall, would there have been  
21 a normal surgery list and you would have acted as  
22 a theatre nurse in some capacity for the planned surgery  
23 for the day? Is that what normally happened when you  
24 were on duty?

25 A. We had a rota and there were different staff nurses for

1 different areas in theatre. We covered all areas in  
2 theatre whether it was recovery, anaesthetics --

3 Q. Yes.

4 A. -- the three theatres, you know. So there was a rota  
5 made on a daily basis.

6 Q. But when you were coming in for a routine day, would  
7 surgery normally start about 9?

8 A. Yes.

9 Q. So if you were starting at 8, you would have had an hour  
10 to get ready for whatever was happening at the  
11 commencement of surgery?

12 A. Yes.

13 Q. If you were coming in for a routine day, would you have  
14 just arrived at 7.45, that was your normal practice?

15 A. Yes, I live in Dromore, and would have left about 7 to  
16 allow for traffic, and then in at 7.45.

17 Q. And when you came in at 7.45, you would have had to get  
18 changed into your theatre --

19 A. That's correct.

20 Q. -- blues or whatever you were wearing, and you would  
21 have had to have some kind of handover from whichever  
22 nurse you were taking over from?

23 A. Well, usually the night staff would have written or  
24 prepared the theatre lists for the day. They would have  
25 written them on the board. So you'd go in -- I believe

1           it was a Monday morning, so we were just going in and  
2           see what lists and then you would go to your allocated  
3           area of theatres.

4    Q.   Do you recall seeing Patricia Conway in theatre that  
5           morning on the 27th?

6    A.   I can't recall, no.

7    Q.   And do you recall Gillian Popplestone acting as the  
8           scrub nurse?

9    A.   Yes, I do.

10   Q.   When you went in on the morning of 27 November,  
11           Mrs Mathewson, what would have been the first thing you  
12           would have done?

13   A.   On a normal day?

14   Q.   Yes.

15   A.   You would decide which theatres were going to be used  
16           and set up different theatres and have all the equipment  
17           ready for every procedure.

18   Q.   Okay. Do you recall which theatre this operation,  
19           Adam's surgery, took place in, on the 27th?

20   A.   Yes, it was the theatre in the centre.

21   Q.   I will just pull up that drawing, if I may. I think  
22           it's 300-005-005. So just to be clear, this was the  
23           plan that we have been provided with, and we were  
24           informed that the theatre coloured pink with the X in it  
25           was the theatre in which Adam had his surgery, and then

1 the theatre coloured green was in use on that morning as  
2 well.

3 A. We were in the green theatre for Adam's surgery.

4 Q. Did the theatres have numbers?

5 A. Well, I know the pink one is theatre 3, as far as  
6 I remember. The green one was 1, and the one on the  
7 right, the one after the anaesthetic room, I think it  
8 was theatre 2. 1 or 2 might have been the other way  
9 around. I can't remember.

10 Q. Could I refer you to document 058-007-020. This is the  
11 swab count document. On the top left-hand corner,  
12 you'll see:

13 "Operation left renal transplant."  
14 And then:  
15 "Theatre."  
16 And that looks like numeral 2.

17 A. Yes.

18 Q. So that would be the theatre, obviously, in which Adam's  
19 operation was going to take place?

20 A. Yes.

21 Q. And if we can go back to the plan for a moment. Which  
22 theatre did you say was theatre 2 in 1995?

23 A. The theatre he was in was the green one.

24 Q. Okay, thank you. So on your arrival on the morning of  
25 the 27th, when you learned of the planned transplant

1 operation, what did you do?

2 A. Um ... I sort of -- I wasn't ... If we had the rota,  
3 I would know exactly but, as far as I know, I was the  
4 runner of that day --

5 Q. Yes.

6 A. -- but I wasn't in the anaesthetic room. So I would  
7 have been in theatre.

8 Q. As the runner, what would have been your first tasks?

9 A. A lot of it was done by the night staff in anticipation  
10 for the surgery. So we just waited until the surgery  
11 started, and then my role would have been assisting the  
12 scrub nurse and recording blood loss.

13 Q. Yes. You may recall that Mrs Popplestone gave evidence  
14 of being in the set-up room and getting the trolley with  
15 all of the instruments ready and she was assisted. Did  
16 you play any part in that?

17 A. I can't recall, no.

18 Q. As a runner, would you normally have assisted in that  
19 task?

20 A. Possibly, yes.

21 Q. And if you'd been in theatre at 7.45, then you would  
22 have had time to assist; is that right?

23 A. Yes, but I believe everything was set up in readiness  
24 for the transplant.

25 Q. If she had set up the trolley already in the set-up

1 room, would you have also assisted in helping her get  
2 that trolley into theatre so that her passage into  
3 theatre wasn't blocked by anyone or anything?

4 A. Yes.

5 Q. That would be one of the tasks that the runner would  
6 assist with. Do you recall doing that?

7 A. I can't recall, no.

8 Q. But do you accept it's likely that you did that if you  
9 were there?

10 A. It's likely, yes.

11 Q. Once you're in theatre, then what exactly does the  
12 runner do?

13 A. Well, if you need any additional equipment or  
14 instruments or swabs, needles, dressings, whatever, you  
15 were the non-sterile person who would go and bring them  
16 to the scrub nurse.

17 Q. Okay. Whenever you arrived on the 27th, do you recall  
18 going into theatre, Mrs Mathewson?

19 A. I don't recall very much that day. I'm sorry.

20 Q. Do you recall who was there at the time when you first  
21 arrived?

22 A. The only recollection I have is that Gillian Popplestone  
23 was the scrub nurse and I was the runner.

24 Q. Sorry, Gillian Popplestone?

25 A. Was the scrub nurse and I was the runner.

1 Q. Yes.

2 THE CHAIRMAN: In terms of who the anaesthetist was or who  
3 the --

4 A. It was Dr Taylor.

5 THE CHAIRMAN: Right, okay. Let's just continue that  
6 because I think that's what Ms Comerton's asking you.  
7 You remember Mrs Popplestone, you don't remember if  
8 there was a third nurse or --

9 A. No.

10 THE CHAIRMAN: Do you expect there was a third nurse?

11 A. Yes.

12 THE CHAIRMAN: Would it have been very unusual if there  
13 wasn't a third nurse?

14 A. Well, for surgery of that nature, we would have had that  
15 a third nurse, I think.

16 THE CHAIRMAN: On the medical side, in terms of the  
17 anaesthetist, do you remember Dr Taylor being there?

18 A. Yes.

19 THE CHAIRMAN: Do you remember any assistant to Dr Taylor?

20 A. I do not. I can't recall, no.

21 THE CHAIRMAN: Do you know who the surgeon was or did you  
22 remember who the surgeon was when you were asked about  
23 this?

24 A. I didn't, no.

25 THE CHAIRMAN: It now turns out to have been Mr Keane. Was

1           he somebody you knew at all?

2   A.   Not really because he was in children's theatres quite  
3           rarely so we weren't really au fait with him.

4   THE CHAIRMAN:   Having heard that it was Mr Keane, do you now  
5           remember him being there or not?  Obviously there was  
6           a surgeon, but do you have any recollection that it was  
7           this man called Mr Keane?

8   A.   No.

9   THE CHAIRMAN:   Do you remember anybody assisting him with  
10          the surgery?

11  A.   Mr Brown was there.

12  THE CHAIRMAN:   Yes, and do you remember Mr Brown being  
13          there?

14  A.   I think so, yes.

15  THE CHAIRMAN:   Okay.  Do you remember, beyond those people,  
16          anybody else being there or coming in and out?

17  A.   Well, there would have been technicians coming in and  
18          out.

19  THE CHAIRMAN:   Yes.

20  A.   Um ...  But apart from that, really, I can't recall  
21          anybody specific.  There may have been people coming in  
22          to see and stuff like that.

23  THE CHAIRMAN:   Thank you.

24  MS COMERTON:   Perhaps I could just finish that list.  Do you  
25          remember Professor Savage coming in and out,



1 Mrs Mathewson?

2 A. No, I don't.

3 Q. Or Dr O'Connor?

4 A. No.

5 Q. And one of the assistant anaesthetists, Dr Montague, did  
6 you know him?

7 A. Mm-hm. Yes.

8 Q. He has said in his witness statements that he left the  
9 theatre because it was the end of his shift and that  
10 there's a question as to whether he was replaced by  
11 another trainee anaesthetist. Do you recall any  
12 other --

13 A. I can't recall whether he was replaced or not.

14 Q. Evidence has also been given that Eleanor Donaghy, who  
15 was the transplant coordinator, came into theatre. Did  
16 you know her?

17 A. Vaguely, yes.

18 Q. And do you recall her coming into theatre?

19 A. No. They may have come in another door. They might not  
20 have directly come into theatre, but they could have  
21 come into the theatre suite because there were  
22 corridors -- I didn't actually see their face but they  
23 could have come into the theatre suite.

24 Q. Thank you. If we could perhaps go to some of the  
25 documents. If you go to document 058-007-020. This is

1 the swab count document, Mrs Mathewson.

2 A. Yes.

3 Q. Can you identify any entries that you made, for example  
4 on the lower right-hand side, there's an entry "Runner's  
5 signature", and a signature there. Is that your  
6 signature?

7 A. It is, yes.

8 Q. And similarly, just above that, there's 1, 2, 3, 4.

9 A. They are all my signatures and there's quite a few of  
10 the suture needles with my writing.

11 Q. Sorry, could you speak up?

12 A. The writing with the suture needles. You know, there's  
13 quite a few of the later figures are in my handwriting,  
14 plus feeding tube, Malecot catheter, blades, needle  
15 cannula and Yates drain.

16 Q. It might assist you if we go to a document beside this,  
17 093-013-043. This is your police statement,  
18 Mrs Mathewson.

19 A. That's correct, yes.

20 Q. We can perhaps help you along. If we start about ten  
21 lines down:

22 "On the opposite side of this sheet, marked 20  
23 in the top right column, I can confirm that my writing  
24 starts at the post-operative counts for needles at the  
25 figure 27 and continues to 39."

1           So if we take all the highlighting off the swab  
2           count for a second, please. Thank you. So that quote  
3           was:

4           "I can confirm that my writing starts at the  
5           post-operative counts for needles at the figure 27 and  
6           continues to 39."

7           So if we go to "suture needles" on the left-hand  
8           side and we work from the fifth figure along of 27 down  
9           to 39.

10       THE CHAIRMAN: So you didn't write 18, 19, 23 or 25?

11       A. I might have done 25 but I didn't do 18, 19, 23.

12       MS COMERTON: Who did? Who made those entries?

13       A. I don't know.

14       Q. Is it correct that it wouldn't have been the scrub nurse  
15       who made those entries?

16       A. Yes, she was technically sterile. She was in charge of  
17       her trolley.

18       Q. Okay. So are you suggesting that there would have been  
19       someone fulfilling the role of runner at the very start  
20       of surgery who would have written those down?

21       A. Yes.

22       Q. But you had been, on your evidence, likely in at work at  
23       about 7.45 in the morning as a matter of routine.

24           If I could refer you for a moment to the transcript  
25       of Mr Keane, I think on 23 April, at page 97. It's

1 line 4 until 7:

2 "I'm trying to locate this in 1995. So we know --  
3 so far as you can do it -- that knife to skin is roughly  
4 8 o'clock or thereabouts."

5 And he answered:

6 "Yes."

7 So Mr Keane, the surgeon's evidence, was surgery  
8 started at 8 o'clock or thereabouts. So my question to  
9 you, Mrs Mathewson, is: if you were at work and dressed  
10 in your theatre -- gowned for theatre at 7.45, surely  
11 you would have been in theatre and filling in the swab  
12 count sheet as runner?

13 A. Well, if this was set up by the night staff, one of the  
14 other night staff members would have had a lot of stuff  
15 prepared. So the first few needles could already have  
16 been thrown out on to the trolley in readiness for the  
17 surgery.

18 Q. So when they've written down "Suture needles, 18, 19 and  
19 23", what does that actually mean?

20 A. It's the number of needles.

21 Q. It's the number of needles?

22 A. Yes.

23 Q. That have been taken out and are available for surgery?

24 A. Yes. Some of them could have been double-ended needles,  
25 quite small, so they would have all been in a sterile --

1 a needle holder, just in readiness for surgery.

2 You have to have as much on your trolley --

3 Q. So are you suggesting just because they were written on

4 the sheet, it doesn't mean that surgery had actually

5 started, it just means they were ready to be used during

6 surgery?

7 A. I'm not sure. Sorry, can you ...

8 THE CHAIRMAN: The question is -- perhaps like me,

9 Ms Comerton understood your earlier answer to suggest

10 that somebody else might have started the surgery as

11 runner and then you took over.

12 A. Well, it's possible if it was maybe one of the girls who

13 went off at 8 o'clock. You know, they would -- and then

14 I would have come in and taken over from them.

15 MS COMERTON: The difficulty with that is the surgeon has

16 said in his evidence that surgery started at 8 o'clock

17 or thereabouts.

18 A. Yes, well --

19 Q. And from what you've said today, you believe that you

20 were there before 8 o'clock.

21 A. Yes. Well, I started at 8 and the night staff went off

22 at 8.

23 Q. Yes.

24 A. So it would have been ... The changeover time really.

25 THE CHAIRMAN: Okay, thank you.

1 MS COMERTON: If we could go back to 058-007-020.

2 Thank you. We were trying to identify what entries you  
3 had made, Mrs Mathewson. So you've indicated that you  
4 made the entries from 27 to 39 for needle sutures and  
5 possibly 25, and you've identified your signatures as  
6 well. Did you make any other entries in the swab count  
7 document?

8 A. Feeding tube, Malecot catheter, Yates drain. That's it.  
9 And blades, needles and cannula, I think that's mine.

10 Q. You did those as well?

11 A. Yes.

12 Q. Okay. Were you involved in crossing out the numbers  
13 further up the page whenever there was a count being  
14 carried out in relation to needles or swabs?

15 A. Yes.

16 Q. You would have done that as well, okay. If we could go  
17 then to document 058-007-021. If we could go back to  
18 the police statement, 093-013-043, at the same time.

19 So the document on the left-hand side,  
20 Mrs Mathewson, is the blood loss sheet and then your  
21 police statement on the right-hand side. If we turn  
22 then to the fourth line down:

23 "I can also confirm on this sheet in the centre  
24 column my writing commences at the figure 20.1 and this  
25 column records the blood accumulated in an individual

1 swab."

2 So you're saying that you've made all of the numbers  
3 written down from 20.1 to the bottom of the page;  
4 is that right?

5 A. Yes. I think so.

6 Q. Okay. Then if we look back at the statement:

7 "In the right column I can confirm that my writing  
8 commences at 160.7 and this column records a running  
9 total of all blood loss in the swabs."

10 If you highlight that, please. 160.7 down to the  
11 end of the page are all your entries?

12 A. The final one below 361, it wasn't my writing.

13 Q. The 411?

14 A. No, I think there's a 50 below 361.

15 Q. Sorry, it's not very clear.

16 THE CHAIRMAN: That's not yours?

17 A. No.

18 THE CHAIRMAN: But the total is, is it, or maybe not?

19 A. Maybe not. I think that was an estimate of the blood  
20 loss from the towels. So the anaesthetic staff  
21 sometimes will have an estimate. So that's why I have  
22 "approx" on the left-hand side because it is an  
23 estimate.

24 MS COMERTON: Yes. And the anaesthetic staff, are you  
25 referring to the anaesthetic nurse or the anaesthetist?

1 A. No, the anaesthetists.

2 Q. Or possibly his trainee?

3 A. Yes.

4 Q. So you're suggesting they made that entry of 411?

5 THE CHAIRMAN: They added the 50 to what had previously been  
6 recorded --

7 A. They added the 50 --

8 THE CHAIRMAN: -- did a total and then on that basis  
9 calculated --

10 A. Yes.

11 THE CHAIRMAN: -- the approximate total of 911 on the  
12 left-hand column?

13 A. Well, my writing is the left-hand column, but I'm not  
14 sure if the 411 on the right-hand column is definitely  
15 my writing, but the 50 above it isn't.

16 MS COMERTON: Thank you. If we go back to your statement  
17 then, you say:

18 "I am unable to say who recorded the earlier figures  
19 in the centre and right columns."

20 Would it be fair to say it wouldn't have been the  
21 scrub nurse to record them because she, obviously, was  
22 sterile?

23 A. Yes.

24 Q. So who else would have been writing down the quantity of  
25 blood loss in theatre at the start of surgery?



1 A. I have no recollection who else was in theatre with me  
2 apart from Staff Nurse Popplestone.

3 Q. Okay.

4 THE CHAIRMAN: Does that not suggest, for whatever reason,  
5 maybe there was a bit of confusion at 8 o'clock, or  
6 whatever, that you did come in a bit after the operation  
7 started, which is why the initial blood losses have been  
8 charted by somebody else? I mean, there's quite a few  
9 there before your first entry at 20.1.

10 A. Yes.

11 THE CHAIRMAN: There's quite a few listed before that.  
12 Would that be consistent with you coming -- well, does  
13 that mean that you must have come in after the surgery  
14 started?

15 A. Well, I was in at 8, but I am not sure whether I was  
16 initially allocated for that theatre. There was another  
17 theatre going, and maybe I was asked to move into that  
18 theatre.

19 THE CHAIRMAN: There's a bit of guesswork involved, but  
20 would that explain why you didn't do the initial entries  
21 for blood loss because you actually weren't there at the  
22 time?

23 A. Yes. I honestly can't recall but it's a possibility.  
24 I can't recall that.

25 THE CHAIRMAN: Thank you.

1 MS COMERTON: Can I ask you, Mrs Mathewson, was it normal  
2 for a nurse to sign the entries that she made for the  
3 blood loss recorded in the way that a nurse might sign  
4 nursing notes?

5 A. What do you mean, sorry?

6 Q. Put her signature or her initials beside the entries  
7 in the blood loss sheet, would it have been normal  
8 practice for a nurse at that time to sign off the  
9 various entries in the columns?

10 A. Yes.

11 Q. It would have?

12 A. Yes.

13 Q. So, for example, if one nurse made the entries between  
14 7.6 and 140.7 on the right-hand side column, would you  
15 normally have expected someone to sign off on those?

16 A. Oh no, not there. I thought you were talking about the  
17 blood loss form or the swab count form at the end.

18 Q. I'm talking about the blood loss form.

19 A. Sorry.

20 Q. Would it be normal practice for a nurse to sign off --

21 A. No.

22 Q. -- if they were changing halfway through?

23 A. No.

24 Q. Could the anaesthetic nurse have made the entries in the  
25 blood loss sheet?

1 A. I don't think so. She would have been with the  
2 anaesthetic staff.

3 Q. So you think there was a third nurse who was doing this?

4 A. Maybe it was somebody else. I don't know who.

5 Q. If there was another nurse acting as runner before you  
6 came into theatre, would you have had a handover for  
7 her?

8 A. Well, you would have sort of -- we would have clarified  
9 where we were exactly on the form.

10 Q. Yes.

11 A. You know, you wouldn't have just walked in and whoever  
12 the other person walked out. You know, you would say:  
13 this is the running total.

14 Q. Sorry, there would have been some conversation between  
15 you and the first runner in theatre about what has been  
16 happening --

17 A. Yes.

18 Q. -- and what you're stepping into?

19 A. Yes.

20 Q. Do you have any recollection of that at all?

21 A. No, I'm sorry, I don't.

22 THE CHAIRMAN: There was talk, I think from Mrs Popplestone,  
23 that if you were the runner, unlike her, you might have  
24 got a break at some point. I think she --

25 A. It really would have depended on whether there was

1           somebody to relieve you. There was another theatre  
2           going on. But I may have had a break, yes.

3   THE CHAIRMAN: I'm just wondering and trying to piece  
4           together what happened. Could it be that in fact you  
5           came in to relieve somebody and then stayed there?  
6           Because your first entry, at least in terms of blood  
7           loss, seems to be well into the operation. Do you see  
8           what I mean?

9   A. Yes.

10   THE CHAIRMAN: Somebody might have been there for the start,  
11           you relieve them, and for whatever reason you continue;  
12           did that ever happen?

13   A. It wasn't ... It's possible, but if we had the rota  
14           it would have been clearer. But ...

15   THE CHAIRMAN: Unfortunately we don't.

16   A. Unfortunately we don't, so ...

17   THE CHAIRMAN: Thank you.

18   MS COMERTON: Is it possible also that you may have been  
19           involved initially in Adam's surgery before it started?  
20           You may have gone off to another task and then you could  
21           have come back again?

22   A. No, you wouldn't leave the theatre.

23   Q. Okay. Do you recall Adam arriving? Do you have any  
24           recollection at all of Adam arriving in theatre?

25   A. No.

1 Q. Or him being anaesthetised?

2 A. Well, if he came in at five to 7, it would have been  
3 with the night staff he was being anaesthetised.

4 Q. Do you recall any discussion at all about electrolyte  
5 tests during the surgery?

6 A. No.

7 Q. Or any discussion of an electrolyte result of 123 --

8 A. No.

9 Q. -- at 9.32?

10 A. No.

11 Q. And do you remember what time surgery started at on the  
12 27th --

13 A. No, I'm sorry, I don't.

14 Q. Do you recall any discussions about the central venous  
15 pressure readings?

16 A. No.

17 Q. Would that be something that you would be aware of in  
18 theatre?

19 A. It was more of an anaesthetic remit. It wasn't -- I was  
20 assisting the scrub nurse. It would be more a  
21 medical problem.

22 Q. In relation to the blood loss, Mrs Mathewson, what was  
23 your impression of the volume of the blood loss during  
24 surgery?

25 A. It seems there was quite a bit of blood loss, but

1 the ... Sorry, can you clarify?

2 THE CHAIRMAN: Was it heavy or light or normal, or

3 do you have any recollection? If there's such a thing

4 as heavy or light or normal.

5 A. I've no real recollection, apart from looking at this

6 page. It does seem a bit excessive. But he had had so

7 much surgery in the past, it maybe it wasn't a very

8 straight -- well, it wasn't a very straightforward

9 procedure.

10 MS COMERTON: Whenever you were recording the weight of the

11 swabs, would you normally have timed the moment at which

12 you were recording that --

13 A. No --

14 Q. -- and put that in the note as well?

15 A. -- because sometimes you might have had five swabs at

16 a time and you were weighing them and each one putting

17 on to the rack and stuff and recording everything.

18 Q. Do swabs hold fluids other than blood, Mrs Mathewson?

19 A. There are about six or seven figures there on the

20 left-hand column that were saline soaks.

21 Q. Can you specify which ones?

22 A. 39.8 to 27.9, left-hand column.

23 Q. Sorry, 39.8 down to 27.9, the ones that are struck out?

24 A. They have a line through them. These are saline soaks.

25 Q. What does that mean?

1 A. Whenever the kidney was put in place, a theatre lamp was  
2 overhead, so they were used to keep the kidney moist  
3 while they were working in that area and rather than --  
4 so there was saline on the soak or the swab already. So  
5 we have the total weight.

6 Q. There was mention last week of the iced cold water being  
7 put -- sprayed over the kidney to keep it moist during  
8 surgery.

9 A. We used saline soaks, saline swabs that were soaked.

10 Q. So that would be chilled or cooled saline water?

11 A. Cool.

12 Q. And as a runner, were you involved in going over and  
13 putting either the saline or the saline soaks over the  
14 kidney to keep it cold and moist?

15 A. No, it would have been the -- the scrub nurse had a bowl  
16 of saline and the swabs would have been immersed, wrung  
17 out slightly, and -- it was mainly to keep the kidney  
18 moist under the heat of the lamp, the theatre lamp.

19 Q. So just to be clear, it was the scrub nurse who took  
20 care of putting the saline soak over the kidney; is that  
21 right?

22 A. Yes, I --

23 Q. You had no role in that at all?

24 A. I wasn't sterile.

25 Q. Okay.

1 A. Or she handed it to the surgeons to do so, but she had  
2 everything sterile on her trolley. I was not sterile.

3 Q. So when you say those seven entries related to saline  
4 soaks, what does that actually mean? Does it mean that  
5 the quantity of fluid in those swabs were all saline,  
6 partly saline --

7 A. No, they would have been blood and saline, hence they  
8 were halved.

9 Q. Ah right. So the original figure on the left is the  
10 actual weight --

11 A. The original figure would have been on the scales, but  
12 you knew they were saline soaked so you halve them.

13 Q. On the presumption that about half of it would have been  
14 blood?

15 A. Yes.

16 Q. Was that a matter of common practice at that time in  
17 surgery --

18 A. Yes.

19 Q. -- to try and get as best an estimate as possible?

20 A. Yes.

21 Q. So whenever you were toting up the figure for blood loss  
22 you would have used the blood figures as opposed to the  
23 saline soak figures; is that right?

24 THE CHAIRMAN: Is that your writing, 39.8 is marked down to  
25 20?



1 A. Yes.

2 THE CHAIRMAN: Thank you.

3 MS COMERTON: Was there any discussion in theatre about the  
4 volume of the blood loss, Mrs Mathewson, that you  
5 recall?

6 A. Well, there would have been general communication, you  
7 know. We had a whiteboard, which was visible to all on  
8 the wall, and mainly the anaesthetic staff would keep an  
9 eye on, and there would be verbal communication to see  
10 how the blood loss -- you know, how it was going,  
11 really.

12 Q. Was there ever any discussion about blood loss in the  
13 sense that it was a concern?

14 A. Not that I recall, no.

15 Q. Would you have been directly involved in those  
16 discussions about blood loss because you were weighing  
17 the swabs?

18 A. Well, we would have been asked, you know, if the  
19 total -- if they couldn't see it clearly on the board.

20 Q. Yes.

21 A. There was sort of constant communication in some way,  
22 whether it was visual or verbal.

23 Q. And was this communication between whom?

24 A. Um ... Really all aspects of the staff, you know --

25 Q. In relation to the blood loss, who would have been

1 exchanging the communications? Were you communicating  
2 with the anaesthetists about blood loss?

3 A. Yes.

4 Q. Were you communicating with the surgeons about blood  
5 loss?

6 A. Well, anaesthetists would -- they would talk more to the  
7 surgeons.

8 Q. Okay. Thank you. Do you recall a blood sample being  
9 taken for blood gas analysis at about 9.30 during the  
10 surgery?

11 A. No, I don't.

12 Q. Would you ever be responsible for taking a sample out to  
13 the blood gas machine in intensive care?

14 A. No.

15 Q. Are you aware that those machines provide printouts of  
16 the results when the analysis has been carried out?

17 A. Yes.

18 Q. And what is normally done with the printouts,  
19 Mrs Mathewson?

20 A. Usually they write the name of the child. I think the  
21 dates are on it, but the name of the child would be  
22 written on as well, and then it would be stuck into the  
23 notes.

24 Q. When would it normally be stuck into the notes?

25 A. Well, usually at the time.

1 Q. By whom?

2 A. Anaesthetic staff.

3 Q. Thank you. Do you recall any conversation in theatre  
4 about the catheter, putting a catheter in?

5 A. No.

6 Q. Or measuring Adam's urine output?

7 A. No.

8 Q. If I could ask you about the surgery and the donor  
9 kidney. Were you aware of any discussions about the  
10 positioning of the kidney prior to it being placed?

11 A. No.

12 Q. Were you aware of any discussions about the anastomosis  
13 or removal of the clamps?

14 A. No.

15 Q. Can you recall any discussions about the perfusion of  
16 the grafted kidney?

17 A. No.

18 Q. Or its colour?

19 A. No.

20 Q. Or condition at all?

21 A. No, I can't recall.

22 Q. Or of any discussion about the production of urine by  
23 the donor kidney?

24 A. No, I've no recollection.

25 Q. Do you recall any discussion about concerns in relation

1 to the kidney during surgery?

2 A. No, I don't recall any.

3 Q. If I could refer to document 058-035-136. This is part  
4 of Adam's medical notes, and you'll see about five lines  
5 from the top there's an entry:

6 "Kidney. Looked bluish at the end of theatre."

7 A. Yes.

8 Q. Did you hear any talk of the kidney being bluish whilst  
9 you were in theatre?

10 A. No, I have no recollection.

11 Q. The transplant surgeon has given evidence that he left  
12 theatre at some point during the surgery. Do you recall  
13 when he left the theatre?

14 A. No, I don't.

15 THE CHAIRMAN: Do you recall the fact that he left?

16 A. Well, I remember -- well, he wasn't there when the  
17 surgery was over.

18 MS COMERTON: What do you mean by "when the surgery was  
19 over"?

20 A. Well, when the wound was closed up.

21 Q. Do you recall Mr Brown closing the wound?

22 A. Not -- I have no recollection. I know -- I believe  
23 he was there, yes.

24 Q. Okay. But you're aware that Mr Keane had gone by that  
25 stage?

1 A. I think so, yes.

2 Q. Did you hear any discussion between Mr Keane and  
3 Mr Brown about Mr Keane leaving?

4 A. No.

5 Q. And whenever the wound was being closed, did you come  
6 over to the operating table and assist the scrub nurse  
7 in doing the counts --

8 A. Yes.

9 Q. -- while the wound was being closed?

10 A. Yes.

11 Q. If we go back to the swab count document at 058-007-020.  
12 So if we look at the right-hand side towards the lower  
13 end of the page, there's 1, 2, 3, 4, in brackets.

14 A. Yes.

15 Q. Is that when you signed each of the counts?

16 A. Yes.

17 Q. Was the first count done at the time of the anastomosis?

18 A. I can't remember.

19 Q. What exactly did you do when those counts were being  
20 made? What was your role as runner?

21 A. Well, you checked every bit of instrumentation on the  
22 trolley and every swab that was used, every needle.  
23 Every item that was used, you counted and you had to  
24 account for everything.

25 Q. Okay. Did you have any view of the wound or the kidney

1 while you were over beside the table at that point?

2 A. Not really. You know, my job was to make sure there was  
3 no instrumentation lost or needles or anything. So ...  
4 That's what I was dealing with.

5 Q. Do you recall how many layers had to be closed when the  
6 wound was being closed?

7 A. There's three layers.

8 Q. And who closed those three layers?

9 A. The surgeons.

10 Q. You have told me that you recall Mr Keane leaving the  
11 theatre. How many surgeons were present while the wound  
12 was being closed?

13 A. Well, it's ... I'm not sure whether Mr Keane left  
14 before the final closure.

15 Q. You're not sure that he left before the final closure?

16 THE CHAIRMAN: I think the witness said she recalled  
17 Mr Keane not being there when the surgery was over, but  
18 you weren't sure exactly at what point he had left.  
19 Is that right?

20 A. That's right, yes.

21 THE CHAIRMAN: Okay.

22 MS COMERTON: Can you recall who carried out the wound  
23 closure?

24 A. I cannot recall personally, but I believe it was  
25 Mr Brown.

1 Q. Right. At the time of wound closure, once that has been  
2 done, what are your duties, Mrs Mathewson, as a runner?

3 A. Well, it was probably around lunchtime so we got  
4 everything cleared up, ready for the afternoon list.

5 Q. Once the wound had been closed, were you in theatre, did  
6 you remain in theatre?

7 A. I think so, yes.

8 Q. What do you recall happening while you were in theatre?

9 A. I remember Dr Taylor tried to reverse the anaesthesia  
10 with Adam and he failed to revive.

11 Q. Do you recall who was present at that time?

12 A. I was in theatre. I'm not sure what other nurses were  
13 present.

14 Q. Was there any other anaesthetist in theatre?

15 A. I'm not sure.

16 Q. Did anyone come in from another theatre to assist  
17 Dr Taylor?

18 A. It's possible. I'm not sure. I can't recall.

19 Q. Were there any other clinicians in theatre apart from  
20 Dr Taylor? Were the surgeons there?

21 A. I can't recall precisely, but they would maybe have been  
22 in the area, whether it was writing notes, you know,  
23 outside the theatre door or --

24 Q. What's your best recollection?

25 A. Well, I can't recall basically, and I don't want --

1 Q. I'm not asking you to speculate, I'm just asking you to  
2 give your best recollection. Was Dr O'Connor present?

3 A. I didn't see her, no.

4 Q. Or Professor Savage?

5 A. I didn't see him.

6 Q. Do you recall at what time Mr Brown left the theatre?

7 A. No, I don't.

8 Q. During the surgery, what level of communication was  
9 there in theatre?

10 A. Well, we worked as a team and everybody communicated in  
11 some way with each other.

12 Q. Were there discussions between the surgeons and the  
13 anaesthetist --

14 A. Yes, there --

15 Q. -- do you recall?

16 A. There would be generally, yes.

17 Q. But do you recall any in this case?

18 A. No, I don't. Personally, I don't recall them. But  
19 there would have been.

20 Q. Did you see Adam at the end of surgery when they were  
21 trying to revive him?

22 A. Yes.

23 Q. How did he appear to you?

24 A. All I remember is that he did not respond and apparently  
25 his pupils were fixed and dilated.



1 Q. Were you involved at all in transferring Adam to  
2 intensive care after theatre?

3 A. I'm not sure. I may have been, but I can't recall for  
4 definite.

5 Q. At the end of surgery, would the runner normally help  
6 bring the patient round to intensive care?

7 A. Sometimes, yes.

8 Q. Have you any recollection of what happened in intensive  
9 care?

10 A. No.

11 Q. After the surgery, did you have any discussion about  
12 Adam?

13 A. Well, I would have ... We probably would have just  
14 talked about just the dreadful happenings, you know.  
15 It's not a normal thing for a child not to waken up  
16 properly in theatre. So I'm sure we did talk about it.

17 Q. Did you go on and continue with your day's work on  
18 27 November?

19 A. Yes.

20 Q. Whether you finished in the afternoon or later on that  
21 evening?

22 A. I finished at tea time, as far as I remember.

23 Q. When did you first hear any other news about Adam?

24 A. Well, I was busy with another list that afternoon.  
25 I think it was plastics, plastic surgery or something.

1 Q. When did you first hear any news about how Adam was?

2 A. Well, I -- I knew that maybe it didn't look good when he  
3 failed to respond.

4 Q. Mm-hm.

5 A. But I was busy with another session that afternoon.

6 Q. I realise that. Do you recall hearing any more  
7 information about Adam later on that day?

8 A. No, I don't.

9 Q. Or the following day?

10 A. No, I don't.

11 Q. Would you have been working full-time at that point?

12 A. Yes, I think so.

13 THE CHAIRMAN: Can we take it that you must have heard  
14 something within the next day or two --

15 A. Well, yes, obviously I would have heard, yes.

16 THE CHAIRMAN: -- but you don't remember when or what it  
17 was?

18 A. No, I can't remember. I'm sure -- you know, we did, I'm  
19 sure, discuss it.

20 THE CHAIRMAN: Thank you.

21 MS COMERTON: I just wanted to check something with you  
22 about record keeping, Mrs Mathewson. Normally, would  
23 there have been a nursing operation care plan for  
24 a child coming in for surgery?

25 A. I think there was, yes.

1 Q. I have shown this document earlier. It's 057-026-043.  
2 I have to stress, this is not in relation to  
3 27 November, it was drawn from Adam's medical records  
4 from an earlier date.  
5 You'll see at the top of the page, Mrs Mathewson, it  
6 states:  
7 "Pre-surgery assessment of patient by theatre  
8 staff."  
9 Then on the right-hand side:  
10 "Patient's identification checklist."  
11 A. Yes.  
12 Q. Was this the typical nursing operation checklist before  
13 or when a child went into theatre?  
14 A. I think so. It has been revised, I think, since then --  
15 Q. Yes.  
16 A. -- greatly, but --  
17 Q. But as a theatre staff nurse, would you have been  
18 involved in completing this at times?  
19 A. Yes.  
20 Q. And do you know whether one was filled in in relation to  
21 Adam?  
22 A. I don't know. I would have thought it would have been  
23 in the notes.  
24 Q. Okay. Were you required to give a statement after  
25 Adam's death about his case?

1 A. No.

2 Q. Or were you involved in any review or audit in relation  
3 to his surgery?

4 A. No.

5 Q. And do you know whether there was an investigation at  
6 all within the hospital about Adam?

7 A. The first I heard was when the police contacted me to  
8 come to my house to fill out a statement in 2006.

9 Q. Yes.

10 A. I wasn't aware of anything because I left nursing and  
11 really wasn't in contact with any of my former  
12 colleagues.

13 Q. You left nursing in 1996; isn't that right?

14 A. Yes.

15 Q. Can you say why?

16 A. Personal reasons. Both my parents --

17 Q. Was it related in any way to --

18 A. No.

19 Q. -- your experience with Adam?

20 A. No.

21 MS COMERTON: No further questions.

22 THE CHAIRMAN: Thank you.

23 Mr McBrien, Mr Hunter?

24 MR McBRIEN: I think I may well have, sir. Could I have  
25 a few moments to consider?

1 THE CHAIRMAN: Okay. Can I say 2.45?

2 MR McBRIEN: I'm obliged, sir.

3 (2.35 pm)

4 (A short break)

5 (2.45 pm)

6 THE CHAIRMAN: Mr McBrien?

7 Questions from MR McBRIEN

8 MR McBRIEN: Very few, short questions, sir.

9 First of all, if we could have the blood loss  
10 document up again. It's 058-007-021. Looking at it,  
11 Mrs Mathewson, could you confirm the handwriting at the  
12 top, "27.11.95", we notice there's a crossed 7 there,  
13 and the 7s down below, which you've identified as being  
14 your own handwriting, is that your handwriting dating  
15 the document at the top?

16 A. No.

17 Q. And the 7.6 with the crossed 7 in the first line, that's  
18 not your handwriting either?

19 A. No.

20 Q. Do you have any idea whose handwriting it might be?

21 A. I'm sorry, I don't.

22 Q. Going down about six entries to the 67, I appreciate  
23 that's not your handwriting, but can you assist the  
24 inquiry in perhaps giving, from your experience as  
25 a nurse in theatre, what that might signify, the fact

1           that the figures are almost single digit or low double  
2           digits before and after the 67, and it jumps up to 67 at  
3           that point, what might have been happening in theatre  
4           with Adam at that point in time?

5    A.   It looks like there's a bit of a bleed there.

6    Q.   Have you any idea as to when that might have occurred?

7    A.   Well, it looks as if it was very, very early on in  
8           surgery.  I'm not sure.

9    Q.   Nobody mentioned anything to you when you took over the  
10           recording?

11   A.   No.

12   THE CHAIRMAN:  Sorry, just to be careful: no, I don't  
13           remember anybody mentioning anything or no, nobody did  
14           mention anything?

15   A.   No, I don't remember anybody mentioning anything.

16   THE CHAIRMAN:  Okay.  You said that was a bit of a bleed.  
17           Is that a particularly worrying or concerning point?

18   A.   Well, it seemed to settle down, subsequent figures.

19   THE CHAIRMAN:  So if there had been a bit of a bleed and  
20           then it settled down again, would you necessarily have  
21           expected somebody to mention that to you if you then  
22           took over?

23   A.   Um ...  Possibly, yes.

24   THE CHAIRMAN:  Thank you.

25   MR McBRIEN:  As regards Adam's physical appearance, can you

1 confirm there were no drapes over his face during the  
2 operation?

3 A. Um ... Well, the face probably would have been exposed  
4 and the drapes would have been sort of at his neck, but  
5 sort of ... The anaesthetist would have been at the top  
6 of the table and the head would have been exposed, and  
7 then the drapes would have been up sort of shoulders,  
8 but up.

9 Q. So it'd be possible to examine his eyes at all times?

10 A. Yes, I think so, yes.

11 Q. At what point did you notice that he had become puffy?

12 A. I didn't notice he was puffy.

13 MR McBRIEN: Thank you.

14 THE CHAIRMAN: Thank you. Are there any more questions from  
15 other counsel? Mr McAlinden, for the trust?

16 MR McALINDEN: Sir, I have no questions.

17 THE CHAIRMAN: Thank you.

18 Mrs Mathewson, thank you very much for your time.

19 Thank you for coming. You're free to leave.

20 (The witness withdrew)

21 Housekeeping

22 THE CHAIRMAN: Okay. I need to cover some organisational  
23 issues now. We gave you out a schedule on Friday for  
24 this week's witnesses and, as you will have seen, we've  
25 got through today's three nursing witnesses. Tomorrow

1 morning we'll start with Mr Stephen Brown, and tomorrow  
2 afternoon Dr Montague will give evidence.

3 Mr Koffman, who we had on the schedule for Tuesday  
4 and into Wednesday will not now be coming at this point.  
5 He has asked for some more time to see documents and to  
6 consider the transcript of last week's evidence given by  
7 Mr Keane. The effect of that is we'll be able to start  
8 with Dr Haynes on Wednesday morning and Dr Haynes, if  
9 needs be, will run into Thursday morning.

10 Messrs Forsythe and Rigg will be available from  
11 Thursday morning and they can give evidence to close of  
12 business on Friday. But I should say that we're also  
13 going now to interpose on Thursday afternoon, by video  
14 link, Professor Risdon, who you may remember was the  
15 paediatric pathologist who has given reports, which  
16 you'll find in the witness statements, I think, at  
17 tab 98. Yes. He'll give evidence of those by video  
18 link. I don't expect he will take -- the video link is  
19 from 2 o'clock on Thursday afternoon, we don't expect  
20 that he will take all of Thursday afternoon, so despite  
21 the fact that we need to interpose him, the immediate  
22 target this week is to get through Messrs Brown and  
23 Montague tomorrow and then Haynes, Forsythe and Rigg on  
24 Wednesday, Thursday and Friday.

25 Now, next week there's a Bank Holiday on the Monday



1 and then we are scheduled to sit Tuesday to Friday to  
2 finish off the clinical evidence. As you must have  
3 realised by now, maybe even ahead of me, we're not going  
4 to get that done. So we're not going to be able to  
5 finish the clinical evidence in Adam's case within this  
6 four-week slot.

7 Connected to that, I have to say that I have  
8 received, over the last couple of days, the advice from  
9 the inquiry's expert advisers and now I understand I'm  
10 about to receive advice from the peer reviewers to the  
11 same effect. That is that we should get the reports of  
12 Professor Kirkham peer reviewed by another neurologist.  
13 That is because of the extent of the differences between  
14 her expert views and those of the other experts.

15 You'll remember that it was not the intention at the  
16 Newcastle meetings that the experts would be required to  
17 agree with each other. That would be entirely wrong,  
18 and they weren't required to agree with each other, but  
19 the expert advisers and the peer reviewers are concerned  
20 about the extent of the differences. I will circulate  
21 their advice to me to have Professor Kirkham peer  
22 reviewed. I should be able to circulate that advice to  
23 you tomorrow.

24 Now, the result of that is that when Messrs Haynes,  
25 Forsythe and Rigg give evidence this week, despite the

1 fact that you know their views about Professor Kirkham,  
2 they will -- sorry, not their views about  
3 Professor Kirkham, their views about Professor Kirkham's  
4 position and here evidence, the questioning of them at  
5 this stage will be restricted to, if I might call it,  
6 the pre-Kirkham position, and we will then see in, light  
7 of the peer review, whether it's necessary at any later  
8 stage to bring any of them back to give evidence.  
9 I will hope not to have to do so because you do have  
10 their views clearly from the meetings, but that will  
11 have to be considered at a later stage.

12 I should also tell you, just in terms of one other  
13 witness, Mrs Slavin has told us that she does not wish  
14 to give evidence, certainly during this stage of the  
15 inquiry, during the clinical investigation into Adam's  
16 death. In light of that, I can't immediately tell you  
17 any more this afternoon.

18 We will continue this week on the basis I've  
19 outlined. We are trying to arrange and re-arrange  
20 witnesses for next week, when we will sit from Tuesday  
21 to Friday. I will discuss with you tomorrow or  
22 Wednesday, if that's more suitable, on what dates the  
23 clinical hearings in Adam's case might continue. It  
24 seems to me that we're likely to have a two-week  
25 overrun. I can't see it being less than that when

1 we have all of the people like -- well, there's  
2 Dr Armour, who we were going to put back towards  
3 governance, but we might run the end of clinical into  
4 governance, but there will be issues about the dates on  
5 which we can do that.

6 So if I could ask you -- and I think inevitably this  
7 means that we're going to potentially have an effect on  
8 the hearing of Claire in June. I will try and be more  
9 specific with you tomorrow, but that is the way that the  
10 overrun has taken us and the position of the peer  
11 reviewers and the advisers has taken us.

12 Could I also say at this stage, I haven't made this  
13 clear before. You know that we have three peer  
14 reviewers, Dr Bohn, Miss McKinney in Australia, and  
15 Dr Arieff. To our regret, Dr Arieff has not been able  
16 to engage with the inquiry for the last couple of years.  
17 We've repeatedly sent him information and from time to  
18 time he has made contact and said that he has various  
19 issues which have made it impossible for him to come  
20 back to us. But the net effect of it is that we're  
21 actually down to two peer reviewers, Dr Bohn and  
22 Miss McKinney, and that's particularly unfortunate in  
23 view of the Professor Kirkham development, but I'm  
24 afraid there's simply nothing we can do about it. If  
25 we have a reviewer who, for whatever reason, cannot

1 continue to engage, I can't force him to do it,  
2 especially when he's in California.

3 So can we leave it like this until tomorrow morning?  
4 I understand that Mr Millar was kind enough to volunteer  
5 that a straw poll of legal representatives had indicated  
6 that you were quite happy to start at 10 o'clock rather  
7 than earlier. I'll bear that in mind, but for tomorrow,  
8 which I anticipate being a rather heavy day to get  
9 through Mr Brown and Dr Montague, I'd like to start  
10 again at 9.45. That gives us three hours until  
11 lunchtime.

12 MR MILLAR: For those of us with domestic responsibilities  
13 in the morning, starting earlier is a lot more  
14 inconvenient than running a little bit later.

15 THE CHAIRMAN: I understand entirely, Mr Millar. It's very  
16 easy for me, my kids are gone, and it's a lot easier for  
17 me than it is for some of you. We will be reverting, as  
18 soon as we can, to the idea of sitting four days a week  
19 instead of five, because running five days a week causes  
20 all sorts of problems internally for the inquiry. It  
21 may also cause problems for you in terms of getting  
22 other work done or keeping in contact with your other  
23 commitments. But for tomorrow morning, we'll start at  
24 9.45 with Mr Brown and Dr Montague, who's now based in  
25 the Republic of Ireland, and is coming up also tomorrow

1 to give evidence. Mr Fortune?

2 MR FORTUNE: I'm the person who's had his arm twisted by  
3 Mr Millar because I have no domestic responsibilities  
4 staying in a hotel.

5 More importantly, sir, you scheduled a break during  
6 the week beginning 14 May.

7 THE CHAIRMAN: Yes.

8 MR FORTUNE: And it will come as no surprise to you that my  
9 clerks are asking about that break. Is it realistic  
10 that we are going to have that week off as a break with  
11 the next two weeks? Because at some stage I'm going to  
12 have to tell them it's yes --

13 THE CHAIRMAN: Or no answer. Let me spell out what we're  
14 looking at in reality at the moment is -- I'm not sure  
15 that you're involved yet at all or yet in Claire's case,  
16 but we were scheduled to have a one-week break after  
17 Adam clinical, and then a one-week break after Adam  
18 governance, and then go into four weeks of Claire. If  
19 we have a two-week overrun in Adam clinical and then we  
20 go into Adam governance for two weeks, it makes it very  
21 difficult to get into Claire's case before the summer,  
22 and that's what we're looking at, the various options at  
23 the moment.

24 What that takes us into, Mr Fortune, is if we're  
25 going to overrun for two weeks in Adam clinical, when do

1 we do those two weeks? And that partly depends -- you  
2 can take it from me I will try to accommodate people as  
3 much as I can, but when I'm bringing over consultants of  
4 various expertise from England and elsewhere, they're  
5 the people who I primarily have to accommodate and I'm  
6 trying to find out from them when they can best fit into  
7 a revised timetable.

8 The Kirkham limb, if we talk about the Kirkham week,  
9 which will be her and Dr Anslow and Dr Squier and people  
10 like that, that almost certainly will not now start  
11 in May because if Professor Kirkham's going to be peer  
12 reviewed, it's going to take a few weeks to do that.

13 One of the ideas I have is to continue Adam clinical  
14 and do a fifth week, which is the week beginning the  
15 14th that you're wondering about, and then taking  
16 a break and then picking up again. We'll discuss that  
17 tomorrow, but I think tomorrow we'll have to work out  
18 some dates so that you know and your clerks know what  
19 your commitments are and everybody else in this chamber  
20 knows what their commitments are.

21 I understand the urgency of it, and I will do  
22 everything I can for the rest of this afternoon and  
23 overnight to put forward a proposal tomorrow about  
24 specific hearing weeks.

25 MR FORTUNE: I'm very grateful for that, sir, and subject to

1           being beaten up again by my learned friend Mr Millar,  
2           I have nothing to say about a 10 o'clock start or a 9.45  
3           start.

4   THE CHAIRMAN: I know that it is causing some people some  
5           difficulties, and you'll appreciate why. I think that  
6           tomorrow I'd like to start just a bit earlier. You can  
7           get a lot done in the morning if you get off to a quick  
8           start, and I'd like to do that tomorrow, particularly  
9           because Mr Brown waited very patiently for a long time  
10          to give his evidence and I'm very anxious to make sure  
11          that not only do we do him but when Dr Montague is  
12          coming from outside this jurisdiction to give evidence,  
13          then we can also get him done.

14   MR FORTUNE: Yes, and in fact my learned friend Miss Woods  
15          is flying in to represent Mr Brown tomorrow morning.

16   THE CHAIRMAN: Exactly, yes. Thank you very much,  
17          everybody.

18   (3.05 pm)

19          (The hearing adjourned until 9.45 am the following day)

20

21

22

23

24

25

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

I N D E X

MS PATRICIA CONWAY (called) .....1  
    Questions from MS COMERTON .....1  
    Questions from THE CHAIRMAN .....48  
MS GILLIAN POPPLESTONE (called) .....50  
    Questions from MS COMERTON .....50  
    Questions from MR HUNTER .....96  
    Further questions from MS COMERTON .....99  
MS MARGARET MATHEWSON (called) .....102  
    Questions from MS COMERTON .....102  
    Questions from MR McBRIEN .....141  
Housekeeping .....143



