Thursday, 13 December 2012

(9.30 am)

THE CHAIRMAN: Good morning. Mr Stewart?

MR STEWART: I call Professor Nichola Rooney, please.

PROFESSOR NICHOLA ROONEY (called)

Questions from MR STEWART

MR STEWART: Good morning, professor.

A. Good morning.

Q. You have provided us with a witness statement, which is numbered WS177/1. Are you content that it should be accepted into evidence by the inquiry as your formal evidence?

A. Yes.

Q. You have also been good enough to supply us with a copy of your CV, which appears at 311-014-001. This should appear before you. Reading through your employment history, the third item down, 1993 to 1999, you served as a consultant clinical psychologist at the Royal Hospital and as deputy manager of clinical psychology. That was during the period that Claire Roberts was admitted to the hospital.

And following on from that, from 1999 to 2008, you acted as the clinical psychology services manager, which was the time when Mr and Mrs Roberts first contacted the Royal after the UTV programme.

You have had in the past, turning the page to 002, additional roles and responsibilities. You've been involved on a national level as a member of the executive of the British Psychological Society, division of clinical psychology. And this committee has had responsibility for the development and monitoring of professional practice and practices.

At regional level, you searched as specialty adviser to the Chief Medical Officer of the department and, turning the page to 003, you have served as a member and past chair of the Royal Hospital's clinical ethics committee and as a directorate audit coordinator. So would it be fair to say you have a broad range of experience in clinical governance matters?

A. Yes.

Q. In addition, I see from your teaching experience, the third item down, that you offer training to others on the medical consultants regional induction programme on communication skills and, in particular, the breaking of bad news and successful teamworking. Is that a particular interest and specialty of yours?

A. Well, I'm a psychologist, that would be something that we would be involved in, teaching communication skills, but I had a particular interest in working with consultants, yes.

Q. You have also supplied us with a copy of your job description. That appears at 302-156-002. At the bottom of the page, it's noted that, at the request of the chief executive, you were to provide psychological assessment and intervention to those patients or relatives attending the Trust whose care has led to dissatisfaction and/or increased psychological distress. Can you describe what that means?

A. Yes. That was something that developed over the years. That wouldn't have been in my initial job description, but was in a revised one, and that was largely because, over the course of the years of my working in the Trust, there had been occasions where there were services occurring that people were dissatisfied with and the chief executive at the time had requested psychology would get involved to support the relatives or families who were complaining.

An example of that would have been, before this occasion, the human organs retention inquiry, where there were large numbers of people involved and an incident where there was a recall of people who had undergone endoscopies. Psychology would have been involved to help anyone who feared that they had been infected by an endoscopy. It was those kinds of events that psychology then would have been involved with in on

a one-to-one basis offering support -- not just me, but my team -- and also providing helplines to the public.

Q. So the idea was that you should assist the public as opposed to, in any sense, assess them as a spy?

A. No, clinical assessment would be if someone came along who was psychologically distressed. There would have been people who would have wanted to have psychological assessment and support and a referral to clinical psychology, for example, and we would have carried that out. But "assessment" is a terminology that we would use if we were to carry out a clinical assessment.

THE CHAIRMAN: Was that Mr McKee's initiative to start that?

A. Yes, it was Mr McKee. Also, it would have been Dr Ian Carson.

THE CHAIRMAN: Right.

MR STEWART: Indeed, it reappears on page 004 in the clinical section at the fourth bullet point down:

"To advise the chief executive on matters relating to the psychological needs of patients or relatives highly distressed or adversely affected by the care provided by the Trust."

And:

"To provide psychological services to patients or relatives highly distressed or adversely affected by the care provided by the Trust."

Would you have been deployed for those purposes in a complaint situation?

A. Yes, I could have been. On occasions, I might have been asked to attend a meeting that the medical director was having with a family who were complaining and they would have asked me just to go along to that to be there to support the parents. On occasions, I would have been asked to meet them beforehand as well.

Q. Would you have done that on occasion before you met with Mr and Mrs Roberts?

A. Yes.

THE CHAIRMAN: I'm sorry, I just want to get this clear. In that situation, are you part of the complaint investigation?

A. No.

THE CHAIRMAN: You're not?

A. No.

THE CHAIRMAN: You're there to provide some level of support for the people who are making the complaint, but you are not investigating the complaint.

A. No.

MR STEWART: Were you aware of the complaints procedure?

A. Yes.

Q. And would you have been aware of this document --

A. Yes.

Q. -- "Listening, acting, improving"?

A. Yes.

Q. Further on down, in this particular list of clinical responsibilities, the penultimate one:

"To undertake medico-legal assessments and reports on behalf of the Trust."

What sort of work did that entail?

A. Within the Trust we had a system whereby -- it was really income generating -- that if the solicitors go right to the Trust, the Trust would ask psychologists to perform an assessment -- say of a child after a road traffic accident -- or if a patient who we were working with was involved in a case, we might have been asked to provide reports. And the money for that went into a training fund in the Trust.

Q. That's one benefit of personal injury litigation. Did you do that often?

A. Relatively frequently, not particularly often. The psychologists in the department would have done it. I would have undertaken a few, yes.

Q. When you were preparing a report for such a medico-legal case, presumably you'd have had access to the medical notes and records of your client.

A. Yes.

Q. And you'd have had to analyse those and factor them into

your opinion.

A. Well, usually the only thing that psychologists would attend to would be aspects of the psychological concerns, not the physical concerns. So we would have access, we would know that the reports were there, but we wouldn't be trained to understand the medical aspects of them. But we would be aware of them.

Q. But you wouldn't ignore, for example, physical ill health in terms of a psychological assessment, would you?

A. No, what we would try and do is use information to place it in a context, so if someone had been ill for a very long time before an injury, we would know that the injury might have exacerbated something rather than being the first attempt, but other than that we wouldn't have commented on, obviously, the nature of their illness.

Q. But you would have read and be used to reading such collections of medical notes?

A. Yes.

Q. Moving on down to your responsibilities under the heading "Administrative":

"To manage the departmental patient databases."

This was in the psychology department?

A. Yes.

Q. Were the databases there held within the PAS system?

A. No.

Q. They were an internal departmental system?

A. Yes. We developed our own because there was no system particularly for us, so we paid an external body to come and develop a database for our purposes, and that was kept totally separate. We had no way to access PAS.

Q. Given your knowledge of databases, did you at any stage attempt to access or retrieve the clinical coding database in respect of Claire Roberts?

A. No, I don't know anything about the PAS system, I'm afraid.

Q. Can I ask you now about how you came to become involved with Mr and Mrs Roberts? When was the first time, to your recollection, that you remember you were contacted in relation to this case?

A. My recollection is that on the Friday morning that I phoned Mr and Mrs Roberts, I was contacted by Dympna Curley from corporate affairs or the communications department, and she told me that a family had contacted the Trust following a programme that had been shown the night before, and they were a bereaved family. She said would I mind contacting them and taking their concerns forward.

Q. Had you been forewarned that there might be a response

to this programme and to hold yourself in readiness?
A. I have no recollection of that. Usually if there was a response to be made, there would have been pre-meetings, there might have been a helpline, there would have been staff and I would have watched the programme. So I have no recollection of being informed beforehand, I'm afraid.
Q. Mr Roberts has made a statement at WS253/1, page 17, and you see the very bottom paragraph on the page he is asked who he contacted in the hospital after seeing the programme, when he did so, and for what purpose and what was said. He said he contacted the press office in the Royal on Friday 22 October:
"I spoke to a lady called Dympna who stated that the Royal were expecting calls following the Insight programme and she advised me that she would arrange a meeting with Dr Nichola Rooney, clinical psychologist."
That reads as though Dympna had the name or had you on hand to speak with anyone who might contact the hospital.
A. I think Dympna would have called me frequently about a number of people. Whether or not there was a programme, if someone had contacted her who was distressed and it was a bereaved parent, I think she would have contacted me as a matter of course.

Q. Do you happen to know were other contacts made, did other families contact the Royal that morning after the programme was shown?
A. I have no idea. I imagine not because I presume she may have asked me to meet with them as well, but I have no information on that.
Q. What did you do then?
A. I rang the Roberts family and arranged -- rang them that afternoon. I was very aware it was a Friday and they might be distressed after watching the television programme. I didn't want them to have to wait over the weekend. I arranged to meet them on a Monday. I was actually on leave, but I arranged to meet them on the Monday so they wouldn't have to wait too long if they were highly distressed and I met them on the Monday following the Friday.
Q. And I think you took a note of that meeting, which appears at WS177/1, page 14.
A. Yes.
Q. You also kindly -- and I'm very grateful -- provided a typed translation of your handwriting. I'm glad you can read your handwriting.
A. Yes.
Q. Can we read down through your note? This was a note that was taken during or after the meeting.

A. This was during the meeting. I'm sure you can appreciate it's quite difficult to engage with a family who are distressed or bereaved and pay attention and take notes, so the notes probably aren't ideal, but they were taken during the meeting.
Q. Yes. Allow me to read it if I can:
"UTV. The Issue in March 2004. Similar to Insight. Claire died 8 years ago. Identical case to TV."
Is that "cruel replace"?
A. "Could replace." I think I know how that sentence finishes because it's followed later on that -- I think it probably was that they could have replaced the families in the TV programme.
MR McALINDEN: Mr Chairman, perhaps it might be helpful if the typed version could be place side by side with the handwritten version.
THE CHAIRMAN: Page 92 if you can, please.
MR STEWART: I'm very grateful for that, I didn't have a number for that. In fact, let's work with the typed version, unless there are any differences.
Claire came into hospital, you noted from them, on 21 October 1996:
"Symptoms: learning difficulties, had been sick in house, running a temperature. Parents concerned about a possibility or query of meningitis. GP came out.

Admitted Claire late Monday evening. Sickness had stopped more or less. Sick a couple of times in the hospital. Examined and admitted via A&E. Thought it was a bug/gastro-enteritis. Unusual for Claire to be sick. Tuesday in Allen Ward. Staff very good. On a drip. Dr Steen was consultant. Dr Hicks. On Tuesday afternoon grandparents stayed. Staff said may be fitting internally."
THE CHAIRMAN: Can we pause there? Professor, do you recall what the reference to Dr Hicks was?
A. No. I'm thinking that perhaps the parents didn't remember the name of the consultant and I would have only known Dr Hicks as the consultant, I didn't know Dr Webb. I possibly suggested the name Dr Hicks to the family. I'm not saying they made that mistake.
THE CHAIRMAN: Thank you.
MR STEWART: Page 93:
"On antibiotics for possible infection. Was very lethargic. Left her on Tuesday night after changeover. Thought this would be her worst day. Should have improved by Wednesday, hopeful. Got phone call, Wednesday 3.30 am, Claire having breathing difficulties. Taken to PICU. Totally unexpected. Mother had been shopping for toiletries for her. Spent all night in PICU. On a ventilator when they arrived. Talked to

Doctors Hicks and Steen. Told them not good news. Cerebral oedema caused by infection. Brainstem death. In afternoon, family and friends came up. Life support ended at 6 pm. Consent for post-mortem. Hospital post-mortem. Got result from post-mortem. No definitive answer. Fluid caused the death. What caused the fluid??"

And moving on to page 94:

"Got a lovely letter from Dr Steen. Not meningitis, but gave a contact number. Always had niggled him. Dad had looked up information. Relatively healthy 9 year-old with tummy upset, within 36 hours we lost her. Summary/letter of post-mortem as normal. Other issue. Visited a lot. Always nurses. Didn't see doctors. Don't remember speaking to a doctor. Possibly just a registrar. No ward round. Missed it. Why the sudden change? Was the condition misdiagnosed? Within 6 hours, why the sudden deterioration?"

The next page. Here you set out a family relationship diagram with Jennifer and Alan and three children, with Claire being the only daughter, and presumably the youngest, on the right-hand side. She would have been 18:

"Concerned re son's approach and coping. He had also seen programme. Feel they could have been the

couple involved. 1, query deterioration, query misdiagnosed. 2, role of fluid management in her deterioration. Action: I will order medical notes. Discuss with M McBride and H Steen. Do PT journey [that's patient journey]. Query fluid management. Will liaise with Mr and Mrs Roberts."

That is the entirety of your note from that meeting on the 25th October.

A. Yes.

Q. So it's pretty clear that Mr and Mrs Roberts had a number of quite specific questions. They wanted to know why the sudden deterioration, was there a misdiagnosis, they wanted to know what caused the swelling of the brain and they wanted to know what the role of fluid management was in her condition and death.

A. Yes.

Q. So was it unusual for you to receive quite well articulated questions for answer?

A. I think there were a few things that struck me about my meeting with Mr and Mrs Roberts. It wouldn't have been unusual for me to have been approached by bereaved parents either through the Trust or themselves directly because I ran a service every year that 500 relatives came to of bereaved parents. And on occasions, people would have come up to me and said, "Look, we've had this

concern", and it might have been -- I would have met with them and discussed it. There might have been lack of information, they hadn't understood what had happened, they had forgotten over the course of time. And I would have, either on the basis of what they said -- sometimes meeting me was enough because they wanted to air their own grief and difficulties coping. Sometimes they needed information from medics and I would have set that up.

And in practically, I think, every occasion, getting the information from the medics was enough to allay any concerns and you were usually going through the patient story and reiterating maybe the cause of death or explaining the post-mortem report. I have to say that I honestly expected that this would be the same type of thing, that this would be a family who would come, who had been distressed by a programme, but it had perhaps touched on their grief and it would have been something that would have been relatively easily resolved.

As I took the history from Mr and Mrs Roberts, I suppose the alarm bells rang for me when they said that they'd left the hospital because it was clear to me that they were extremely caring and dedicated parents who were very involved with their child and knew her condition very well. And whenever they said that they

had left and then she deteriorated, I thought that was not in keeping with what parents would have done. In my mind, I remember thinking: I hope that there's an explanation given to these parents that something catastrophic happened that couldn't have been foreseen so they don't feel that they left the child when she needed them. That is what struck me as being different to some of the other stories that I heard.

So I wasn't surprised that they were articulate. They had lived this and they had carried this for a number of years before they had met me. They clearly had had concerns, it had clearly been going round their heads, and as soon as they saw the programme on television, they could see the similarities. So at that point, I kind of had the feeling that this might not be the typical story that I would have heard before.

Q. Did you sense it might be more serious and more complex?

A. I realised that Claire was quite a complex child and I knew that if these parents hadn't picked up that there was something seriously wrong with her, there was clearly a complex opinion, but I didn't understand, I have to say. I think I had to Google hyponatraemia, I didn't understand anything about that. I must say I still don't feel I understand it particularly well. But I was very concerned that this was a complex picture

emerging.
Q. So what did you see your role as in terms of dealing with their questions?
A. My role was really to inform Dr McBride that I'd met with them and to do what I had said I would do, get the notes, get the patient journey done and get their questions answered. So it was important for me to get people on board, the medical staff on board, to answer their questions.
Q. You have described in your witness statement precisely what you thought your role was at WS177/1, page 5. At paragraph 13:
"What was your role in this meeting? My role was to help Mr and Mrs Roberts gain the information they required regarding their daughter's care."
A. Yes.
Q. So you saw yourself as acting on their behalf to get them the information they needed, did you?
A. Yes.
Q. As opposed to acting on behalf of the Trust to give the information they wanted to give?
A. Oh, absolutely not.
Q. Having met then with them and having set yourself an action plan, did you then meet with Dr Steen?
A. Yes. I don't have a clear recollection of this, but

from my notes, it appears on 1 November I made a note of the meeting with her. We were in the same building, so whether or not I'd seen her before, I can't be sure, but there is a minute to say that I met her then.
Q. Yes, and it appears at page 96. WS177/1, page 96. It's at the top, dated 1 November in the top right-hand corner, "21 October".
Where did you meet with Dr Steen?
A. I think it was her office, but I'm not 100 per cent sure.
Q. So you went and found her?
A. Yes.
Q. Did you take this note at the time or later?
A. I'm not sure. I think, it looks as if I was taking it at the time and jotting down words. I can't really remember.
Q. At that stage, did you have or did Dr Steen have the medical chart?
A. I can't remember.
Q. Because we're now 8 years or so after Claire's death. 21 October:
"Contact with sick cousin. Sick, query seizure. Admitted? Dr Steen agreed to do outpatient journey."
Does that mean Dr Steen agreed to do out a patient journey or to do an outpatient journey?

A. I think it was do outpatient journey.
Q. "Clear that Claire very sick. Query sodium level."
Then I think you must have done this later because you have put:
"Discussed with Dr McBride and agreed to give file to Professor Young."
So it looks as though Dr Steen has got a number of details there, they may not be necessarily correct, but clearly details which relate to Claire, which might suggest she had the notes and records with her.
A. I think she probably did, but I can't be sure.
THE CHAIRMAN: Can I presume, professor, before you met Dr Steen you had contacted her to say, "Can I talk to you about Claire?", and you'd have expected she would have looked back because she might not remember Claire's case from 8 years earlier?
A. Yes. I'm not sure if she would have heard from me the first time. I imagine Michael McBride actually contacted her.
MR STEWART: So almost a week has passed since your meeting with Mr and Mrs Roberts, so there has been plenty of time for somebody to retrieve the medical chart.
A. Yes. The medical chart would have been retrieved. I don't know if it would have been on site or had to come from elsewhere and given to Dr Steen, I imagine.

Q. "Discussed with Dr McBride."
Discussed what, where?
A. I'm not sure. I'm not sure if she was telling me she had discussed the case with Dr McBride and agreed it or ... I don't know what that means, I'm afraid.
Q. "Agreed to give file to Professor Young."
Who asked you to give the file to Professor Young?
A. I'm not sure that I'm not reporting that Dr Steen has agreed to give the file to Dr Young.
Q. Do you remember this at all or are you simply interpreting?
A. I'm just interpreting the notes, I'm sorry.
Q. If I could refer you to --
MR FORTUNE: In looking at the note in respect of 21 October, where does the note in relation to the meeting with Dr Steen actually end? Is it at the end of the line that says, "Query sodium level", and then Professor Rooney has a further meeting or a discussion with Dr McBride on the same day, in which there is a discussion about the involvement of Professor Young? How does the note work?
THE CHAIRMAN: Can you help on that, professor? Maybe if we bring up the original. Take down page 5 and bring up page 18, which is the original note.
A. I don't know. I just see that the pen -- it seemed to

follow on with that pen and the next bit is a different pen, which would suggest it was done at the same time, but it may have been a different note.

THE CHAIRMAN: It looks rather as if your pen ran out after three lines, doesn't it?

A. I know.

THE CHAIRMAN: Okay.

MR STEWART: Did you take a note of your discussions with Dr McBride?

A. On the 16th?

Q. It looks like the 1st, 1 November. You have:

"Query sodium level. Discussed with Dr McBride."

Did you make a note of that discussion?

A. I don't have the note of that discussion.

Q. Did you make one?

A. No. Not that I'm aware of.

Q. Did Dr Steen subsequently do out the patient journey?

A. I believe so. I think that's what she presented at the meeting.

Q. Is that the document which you have exhibited to your witness statement at WS177/1, page 34?

A. I'm actually not sure where that came from. It's not mine and it looks like a patient journey, I'm presuming it's Dr Steen's. I think -- and again this is just by recollection and it may be wrong -- that after the

meeting my secretary asked could she have access to that to get the spellings right for her minutes. So that's why it was in the file, but I don't recall actually seeing that.

Q. Did anyone else do a review of the case notes to allow a patient journey to be prepared?

A. I have no idea who else reviewed the case notes other than I know that Professor Young was involved. But I'm not sure.

Q. Because we've assumed that that was Dr Steen's.

MR FORTUNE: Sir, does the term "outpatient journey" mean anything other than a chronology? Is there anything else that we or, in particular, you should understand by that term, sir? Because what we have at page 34 and onwards seems to be a chronology of events. If I've missed something, hopefully someone will correct me.

THE CHAIRMAN: Is there a special meaning to the term "patient journey"?

A. No, it was just charting what happened to her, really.

THE CHAIRMAN: As in a chronology?

A. Yes.

MR FORTUNE: Thank you, sir.

THE CHAIRMAN: It might be that your client can help us, Mr Fortune.

MR FORTUNE: Yes. I'm sorry to interrupt but, as you'll see

from behind me, Dr Steen is not here today.

THE CHAIRMAN: Yes, thank you.

MR STEWART: Could we go, please, to WS177/1, page 55?

MR QUINN: Just before we leave that point, we've noted that last entry:

"Approximately 12.45, Dr Webb, history from grandmother."

We're somewhat confused about where that comes from because it's clear from the notes that Dr Webb notes that meeting at 4 pm, although we now know it is probably 2 pm. But 12.45 is another time that we certainly haven't had in any note.

MR STEWART: On analysis of this document, there are a number of inaccuracies and inconsistencies arising.

THE CHAIRMAN: I think, Mr Quinn, those are almost certainly going to have to be questions for Dr Steen. If this is Dr Steen's document. I'm not sure Professor Rooney can help on this point.

MR QUINN: I understand. I just wanted to raise the point.

MR STEWART: WS177/1, page 54, please. The lower half of this page is a message from Dr McBride to Heather Steen of 2 November. In the second paragraph he writes:

"I met with Nicky and Dympna yesterday afternoon re the enquiry from parents in relation to the death of their daughter in 1996. From the brief description of

the case that I received, there would appear to be a causal element for SIADH with the presence of a low-grade meningoencephalitis at post-mortem. Whether or not fluid and electrolyte balance was a contributory factor would need to be established."

So he's referring there, on 2 November, to a meeting he had on a 1st with you and Dympna Curley.

Dympna Curley held what position in the Royal?

A. She was the head of corporate affairs, communications. She was the person who rang me in the first instance.

Q. Do you recall meeting with Dr McBride and Ms Curley?

A. I don't recall that. In fact, I wasn't copied into that e-mail.

Q. No.

A. It's actually on the bottom of another e-mail that was sent so I only remember that -- I haven't even remembered it, I just noted that it had been sent to me for information.

THE CHAIRMAN: Two weeks later.

A. Yes.

MR STEWART: He describes receiving a description of the case and a number of relevant issues are raised. Do you know where that information could have come from?

A. No idea.

Q. You didn't give it to him. Would Dympna have been in

possession of that information?
A. No.
Q. Were the medical notes and records present at any time you met with Dr McBride?
A. I can't remember that, but he may well have accessed the medical records.
Q. Later on that day, you telephoned Mr Roberts, according to his statement to the inquiry at WS253/1, page 18. At (c), about seven lines down:
"Dr Rooney contacted me by telephone on Monday 1 November 2004 to say that Claire's notes had been passed on to medical staff for review. She informed me that Dr Steen, Dr Webb, Dr Hicks and Dr Sands would carry out the review and a meeting would be arranged in two to three weeks time."
Do you remember that phone call?
A. I don't remember the phone call. I'm sure I made it. I've a slight problem with that in relation to Dr Sands in particular because I didn't know Dr Sands was going to be involved in this. I didn't actually know Dr Sands was going to come to the meeting with the family, so I didn't know about his involvement until we met with them. The Dr Webb, I'm not quite sure where that came from because Dr Webb wasn't in the hospital, so I'm not sure if I did say that, why I would have said it, but

it's not my understanding that it would have been him. In fact, Dr McBride's e-mail that you referred to mentions other people who should be involved -- I think it was Ian Young, Brenda Creaney and Elaine Hicks.
Q. Brenda Creaney is a nursing manager?
A. Yes.
Q. And Elaine Hicks was, at that stage, an ex-clinical lead in the paediatric directorate?
A. Yes.
Q. Is there a possibility that you did say that Dr Hicks might be involved in the case note review?
A. That may have been said because that's -- I see that Michael had, on the same day -- the day after he met me -- said that to Heather Steen. So I'm putting two and two together here, but I've no recollection of what I actually said. I know I tried to keep Mr and Mrs Roberts as informed as possible because there were gaps, obviously, whenever the review was ongoing. But I'm just not 100 per cent happy that I certainly would have said Dr Sands and I'm not sure about Dr Webb, but I may have said Dr Hicks and Dr Steen.
Q. So the plan was then, at that stage, from your point of view, to get a review of the papers so that people would know what they were talking about, know what they were dealing with and meet the family and try to address the

issues.
A. Yes.
Q. Did you organise the meeting or did somebody else organise it?
A. I think I organised it. I think I tried to get dates off them when they'd have the information.
I was aware I was kind of in the background saying: when will this be ready, can we get a date of this family, I need to tell them what's happening? So I would have been trying to get information back to find out what was happening so a meeting could be set up.
Q. So you would be coordinating the various people engaged in this operation.
A. Yes.
Q. Who decided who should be there?
A. I think it might have been Dr McBride. As I said, I didn't even know Dr Sands was going to be there, so I think Dr McBride had decided who should be there. There seemed to be two main people, certainly as far as I was concerned, involved. That was Dr Steen, who was doing the kind of main review of the notes and patient journey, and then subsequently Professor Ian Young.
Q. Had you been engaged in this sort of process before, setting up a meeting with clinicians?
A. Yes.

Q. And an expert and patients?
A. Yes.
Q. Would you normally have had somebody involved in this who was, for example, representing the clinical governance side of the hospital?
A. I think certainly that would have happened. This was still the initial -- basically, I had only met the family myself, got the issues that they wanted to address, tried to get the medical staff, get the information to address them, feed back to them and then I think the next stage would have been a -- a step up would have been, right, the problem's been identified here, it then moves into a different process. But I saw this as the initial getting of information for the family.
Q. You'd had your initial meeting with Mr and Mrs Roberts and now you are setting up a much more formal meeting, a meeting which would be minuted, a meeting with Professor Young and Dr Steen and Dr Sands. Did it occur to you that somebody should be there who was from the governance side of the hospital?
A. I was concerned that the family were getting answers to their questions, to be honest. I didn't have that role of looking at what the governance arrangements or what the Trust wanted to do about governance. I really

wanted to make sure that Mr and Mrs Roberts had clear concerns, which they needed answers to, and they had waited a long time, and my main interest was to try and get them the answers that they wanted.

Q. And presumably you had no guidance or instructions about how to go about setting up such a meeting and how to structure the process.

A. No. The important thing for me was that the people who met with Mr and Mrs Roberts had the information. I didn't want to have a meeting where they were going to come along and people would say, "We don't have the file", or, "We haven't been able to access this". I just wanted the staff to be in a position that they could answer the questions that Mr and Mrs Roberts had. I was kind of trying to organise that they would be at the meeting with the information that was necessary for Mr and Mrs Roberts.

Q. So the meeting is then arranged for 7 December.

A. Yes.

Q. And it's in the clinical psychology department in the Royal. On the day before the meeting, you have yourself two meetings in preparation for it.

A. Yes.

Q. And if we can turn to the notes, it's at page --

THE CHAIRMAN: Sorry, just before we get to that. On

Professor Rooney's note at 177/1, page 18, there's a note which is then repeated in a typed version. On 16 November, you had a discussion with Dr McBride about the need to speed up the review. Does that reflect a concern that things seemed to be dragging a bit?

A. Yes.

THE CHAIRMAN: Thank you.

MR STEWART: Where was it dragging? Who was dragging their heels?

A. It's hard to say, I just knew that it was now 16 November and I'd met the family on 25 October, I think, and I hadn't a sense that the information was there.

THE CHAIRMAN: Your aim had been to meet them in two to three weeks time and 16 November, you were past three weeks?

A. Mm-hm.

THE CHAIRMAN: Right.

MR STEWART: Can we go to WS177/1, page 54? The upper e-mail from Michael McBride to Heather Steen of 16 November reads:

"Heather, can we discuss progress on this tomorrow?"

That's an unrelated matter, I think:

"Given the degree of concern and anxiety of the parents, I know that you would agree that it would be

preferable for us to be in a position whereby Nichola Rooney and yourself are ready to meet and discuss with the parents our conclusions in respect of our detailed case note review. I accept that a thorough review takes time, however, in the circumstances, I feel that this meeting should be as soon as practically possible in order that we can either allay concerns and/or advise of the need for subsequent referral to the coroner."

That would suggest that it was Dr Steen who was dragging her heels.

A. Possibly.

MR FORTUNE: Sir, there is an element of speculation.

THE CHAIRMAN: There is, I understand that. Let me put it perhaps more neutrally. I maybe introduced the term. Things weren't going quite as quickly as had been originally anticipated and Professor Rooney had expressed a degree of concern to Dr McBride on 16 November, according to her own note, about the need to speed up the review, and Dr McBride in effect, it seems, passed that concern on to Dr Steen. So I won't put it as pejoratively as "dragging heels" at the moment. It just hadn't quite ...

MR FORTUNE: I'm grateful for that indication, sir.

THE CHAIRMAN: It's a bit premature to allege dragging of

heels, but that may or may not be what it turns out to be. We'll come to that later.

MR FORTUNE: That's another matter. Provided the groundwork is laid properly, I have no concerns.

MR STEWART: "Dragging on" perhaps is a fairer way of putting it at that stage.

Going back to your note, WS177/1, page 96. We are back to 16 November and the discussion about speeding the up review, and:

"Action: to arrange a meeting with Mr and Mrs Roberts, Tuesday 7 December 9.30."

And you have noted the name of Professor Ian Young, professor of medicine at Queen's University Belfast. You meet at 8.30 am on 6 December, the day before the meeting:

"Pre-meeting. Professor Young, Dr McBride and myself. Discussed findings and potential role of fluid management in death."

What do you recall of that meeting?

A. I can't recall a great deal. I was really there to be appraised of the type of information that Mr and Mrs Roberts might be going to receive, and I know that Professor Young felt that there was a contribution made in relation to fluid management. But I can't remember a great deal about it, I'm sorry.

Q. Why was Dr Steen not at that meeting?
A. I have no idea.
Q. At that meeting, would any difference of opinion between Professor Young and Dr Steen have been addressed?
A. I have no way of answering that.
Q. Can I ask for 139-153-001? The lower e-mail is from that same day, 6 December, and it's from Ian Young to Michael McBride:
"Michael, we met with Heather Steen ['we' presumably being Professor Young and yourself] this afternoon and reached a measure of agreement about the role of hyponatraemia. She wants to be present at the meeting tomorrow and will deal with any questions about the clinical journey while I deal with fluid issues. Hopefully this will work. Heather has definite views about the significance of the fluid management, which are not quite the same as mine."
MR McALINDEN: Mr Chairman, you'll see that the time of that e-mail is 17.36, which is obviously after the second meeting.
THE CHAIRMAN: Let's go back one point. There's the 8.30 am meeting on 6 December that Professor Young and Dr McBride attend and then there's the 2 pm meeting, which is on 177/1, at page 96. Can we go back to that and take these chronologically?

MR STEWART: Then at 2 o'clock on 6 December, there is the meeting which is referred to by the e-mail, where you and Dr Steen and Professor Young meet and plan for the meeting. At this stage, Dr Steen is part of the group of the meeting. Do you remember anything of that meeting?
A. I don't remember the detail of it. I remember that there was a slight difference of opinion in terms of the role of the fluid management and that Professor Young felt, I think, that there was a greater emphasis on that than Dr Steen may have. So there was a discussion around the role. It was kind of over my head in terms of the fluid management part, but the agreement reached was that Dr Steen would do the patient journey and chart the other areas, and Professor Young would stay within his area of expertise, which was the fluid management.
Q. Why was Professor Young not going to comment on the clinical pathway?
A. I think he would have felt that wasn't his area of expertise. I really don't know. I would have seen Professor Young as -- his history in biochemistry as being the important role there, whereas Dr Steen was the consultant paediatrician. So it's an obvious distinction to me. I understood why they would take that role.

Q. Did you have any qualms that perhaps any difference of opinion might become apparent to the Roberts in a meeting?
A. Not particularly. If there had been a difference of opinion, that would have been dealt with, that would have been up for discussion, I wouldn't have had a problem with that. The most important thing was that they got the information that they needed. I was more concerned that this was a difficult meeting for the family, that they were going to hear very difficult news. So in my mind I was kind of planning for how to support them for the news they were going to hear.
THE CHAIRMAN: Professor Young has told us earlier this week that, I think, in his ideal scenario, he would have met the Roberts without Dr Steen to limit the number of people at the meeting and to give his clear message, rather than -- maybe you agree or disagree with this.
In a meeting like this, the greater number of people there and greater amount of information coming can make it very difficult for even the cleverest people to absorb what's going on. Can you remember him querying how many people might be there?
A. I can't actually remember that. Personally, that was only two clinicians and I have conducted meetings with that number of clinicians before. I felt there was an

obvious split in their roles in this, so I wasn't terribly concerned with that. I don't remember him specifically saying that, I'm sure he did, and I just don't remember that, but it seemed appropriate given that Heather Steen had been reviewing the notes and the journey, that she should there to go through that with the parents.
THE CHAIRMAN: And I presume the downside of that is that if you have a meeting with Professor Young, you then have a separate meeting with Dr Steen, so Mr and Mrs Roberts are coming back another time.
A. I don't think they would have minded that, but I think it was more important that there was a logic and that it made sense. Professor Young would have been focusing on a very specific area, whereas I think there was probably much more to be talked about in relation to Claire, certainly in relation to the questions that the family wanted answered about what happened and her deterioration. That was more about her time in the hospital. So I think Dr Steen would have needed to be there to give them that information.
MR STEWART: Professor Young has indicated in an e-mail I have shown a moment ago:
"Nichola will offer the parents the opportunity to meet with me separately if they wish to."

Do you remember that?
A. Yes. The intention was that there would be more meetings, without question or doubt.
Q. Was there an intention that perhaps at the end of the meeting they be offered this opportunity for a further half an hour, 20 minutes with Professor Young for specific answers or explanation?
A. I don't think we meant it then. I think we meant it subsequently. And I think Professor Young would have been very happy to meet with them.
Q. Thank you. Coming on to the meeting on 7 December, we have the minutes and they're at WS177/1, page 58. Recorded as present are Mr and Mrs Roberts, Dr Rooney, Dr Sands, Dr Steen and Professor Young. Also present was secretarial back-up to take minutes.
A. Yes.
Q. And that was your own secretary?
A. Yes. There wasn't really anybody else to do it -- that would have been the departmental secretary -- so I asked if my secretary would come and take the minute. I wouldn't have been skilled in taking a minute of the meeting and --
Q. Has she done that before for you?
A. She would take minutes. I don't know if she's a trained minute-taker, but she'd have taken minutes of meetings

before, yes.
Q. There was nobody else present apart from the five of you plus your secretary?
A. Yes.
THE CHAIRMAN: Just before we get into this, can I ask you about the arrival of Dr Sands? You had had two meetings the previous day and, at the second one, it was agreed between you and Dr Steen and Professor Young about who would do that. When you left that, your understanding was that that's us, there will be me and two clinicians and the Roberts?
A. I'm pretty sure that was my belief.
THE CHAIRMAN: And there's also no note from the previous day about any role that Dr Sands would have in a meeting.
A. No.
THE CHAIRMAN: So did it strike you as curious that Dr Sands then came in for the meeting on the Tuesday?
A. My recollection -- and time has passed, so I may not be totally accurate -- is that Dr Steen said to me that Andrew Sands would come along because he had known the family.
THE CHAIRMAN: Okay.
MR STEWART: So Dr Steen then, as it were, brought Dr Sands along?

A. That's my recollection, yes.
Q. Had you taken advice from Dr McBride about this meeting?
A. Well, other than that we met to discuss it at 8 o'clock, I don't think I had spoken to Dr McBride again.
Q. At the meeting, I assume the medical notes and records -- the chart was available?
A. I can't remember, sorry.
Q. And I take it that Dr Steen's patient journey was available, which may be that document that you've exhibited.
A. At the meeting with Dr McBride?
Q. Sorry, this meeting on 7 December.
A. 7 December, Dr Steen had her notes.
Q. Do you remember the meeting, can you picture it in your mind's eye?
A. I can picture it in my mind's eye, yes.
Q. Was the autopsy report there?
A. Well, I don't know. I would imagine that would be in the medical file that I think Dr Steen had. But I don't recall it being a separate document.
Q. Can I ask you about the process by which your secretary, whose name was Joan --
A. Joan Gallery.
Q. -- the process by which Ms Gallery produced the minute. Did she note it down in longhand or shorthand?

A. I'm not sure. I think she used -- what she usually would have had was a mixture of both, actually, but I have no idea how she did it.
Q. How long after the meeting would she have produced a typewritten version?
A. She went to work on it very quickly because I think the minute was sent, according to the e-mails, the next day on the 8th. So she would have worked on that on the day.
Q. You mentioned earlier that you might have retained the patient journey because she was going to check spellings or something.
A. That's a recollection. It may be inaccurate, but in my mind, there was something about her not knowing -- she would have been a secretary who worked in psychology, not medicine, so the terminology that was used wouldn't have been natural for her and she wouldn't have known how to spell the medications and things. So I have a recollection -- and I hope it's right -- that she said, "Can I use that for my minutes?", but I'm not 100 per cent sure.
Q. Did you take any note of the meeting yourself?
A. I don't think I did. It would have been in the file if I had.
Q. Before the minute was sent out, circulated, did you

yourself proofread it or check it?
A. I'm sure I probably did. I think she sent it to me and then I forwarded it, so I probably had a quick scan down it. It was really all the talking that was done was done by the medical staff, so it was more important that they were happy with it actually.
Q. But you'd have conducted your check of it within 24 hours or soon after the meeting itself?
A. I presume so. I can't remember, but I presume I would have.
Q. And the purpose of the minute was presumably to record a faithful account of what was said.
A. Yes.
Q. The documents now available show that some changes were made to the minute.
A. Yes.
Q. WS177/1, page 71, is part of an exchange of e-mails, starting with an e-mail from you:
"Can you get any changes back to me ASAP, please? Thanks Nichola."
And then coming back to you from Andrew Sands:
"Okay. I think Heather ..."
There is perhaps an e-mail on a separate page, which is the one that intervenes -- Dr Sands comes back with a problem that he perceives in relation to the timing of

the U&E test and some search is made for that time in the medical notes and records. And you then, on 8 December, go back to say:
"Okay, I think Heather and Ian searched hard, couldn't find a time. They thought it most likely to be 9 pm, as once every 24 hours would have been typical. Perhaps it is better to say we don't know when and all we really know for sure is the time it was noted in the medical chart, that is to say 11.30 pm. What do you think? I can change the minutes accordingly and add in that there's no way for knowing for sure. Nichola."
Can you explain that as a process of producing the minute?
A. Yes. I think this was the slightly problem with Andrew being involved at the end. I was aware that there had been some discussion about the time that the blood was taken and my understanding is that the agreed view was, in the notes, the result was recorded at 11.30 at night, but they couldn't be sure when the blood was actually taken. So they thought it was probably 9 o'clock because that would have been 24 hours, I think, if this is right, since the last one. So that had a sense to it that that was right. That's what was in the minute: probably 9 o'clock. Andrew, I think, was going down the line of: it could have been 5 o'clock if there

had been infusions put up. I think this had been covered by Dr Steen and Professor Young, so I didn't want that put into the minute. It hadn't been discussed in the meeting, it wasn't raised at that time, I didn't think it was appropriate, but I was certainly happy to put in "probably 9.30, but we don't know for sure" if he was unhappy that we didn't know that that was right. But I think we had said that in the meeting probably, 9 o'clock, because it's not recorded in the file, so they were assuming 9 o'clock.
Q. You can see what might be a cause for concern --
A. Absolutely.
Q. -- which was a willingness to change the minutes to suit what ideas arose afterwards --
A. Yes. Whenever you do a minute of any meeting, it goes out to the people involved for accuracy. So any additions or if people felt there was any misrepresentation, that's the time to sort it out. This wasn't about changing what was said; this was about adding in something to clarify the situation. It wasn't 100 per cent sure, but actually when you looked at the minute, they hadn't said it was 100 per cent sure, they said "probably" anyway. So nothing was changed.
Q. All right. There is another draft of the minute. Can we first of all put up the minute as we have received

it, which is WS177/1, page 58 on the left-hand side, and on the right-hand side page 63?
The right-hand side one appears to be a draft --
A. Yes.
Q. -- to the left-hand side one. And there are a number of additions put into the final version and a few deletions. We'll see if we can locate them. On the left-hand version, the paragraph, "Dr Sands then stated when ...", and the sentence:
"He sought information from Dr Gaston, Ulster Hospital Dundonald, on Claire's previous history to find out what her normal behavioural pattern was."
If you go across to the right-hand side, you'll see:
"Dr Sands then stated having seen Claire on the ward the next day concerned at how unwell she was and he took a history of her normal behaviour pattern from Mr and Mrs Roberts."
So it looks as though "he took a history of her normal behavioural pattern from Mr and Mrs Roberts" has been deleted and in its stead has been inserted:
"He sought information from Dr Gaston, Ulster Hospital Dundonald, on Claire's previous history to find out what her normal behavioural pattern was."
Was that a correction that Dr Sands drew to your attention? It presumably was.

A. I presume he put that in, yes.
Q. It looks as though he could be rewriting what was actually said. I don't think it has any great import, but was he given the opportunity to tidy up what was said?
A. The minutes were sent to him to clarify that they were happy that it was a clear note of what they had said during the meeting and they were entitled to say if they thought it was a clear --
Q. Okay.
A. I think the main aim was for all of the people in the room to make sure that Mr and Mrs Roberts got the proper information.
Q. That may have been a laudable aim, and one can't in any sense criticise that, it is merely the process by which a minute is produced, which does not or perhaps does not faithfully reflect what was actually said.
A. Well, I have no recollection of what was actually said, but I know that they would have known what they said because it was in their interests. They were concentrating on the message they wanted to give.
Q. All right. Perhaps if the left-hand side could move on to page 59, and the right-hand side to page 64. On page 59, the fourth bullet point down:
"27 hours after her arrival ..."

If we go down to the fourth line, we'll see in brackets:
"Equally, swelling of the brain can cause a drop in sodium levels."
And if we go to the version on the right-hand side, which is "27 hours afterwards", we come down to:
"It was explained that a drop in sodium levels can cause swelling of the brain."
That equates with the sentence immediately before that yellow part on page 59. So we can see then that the phrase "equally, swelling of the brain can cause a drop in sodium levels" has been inserted into the minute. And I assume that Professor Young would have suggested that addition.
A. I'm presuming so. I'm also presuming he thought he said that in the meeting.
Q. Sadly, we didn't ask him, but your willingness to incorporate into a minute that which people thought afterwards had been said or could have been said or should have been said suggests that you weren't that interested in producing a minute that you could stand over yourself.
A. Well, I didn't take the minute, my secretary took a note of what was said in the meeting. After that, as with all minutes, as far as I know of any meeting, it went

out to the people for clarification that they were happy that it was a true minute of what they said. If they weren't happy it was a true minute of what they said, they were entitled to say what they believe they said and get that put in. I actually wasn't the person taking the minute, so I believe that if they believe they said that, I'm sure -- I have nothing to doubt it, and it doesn't change anything massively. I think it clarifies the situation. It feels as if it's appropriate and it could well have been said.
Q. Could well have been said? Thank you. Did you go back to your secretary to ask her to check her note of the minute to see if it accorded with these additional suggestions?
A. She would have typed up what she had in her notes. Probably not. The secretary took the minute and they were circulated for people to see if they were a true note and some changes -- very few changes were made that don't seem to be substantial, but obviously the people who made the changes felt that it didn't adequately say what they thought they'd said in the meeting.
Q. Very well. We'll just go to one further insubstantial addition. If you could go to page 60 on the left-hand side and page 65 on the right-hand side. The third paragraph up from it the end:

"Dr Steen also explained ..."
And the final part of that:
"If it is suspected that there was an infection of the brain or meningitis, fluids are restricted to two-thirds from the outset."
If we go to the right-hand side, that paragraph is at the bottom of the page:
"The plan was to bring Claire's fluids down gradually to enable her sodium levels to rise at an appropriate level. Treatment today differs in that, from the outset, fluids are restricted to two-thirds."
That's where the yellowed-up portion on page 60 can be inserted:
"If it is suspected that there is infection of the brain or meningitis, fluids are restricted to two-thirds from the outset."
I assume that is another of Professor Young's suggestions for correction.
A. I'm not sure who corrected that.
THE CHAIRMAN: Or Dr Steen. It's Dr Steen's explanation.
MR STEWART: Dr Steen then.
THE CHAIRMAN: I suppose the end point on this, professor, is that when the draft minute goes out and then the various suggestions come back in. Do you rely on Dr Steen, Dr Sands and Professor Young for these

additions or corrections or amendments to be accurate?
A. Yes, I think my secretary probably would have run her eye over it, but yes. I expect them to be ... Because I didn't take a separate minute.
THE CHAIRMAN: So unless there's anything which jars you, then that will be accepted as the approved minute?
A. Absolutely.
MR STEWART: So you weren't concerning yourself with the accuracy of the medical information or the accuracy of its translation from the chart, you were just simply there to fulfil your function?
A. Yes. My role was to try and set up the meeting, be there to support the family and hopefully ensure that the staff would have the correct information for the family. I had no role in scrutinising it or forming an opinion even of it, other than hoping the family were getting the information they required.
MR FORTUNE: Sir, I rise at this stage because I am concerned about the way that last question was put to Professor Rooney by my learned friend. Professor Rooney has made it clear on more than one occasion how she was anxious to help Mr and Mrs Roberts to have answers to the questions they wanted answered. As to the accuracy of the note, Professor Rooney has again made it clear on more than one occasion that the note, as typed up and

prepared by her secretary, went to the clinicians for them to read and amend if necessary. The criticism that seems to be implied is that Professor Rooney was for some reason, best known to herself, less than fully interested in the accuracy of the note. It's not fair and it reflects rather badly on the clinicians who were there.
THE CHAIRMAN: I don't take that interpretation out of the question. I think the question is aimed at just confirming, as we bring this segment of the questioning to an end, that the accuracy of the minute from the medical perspective is something which Dr Steen and Dr Sands and Professor Young contribute to and it's not for Professor Rooney, because to put it bluntly, she is not a medical doctor and cannot correct or suggest amendments to the technical information which they're giving.
MR FORTUNE: I accept all of that, but of course, as you will recall, we had a significant discussion about a particular note in Adam's case.
THE CHAIRMAN: We did. Thank you.
MR STEWART: Did you feel, during the course of this meeting, that the Roberts' key questions -- those are the questions you identified in your initial meeting with them -- were being addressed?

A. I think I did, actually, because I suppose their concern was -- "Why the deterioration?" was the big question, which related to them leaving the hospital and this happening afterwards. So I felt that they were hearing from Professor Young that he thought that fluid management may have contributed to that.
Q. In the minute I was just looking to see where there's a discussion about her deterioration and whether or not it might have been expected. It doesn't seem to be -- there doesn't seem to be a discussion of that. The word "deterioration" does not appear in the minute.
Another of their questions related to whether or not there might have been a misdiagnosis. And indeed, you introduced the meeting by saying, at the second bullet point on page 58:
"Was Claire's condition misdiagnosed?"
Misdiagnosis doesn't seem to appear in the discussion.
A. Possibly these questions would have been answered more fully at a follow-up meeting, but the sense that they were hearing, I think for the first time, maybe, that fluid mismanagement had played a role in Claire's care was the overriding factor. So the meeting possibly took a turn of its own then.
Q. I ask the question because the meeting is opened by you

with those specific questions and you introduce them as being Mr and Mrs Roberts' main areas of concern.
A. And at the end they were asked again if there were any issues they wanted or hadn't been answered. I think that comes towards the end.
Q. Yes.
A. There was further discussion at that time and then the meeting ended and I stayed with them and, on that occasion, they were told to get any other concerns or questions that they had together and they'd be answered. So this wasn't going to be the one and only opportunity to have all of their questions.
Q. Much of the discussion is really around the cause of death. You'd had your meeting with Mr and Mrs Roberts, they had described the post-mortem and the results coming through. The post-mortem report is critical to any discussion of the cause of death. Are you surprised that there's no reference to it at all in the minute?
A. I don't feel able to respond to that, not being a medic. I don't know what role they should have involved the post-mortem with.
Q. Are you surprised the minute does not actually use the word "hyponatraemia"?
A. Not particularly. I think in general, doctors talking to patients or relatives try not to use medical jargon,

so not particularly.
Q. I ask these questions because I wonder to what extent you were active in trying to get the Roberts answers to their questions.
A. I tried my absolute best to get the Roberts the answers they needed, and in fact until, very recently, I had felt that I had managed to get them the information that they needed.
Q. Immediately after the meeting, you then had a separate chat with the Roberts.
A. Mm-hm.
Q. And your handwritten note of that is at WS177/1, page 19. In fact, it appears I think at 97 in the typed-up version.
THE CHAIRMAN: It does.
MR STEWART: 9.30 meeting:
"See typed minutes."
Does that indicate perhaps the minutes were already typed up by that stage or is this a subsequent entry?
A. No, they were going to be typed up, so my note wasn't going to be the meeting, my note was going to be when there was no secretary available.
Q. "Mr and Mrs Roberts stayed behind and discussed issues raised. First impressions: they want more answers."
Would that suggest that they really hadn't had the

questions that they wanted answered at the meeting answered?
A. There was no doubt in my mind that the information they were going to receive would probably create more answers [sic] because you don't really know what your questions are until you know what the situation is, so they had just been told something that they hadn't heard before. So I quite expected them to generate a lot more questions.
Q. You felt that the questions they came to the meeting with had been answered and these were new questions and answers they sought:
"Feel they may help other children. Discussed why they didn't know Claire was so ill. Feel they were treating the wrong thing."
Isn't that the same question again, was it a misdiagnosis, "feel they were treating the wrong thing"?
A. Yes, I accept that.
Q. "Would probably like to be referred to John O'Hara. Question [I presume this is their question]: why did the Trust not go back over cases? Why did they have to wait for TV programme? Discussed this."
Do you remember anything of that discussion at the time?

A. Absolutely, and I completely understand their view and it would have been my view if I'd been them.
Q. Were they very upset at this stage?
A. They were upset, but no more upset. I mean, these are people who had coped with the death of a child and had been carrying that, so they were no more upset than you would expect. They very contained and very appropriate.
Q. So then you noted down what you intended to do:
"Action. Will go away and have a think."
Presumably, that is: they will go away and have a think:
"Will e-mail me questions. Would like to meet next week, query Professor Young/McBride."
Does that mean that they would like to met you again or they would like to meet with you and Professor Young and Dr McBride?
A. I haven't minuted that but my expectation would have been that I would have accompanied them to the meeting, a further meeting, which I think we had arranged for around the 16th.
Q. And then immediately after that, in fact, the Roberts sat down and wrote a letter the following day, which sets out their questions and concerns very much more fully. Tell me: at the meeting with the Roberts, did you tell them that there was some difference of opinion

between Dr Steen and Professor Young?
A. I don't think that would have -- I felt that Dr Steen and Professor Young had resolved their differences because they had agreed a way forward. So I wasn't aware this was a big issue, you know. It wasn't something that I was particularly worried about. I would have been very worried if I'd felt: gosh, there are two people coming in here with completely conflicting views, this is going to be a disaster for this family". I didn't have that sense. I was confident that they had reached a medical agreement.
Q. The letter which then was received from the Roberts is at 089-003-006. This arrives and that prompts your 9 December 2004 note, which is at WS177/1, page 97. 9 December. It's the day afterwards:
"Subsequent questions received by e-mail. Action: get Professor Young and H Steen to give responses."
Did you think about asking Dr Sands to give responses as well?
A. Well, Dr Steen had been the one who had been liaising with Dr Sands, so I would have expected Dr Steen to look after that part of it.
Q. So you set about collating the responses and I think you attempted a first draft of the format of the response

letter yourself.
A. I only did that because, again, it became -- I sent the questions out, I think to everyone, including Michael McBride, and then there was a gap when I was thinking naively that there's going to be a meeting coming up on the 16th, these are the questions that you guys need to be ready to answer on the 16th. It became clear that whenever I was saying, "Do you have answers? Where are we at with this? Can we meet to discuss this meeting?", that the questions seemed to be maybe too many or too detailed, but the answers I didn't feel were there. So once again, to try and get things moving, I thought, "I will put down sentences starting -- this is for this question, send it to Heather, and do a kind of round robin to try and get people to put something on paper and send the answers to the family, so it wouldn't be appropriate to try and cover this in a meeting.
Q. So it was going to be a collaborative piece of work?
A. For them, yes.
Q. There is an e-mail trail which illustrates this at WS177/1, page 43. Here we can see, I think reading up from the bottom, Ian Young e-mails you and copies in Michael McBride and Heather Steen:
"Dear all, having reviewed this draft, I have made a few minor changes which I've highlighted in green.

I have called this version draft 3."
So quite a lot of work was going on and then it moves up to Heather Steen's email to yourself of 11 January. She says:
"Have done a few slight changes. For example, 'November' was in one place rather than 'October'. Peter Walby spoke to me yesterday. He needs the notes for 24 hours to photocopy and send to a paediatric anaesthetist in Great Ormond Street who the coroner has asked to review the case. He also wishes to see this letter. Heather."
So you knew then that Peter Walby of the litigation management office wanted to see the letter.
A. Yes.
Q. And he indeed has himself annotated remarks at the top right-hand corner of this e-mail. Although it comes from your file, this is Peter Walby's handwriting, and he says in relation to the versions:
"I have made some comments. They may not be appropriate. Please ensure I get a copy of the final letter. I will need to send it with the questions to Her Majesty's Coroner."
You knew that the letter setting out the answers to the Roberts' questions was going to the litigation management office. Did you also know it was going to go

on to the coroner?
A. I didn't think about whether it was going to the coroner. I don't think I did know that actually. I have no recollection of thinking about that. I wasn't involved, actually, in anything to do with the coroner subsequently.
Q. Okay. This is a letter to which you subsequently put your name.
A. Mm-hm.
Q. I wonder to what extent you felt you needed to check it to make sure it was correct and appropriate and proper before you put your name to it.
A. If I was doing this again, I would have put a cover note with my name on it because the information in the letter was all purely received from the medical staff. Any changes that were made were made by them and any answers that were put in were put in by them, and I topped and tailed it, but if I was doing it again I would do a cover letter so that it wouldn't be seen as my letter because it clearly wasn't.
Q. At that stage, had you received any advice as to how to go about producing formal letters, which may indeed go to the coroner?
A. No.
Q. Were you happy being put in the position whereby you

were signing off on something that you really didn't understand or didn't know?
A. I had confidence that the medical staff who were answering the questions knew what they were doing, so that didn't -- I didn't feel under pressure at all. Perhaps foolishly, but I thought that the medical staff were answering the questions because they were about Claire's medical care and that it went to litigation because that's what you did with letters that were going out and that Ian [sic] Walby would have had an oversight of that. And I didn't think any more of it than that, I'm afraid.
Q. You had in your mind that it might go to litigation at that time?
A. Michael McBride, I think had said, "Send it to Peter Walby". It didn't surprise me because I thought this letter -- he usually oversees letters that go out, apparently, so I was happy enough.
Q. Were you aware at that time of the very great public concern that had been raised as a result of the UTV programme and the political questions that were raised in the announcement of this inquiry?
A. My only focus was actually on the Roberts. I wasn't aware of the ins and outs of the inquiry or the other cases or even understanding what hyponatraemia actually

was. I was concerned that the Roberts got the answers to their questions. That was my focus. I wouldn't have been concerned about giving that. I thought the letter was clearly in response to their questions, so I was actually quite happy that they got the letter with the answers.

Q. Was there no discussion amongst the staff at the hospital about that programme and about the questions by politicians? Was it not an issue of great topicality and interest?

A. Not in psychology. I'm sure elsewhere it may have been.

Q. Are you saying you were unaware of this inquiry?

A. No, I knew there was an inquiry set up because of the family coming through the door to meet me and having seen a programme about it. So that would have been my awareness of it. I had no awareness of any of the other children involved, or any of the cases or, in fact, did I see the television programme.

Q. So this is a case which may go to litigation, this is a case in which the litigation management office is interested, this is a case in which there is an inquiry which you may be aware of. This is a case, which is high profile, of high concern and an important matter.

A. Is that a question?

Q. Yes. Can you respond to it, please?

A. I'm not sure what response you want. I had no and still have no difficulty in any of the information or any of my actions at that time. So if it goes to the highest court in the land, I feel I could stand over what I did because I did it with the best of intentions, was not covering anything up, really wanted this family to get some answers to their questions and, if I made mistakes along the way in doing that or was naive, I apologise profusely, but it was not my intention.

Q. No, I'm not criticising your intention, simply putting your name to a letter containing information that you didn't understand in relation to such a high profile case.

A. Well, that was certainly naive in hindsight.

Q. Were you aware that Mr Walby of the litigation management office was in fact himself making suggestions and editorial comment in relation to the letter being drafted for the Roberts?

A. Yes. That was faxed back to my secretary. Having been told to send it to him, I faxed back some suggested changes which I brought to Dr Steen to see if they were appropriate.

Q. And you thought it appropriate, did you, that the litigation management office should be engaged in what you thought was your project of supplying the

information that the Roberts wanted?

A. I don't think it's my project. My project was supporting the family and making sure they got the information. The medical director told me to send it to Peter Walby. I'm not exactly sure why. I now know it's because he was involved with the coroner. And Peter Walby sent it back with some suggested changes. It wasn't my information to change, so I brought it to the medical staff involved to say, "Is this appropriate?". Some of it was typos, some of it didn't seem to me, looking from the outside, to be very material changes. Some of it was definitely semantics and I didn't think it added anything to change it. The bit that struck me was I had offered to meet with the family again and was keen to do that, and he had suggested that it might be appropriate for the independent inquiry to take place, which I could see the rationale behind.

Q. Can I ask that the first page of the letter, 089-006-012, be displayed? You start the letter, 12 January:

"Dear Mr and Mrs Roberts, thank you for forwarding your questions, which arose from our meeting on 7 December at the department of clinical psychology. On receipt of your e-mail, the questions were passed for

consideration to Dr Heather Steen and Professor Young."

Why did you not write "and Mr Peter Walby of our litigation management office"?

A. I didn't think he was particularly important in it. I think the person who was giving them the information was Heather Steen and Professor Young, but in hindsight -- I mean, I don't feel I would have disclosed that for any other reason than I didn't think it was particularly relevant.

Q. People sometimes think that it looks a bit defensive, perhaps it's not really in keeping with the spirit of openness and transparency if your litigation management office have a look at something.

A. I can understand that, but given that there were so few changes made, I don't think that that -- had he been suggesting hiding something, I certainly would have gone immediately to the chief executive and raised an area of concern. I didn't get a sense that he was being defensive or trying to hide anything.

Q. I'm not really trying to criticise or suggest criticism of you, professor, but rather the system. Were you aiming for total transparency --

A. Yes.

Q. -- and total openness?

A. Yes.

Q. But when we look at what was actually happening, the letter, as we read it, isn't an example of total transparency or openness.
A. So what should have been said then was ... What could have been said "... and Dr Walby looked at it also", but I think that Michael McBride may have looked at it actually as well, I'm not sure. But this letter would have been done out before it went to Dr Walby, that's the problem. That was the letter that was sent to him.
THE CHAIRMAN: Can I get this clear, professor? If we could put up the last page of the letter so we get 012 and then 015. I've cut out the two middle pages because they are answers to the specific questions raised. When you said a few minutes ago that you were concerned about time dragging on and you'd started to do an outline of the letter for Professor Young and Dr Steen to complete their details -- let's take the first page as an example. What had you written on that, even in draft form? Did you go beyond the word "apologies" and into the answers to questions 1 onwards?
A. I think we have a copy of that. Do you have a copy of that? Draft 1 -- we'll have it here.
MR STEWART: Could you read out the number, please?
A. No, I don't have that on a number. It's just my own file.

THE CHAIRMAN: Go on ahead.
MR McALINDEN: I think the draft that the witness is referring to is WS177/1, page 79.
THE CHAIRMAN: Thank you.
A. Yes. Some of the questions -- because the questions came in before the minutes went out, some of the questions were already in the minutes. You'll see that I sent an e-mail accompanying this, saying:
"I have done some initial answers to Mr Roberts' questions based on our minutes, just a starting point as I obviously don't have a clue about the medical bits. I'd be grateful if you'd fix these up as appropriate to get the facts correct."
THE CHAIRMAN: Thank you.
MR STEWART: Again, you have no responsibility for the accuracy or the consistency of the medical answers given. I want to ask you: did you feel nonetheless that Mr and Mrs Roberts' questions had been answered?
A. From what I knew, they had got answers to their questions. I'm afraid I can't comment on the quality of the answers. I just know that the medical staff provided answers to the questions.
Q. Because when they spoke with you after your meeting on 7 December, and you had that chat afterwards, one of the things they raised with you -- and you didn't note many

questions -- one of their specific concerns was why did they have to wait for a TV programme to learn what they did? And indeed, Mr Roberts repeats that question in his letter. It's at 089-003-007. Paragraph 10 at the bottom:
"Why did it take the broadcasting of a television programme to raise issues and concerns regarding the death of our daughter?"
The answers given to that question 10 appear at 089-006-015. You see at 10, there's no reference to a TV programme or why it was that Mr and Mrs Roberts were not told about hyponatraemia and Claire for eight years. That question, they wanted an answer to, they told you about, they wrote about, it remained unanswered.
A. In this letter, yes, and presumably that could have been addressed if they'd had an opportunity to meet with Dr McBride.
Q. Well, it was being addressed by this letter, that you signed, that came from you, and on behalf of the hospital.
A. Yes.
Q. And it was left unaddressed.
MR McALINDEN: Mr Chairman, perhaps, I think in the interests of fairness, it might be appropriate to refer

to the answer that was given at paragraph 8(a), which is in relation to hyponatraemia not being thought at the time to be a major contributor to Claire's condition. Perhaps reading the answers in their entirety might well provide an answer as to why the issue was not addressed for that period of time, simply because it wasn't thought to be a major contributor.
THE CHAIRMAN: Thank you.
MR STEWART: Of course, Mr and Mrs Roberts might have something to say about that answer given to them, had they had access to the medical notes and records themselves.
It goes on, paragraph 10, in fact:
"Having brought Claire's case to the attention of the medical director, a review of Claire's case notes was carried out with independent advice sought from a Queen's University professor of medicine."
Did you know Professor Young at that time?
A. I had worked with Professor Young on another sensitive area.
Q. Did you know that he worked for the Royal Group of Hospitals Trust?
A. Actually, I didn't. I think I was wrong there because he had represented Queen's University when I worked with him before so I presumed he was a professor at the

university.
Q. Yes. As a result of this review, I think you may be able to pick up where he worked from his e-mail trail, but that probably wasn't something you saw at the time.
A. I think that was "QUB.ac.uk".
Q. WS177/1, page 51, 7 December from Ian Young to Nichola Rooney:
"Best wishes, Ian. IS Young, professor of medicine, Queen's University Belfast, consultant in clinical biochemistry, Royal Group of Hospitals.
A. The e-mail address is a Queen's University address.
Q. Yes. I'm not making an issue about that.
A. Clearly, I now know it was a joint appointment, but I don't think that would have materially changed my view.
THE CHAIRMAN: I think the problem, professor, it's part of the continuing sequence. It concerns the Roberts --
A. Yes.
THE CHAIRMAN: -- because they were introduced to Professor Young as a professor from Queen's, who was independent of the Trust. They now know that while I think he would describe it, in terms, that he wears two hats and the big hat he wears is the university and the small hat he wears is the Trust, but he is part of the Trust.

A. I think it was independent to her care, not the Trust. But even if he had been fully employed in the Trust, I would have felt he was independent to her care and an expert in the filed. So I wouldn't have worried that Michael McBride had picked Ian Young.
THE CHAIRMAN: But would it have changed your introduction of him?
A. Um ...
THE CHAIRMAN: It might have changed your introduction of him as being independent of the Trust, but it would not have --
A. I don't think I said "independent of the Trust".
THE CHAIRMAN: You would not have changed your position that he was independent of the care of Claire?
A. Absolutely.
THE CHAIRMAN: And a relevant expert to engage?
A. Yes.
THE CHAIRMAN: Okay.
A. I have to reiterate that this was a first stage in meeting the family and getting information for them. This was not an independent investigation as we would know it. This was the first meeting with the Roberts, getting the information that they needed and he was asked to review the file and, in fairness, Professor Young was the person who identified the

difficulty as far as I'm aware.
THE CHAIRMAN: He did, and I think the issue which really isn't for you, it's for others, is why wasn't there an investigation at this point.
A. Yes. I think that would have been definitely the next stage that you would expect.
MR FORTUNE: Sir, there may also be another issue, but that again is for others, and that is the perception that the Roberts may have as to Professor Young's role. It's not so much how Professor Rooney introduced Professor Young, it's more how Mr and Mrs Roberts would have seen Professor Young, and that's really for Dr McBride to address.
THE CHAIRMAN: Yes.
MR STEWART: You mentioned just one moment ago that perhaps that was the time for an in-depth investigation into Claire Roberts' case. Just going back to paragraph 10 at the top left-hand corner of the screen, you wrote:
"As a result of this review, the coroner has been fully informed of the issues of concern. It will now be up to the coroner to further review the medical aspects of Claire's case as he feels appropriate."
Did you feel that the responsibility for further investigation was then solely with the coroner as opposed to the hospital?

A. I wasn't sure what the procedure would be if the coroner was involved.
Q. But you have told the inquiry that you dealt with complaints and you knew about this document, the complaints procedure.
A. Yes, but that's different from it being referred to a coroner in this case. What I would have foreseen -- in my world, if I was managing a complaint within my department, you'd have had a preliminary look, tried to get the information that was necessary, whenever that was looked at, you then would decide: was an investigation appropriate? And I feel that I was involved in the first bit of getting the information for the families, and the next step up then would have been a decision made by the people in the hospital to decide whether or not there needed to be an independent investigation. But I wasn't actually part of that; I was helping the family get the information they needed as a first step.
THE CHAIRMAN: And you know that your letter to the Roberts also goes to Dr McBride?
A. Sorry?
THE CHAIRMAN: Your letter, which went to the Roberts, also went to Dr McBride and Mr Walby.
A. Yes.

THE CHAIRMAN: So in light of the information which is disclosed in that, it is a question for them whether they instigate an internal investigation --

A. Absolutely.

THE CHAIRMAN: -- and when they do that.

A. Dr McBride was kept fully informed at every stage. He made very clear my role and I felt very clear about my role, which was in supporting the family, getting information. I wasn't responsible for scrutinising that, I didn't have the knowledge to scrutinise that. I now deeply regret that they feel they didn't get information and I was part of that.

THE CHAIRMAN: Okay.

MR STEWART: Thank you. I have no further questions, sir.

THE CHAIRMAN: Mr Quinn, any questions?

MR QUINN: I think we need time just to review this. Maybe two or three minutes.

THE CHAIRMAN: Professor, would you allow us a few minutes and then we'll come back?

(11.21 am)

(A short break)

(11.35 am)

MR STEWART: Sir, in the interim I have remembered one further question to pose and I think Mr Quinn may have some questions also.

MR QUINN: I have some questions. The first question I have is: when Professor Rooney discussed about the phone call coming in after the Ulster Television programme, we wanted to know was this the only phone call or were there other parents who were in the same position as the family, the Roberts family?

THE CHAIRMAN: I think you have said --

MR McALINDEN: Mr Chairman, if there were other families involved, obviously it would be important that their privacy rights are respected.

MR QUINN: I agree.

THE CHAIRMAN: I think you said this was the only call that you were aware of.

A. The only one that I'm aware of. You'd have to ask perhaps the Trust about that.

MR QUINN: So far as you're aware, when did the Roberts family get access to Claire's medical records and notes?

A. I have no idea.

MR QUINN: Were they given access to them at the meeting on 7 December?

A. I have no recollection that they were handed the notes, no.

MR QUINN: Would that not be something that would be relevant to give the parents, the notes?

A. I don't think it would be a problem giving them the

notes, but I don't know why that wouldn't have been done.

MR QUINN: Who brought the clinical patient pathway document to the meeting, that is the document that commences at WS177/1, pages 34 to 37?

THE CHAIRMAN: I thought we covered that to the extent that the witness thinks that that is probably Dr Steen's document, but she's not sure. She thinks she has it in her file because her secretary asked for it in order to help do up the minutes.

MR QUINN: I just wanted to clarify that point because it doesn't appear in any other documentation within the inquiry bundles. To the best of your recollection, is that Dr Steen's document?

A. I'm just presuming that, actually, by the content of it. I'm not sure. You'd have to ask her.

THE CHAIRMAN: Mr Fortune, do you know if this is your client's document?

MR FORTUNE: Specifically, I do not know. I will, of course, take instructions, but as I've already pointed out, Dr Steen is not here this morning.

MR QUINN: Nothing further, sir.

MR STEWART: There was one loose end: when did your involvement with the case of Claire Roberts end in terms of your active involvement? Was it with the letter of

12 January?

A. I think I may have had a telephone contact with them after that, but I'm not sure. I never saw them again, unfortunately. I would have been happy to see them again.

Q. Did you play any role in trying to trace witnesses?

A. Sorry?

Q. Did you play any role in trying to trace witnesses?

A. Witnesses? For?

Q. Or people who might have been involved to obtain statements?

A. Well, I wasn't approached by the Trust again in relation to this.

Q. Can I just ask that the statement WS156/2, page 6 be shown. This is Dr McKaigue. The third paragraph down:

"I recall Dr Nichola Rooney visiting PICU one evening with Claire Roberts' chart and enquiring if Dr Taylor was about. I believe that this occurred after the UTV documentary was broadcast and the parents had contacted the hospital seeking information. Dr Taylor was not there. However, I examined the chart and was able to identify my entry in the notes. Dr Rooney left shortly after this with Claire's chart in her possession, I believe. I did not make a note of this encounter."

Do you recall that?
A. I have no recollection of that.
Q. That can perhaps be dated to February 2005, by reference --
A. February 2005?
Q. Yes.
A. I would not have had the file in February 2005. If that's the case, it's definitely incorrect.
Q. Can we go to 139-133-001 and 002. This is a note taken in the litigation management office, 3.20 pm, 7 February, and Dr McKaigue rings, asking for the name of the fourth case referred to the coroner, name and date of birth, and Claire's name is inserted, "Dr McKaigue informed as above". Mr Walby says:
"I think you should [something] and advise him that if he has no involvement in this case, we should not have released any details to him."
In any event, the next day, 8 February:
"Message: action unless you contact him about it (Nicky Rooney had asked him to look at the chart, but he couldn't remember if the name was Claire Roberts)."
A. I would say it wasn't Claire Roberts because I have no recollection of that. I don't know that I would have had the file. I had no involvement with the Trust after that date, so I'm assuming that's incorrect.

Q. Do you know Dr Seamus McKaigue?
A. Yes, and I would have been involved with children in the paediatric intensive care. I would have provided psychological cover, I would have been involved with other families. My only explanation is perhaps he has mixed it up with someone else. For me, the letter had gone and I was never approached again about the family.
Q. This is a case that Dr Taylor is involved in and Dr McKaigue is involved in and he's looked at the notes.
A. Yes. I can't explain that. I certainly -- once the letter went and the -- I think I may have telephoned the Roberts family with a follow-up, I'm not quite sure. I had nothing else to do with it. I wasn't involved in the hospital response, any other meetings, no one asked my opinion even about anything, so I can't explain that and I've no recollection of it. But it wouldn't be unusual for Dr Taylor and Dr McKaigue to be involved with the same children because, obviously, the medical staff changed.
Q. But not a child who is "the fourth case referred to the coroner"?
A. Yes. I have no recollection.
MR STEWART: I see. Thank you.
THE CHAIRMAN: Mr McAlinden, have you anything to finish?
Professor, thank you very much for coming.

A. I just want to express my sympathy once again to Mr and Mrs Roberts. I know how difficult it was for them to make the first call to the hospital and I apologise for any ...
THE CHAIRMAN: Okay. Thank you very much.
(The witness withdrew)
I've been asked to take a slightly longer break before Mr and Mrs Roberts give evidence.
MR QUINN: Half an hour, until ten past?
THE CHAIRMAN: Yes. They've got the rest of the day, so there's no rush or squeeze to fit their evidence in. I'll start at any time from midday on.
MR QUINN: I understand. Thank you very much.
(11.42 am)
(A short break)
(12.28 pm)
MR STEWART: I call Mr Alan Roberts and Mrs Margaret Roberts, please.
MR ALAN ROBERTS (called)
MRS JENNIFER ROBERTS (called)
Questions from MR STEWART
MR STEWART: I wonder can we go back, really, to where your evidence came to an end on the last day that you came to the inquiry to give evidence, and that is in PICU. Can I ask that document 090-028-088 be shown, please?

This is a note taken of a meeting that took place on the morning of 23 October 1996 -- it appears to be misdated -- in PICU between yourselves and Dr Steen and Dr Webb; do you remember that meeting?
MR ROBERTS: Yes.
MRS ROBERTS: Yes.
Q. I'm sure you remember it very well.
MR ROBERTS: Yes, it's still quite vivid in our memories.
Q. Do you remember what was discussed and what you were told?
MR ROBERTS: We were told at the time that there had been a build-up of fluid around Claire's brain and the fluid build-up had caused Claire's brain to swell. We asked at the time the reason for that, and the explanation given to us by Dr Steen and Dr Webb was the build-up of fluid had been caused by a virus.
Q. Do you remember which of the two doctors was doing the talking or were they both?
MR ROBERTS: It was essentially Dr Steen was doing the talking.
Q. Was sodium mentioned to you at that time at that meeting?
MRS ROBERTS: No.
MR ROBERTS: No, there was no mention of sodium.
Q. Or hyponatraemia?

MR ROBERTS: Hyponatraemia was not mentioned.
Q. Or SIADH, had you even known what that meant?
MR ROBERTS: No, none of those terms were mentioned. We asked the reason and the reason given for the fluid build-up was: it was caused by a virus.
Q. I assume that you were here on 17 October of this year when Dr Steen gave her evidence and she was asked about that meeting and what you were told. Her evidence appears on the transcript for day 46, 17 October, page 158 at line 13. This is Ms Anyadike-Danes' question:

"You formed the view that in those circumstances, you would have told them, and did tell them, about the low sodium. And all that is being asked for is where you see any kind of pointer or evidence to the fact that that is something that you would or even did tell the parents."

And Dr Steen answers:

"There isn't in the documentation, and there's no pointer to lots of the other things that I would have said to the parents."

An implication of that is that she said a lot of things, amongst which was a reference to sodium. Do you recall other things being said?
MR ROBERTS: No. The only explanation given to us, again,

was the build-up of fluid. Dr Steen may have used a word sodium -- I can't say she didn't use the word sodium, but we were looking for explanations as to the cause of the brain swelling, the fluid around Claire's brain, and there was no alternative explanation given. Dr Steen didn't go into a debate about low sodium and this is what low sodium can do or hyponatraemia, and this is the causes of hyponatraemia. That was not explained to us at the time. The primary -- well, not the primary, the only cause given for the brain swelling was the virus.
Q. When were you first told that hyponatraemia may have been involved or was involved?
MR ROBERTS: Well, the first time we would have learned of that would have been in 2004 when we went back and had a discussion with Dr Steen, Dr Sands and Professor Young. It was during the course of that meeting in December 2004 that Professor Young identified that there were issues with Claire's fluid management. And Professor Young then explained about the issues around fluid management and low sodium levels.
Q. After Claire died, did you return to the hospital in the weeks that followed?
MRS ROBERTS: Yes, we did.
THE CHAIRMAN: When and for what purpose?

MRS ROBERTS: I think it was just one day, it was a few weeks after Claire was taken from us, and Alan wasn't working and we just decided to go up to Allen Ward. We just wanted to go back to the ward to see if we could see anyone or speak to anyone, just with the suddenness of the way it all had happened. That's when we decided, so we went up. It was maybe the first or second -- well, the second week of November.
MR STEWART: Page 090-022-061. That is an entry in the medical record at the bottom, 11 November 1996, 3.35 pm, and it's signed "A Sands", Dr Andrew Sands. He records:

"Spoke at length with Mr and Mrs Roberts earlier today. They are naturally still trying to come to terms with what has happened to Claire. I talked through the events before her death and ..."

I'm not sure I can actually decipher the next --
THE CHAIRMAN: Let's enlarge it if we can. "And talked generally with them."
MR STEWART: Thank you:

"... and talked generally with them. They are naturally anxious to discuss the post-mortem results with someone. I will pass this on to Dr Steen as soon as possible."

So you didn't get any answers. Whatever else you may have got from that visit, you weren't told anything

more?
MRS ROBERTS: No.
MR ROBERTS: No, we were concerned, we were still looking for answers. We knew that there was a limited, a brain only post-mortem, and we were keen to try and find out how long that would take, what the process was for that and when we were likely to get some sort of detail on that or some results from that.
Q. It seems likely that Dr Sands did pass on your concern to Dr Steen because she writes to you on 18 November that year at 090-004-006:

"Dear Mr and Mrs Roberts, I wish to drop you a short note following the recent sad death of your beloved daughter Claire. It was an extremely traumatic time for your family and I am sure you still have many questions to ask. I would be delighted to meet with you both at any time in the future to discuss any queries you might have. Post-mortem results will not be able until after Christmas and, even then, I may not be able to answer all your questions. Staff of Allen Ward and intensive care have repeatedly commented on the wonderful family support which you had at this time and I hope the closeness of your family bond will be of some comfort to you along with your faith.

"I have included a leaflet from the Meningitis

Research Foundation on death. I know meningitis was not Claire's problem, but when I read the leaflet I thought some of the comments in it were very real and perhaps would be of help to you. Please do not hesitate to contact my secretary to arrange an appointment."

And after that, I'm told the post-mortem results became available in the middle of February 1997. And a meeting was arranged between you and Dr Steen and Dr Webb. Where was that meeting?

MR ROBERTS: That meeting was in the -- I think it was in the Children's Hospital.

MRS ROBERTS: Yes.

MR ROBERTS: I think it was possibly somewhere off Allen Ward. We went into an office and had our discussion. I presume it was in an office somewhere along the corridor in Allen Ward.

Q. Do you remember if Dr Steen had the autopsy report, the post-mortem results?

MRS ROBERTS: I can't remember.

MR ROBERTS: I believe she had a document with her, I couldn't have told you it was the actual post-mortem report, but she obviously discussed the post-mortem report with us during that meeting, so I presume that's the document she had.

Q. And you have made a statement to that effect at WS253/1,

page 17. At the very top of page:

"The meeting on 3 March 1997 was to talk about the post-mortem results. Dr Steen informed my wife and I that the post-mortem identified a viral infection in Claire's brain, but the virus itself could not be identified. Dr Steen advised how an enterovirus starts in the stomach and can then spread to other parts of the body, as in Claire's case. My wife and I asked if everything possible had been done for Claire and if anything else could have been done. Dr Steen reassured us that everything possible was done."

Did that answer your questions at the time?

MRS ROBERTS: There again, when it was explained to us about the virus and how they couldn't identify the virus and explained about it starting off in the stomach and spreading to parts of the body, in that case Claire's brain, at the time my own mother wasn't well with a heart condition, so she had a virus and that went to her heart. I can remember even when we were grieving as a family and trying to explain to the boys that the virus that we were now told had started in Claire's stomach and gone to her brain. And from October right through until even March, we spoke to family and friends and, you know, how quickly Claire was taken from us, and a virus, which was all we can say ... And then

come March, then we were told that, and unfortunately I can recall even walking away from the meeting and being in the grounds of the Royal Hospital and just totally deflated that it was a virus and they couldn't identify it, and basically still left in limbo.

MR ROBERTS: I think we were hoping for a more definitive cause or something that could identify the virus, we had been told it was a virus. The obvious question was: what is the virus? And that's what I was hoping the post-mortem would identify, that the doctors would be able to say: we have identified the virus, the virus has caused the brain to swell and the type of virus is X, Y or Z, and put a name to it. The fact that they weren't able to identify the virus really, we weren't happy with, but we had spoken to friends and family before and they had said, "You're going to get the results of a post-mortem, you're hoping to find the name of the virus", but they had prepared us in many ways to say, "Don't be surprised if the hospital can't identify the virus".

THE CHAIRMAN: Sometimes it just can't be discovered.

MR ROBERTS: That's right. But that was our hope, that at least we would have more definition, but we didn't get that definition.

MR STEWART: When Dr Steen reassured you that everything

possible was done for Claire, did you gain comfort from that?

MRS ROBERTS: Yes, we did.

Q. And a little later, you received a letter from Dr Webb, I understand, giving a written explanation of the post-mortem findings. That appears at 090-001-001. Dr Webb dictates this before your meeting with himself and Dr Steen and has it typed up some time after. He writes:

"Re Claire. My sincere condolences after the loss of your daughter. In summary, the findings were of swelling of the brain with evidence of a developmental brain abnormality (neuronal migration defect) and a low-grade infection (meningoencephalitis). The reaction in the covering of the brain (meninges) and the brain itself (cortex) is suggestive of a viral cause. The clinical history of diarrhoea and vomiting would be in keeping with that. As this was a brain-only autopsy, it is not possible to comment other abnormalities in the general organs. With kind regards, David Webb."

How did you react to that and what did you take from it?

MR ROBERTS: Well, I had asked at the meeting in March 1997 for a shortened version, a condensed version of the post-mortem report. A post-mortem report to a layman is

a very daunting document to try and understand, and I had asked for a brief summary of really what we had been told at the meeting in 1997. And we read through, really, when we received this letter. This reflected really what the discussion had been at our meeting, whatever, two or three weeks before that, and it had identified the ... Well, it had pointed out a low-grade infection and given it a name: meningoencephalitis.

Q. Did it leave you with all your questions answered or did you have other issues after you received this letter?

MR ROBERTS: We still found it difficult to understand how the virus could have taken Claire so quickly. We were still looking for answers for that. But you have to reach a point where you've had your discussion with doctors in the hospital, they've explained the reasons, they've given you a reason, they've completed a post-mortem report and what we were then receiving and being told is that there was a virus that had been identified and we were then receiving confirmation of that, that it was a meningoencephalitis-type virus.

THE CHAIRMAN: So at that point in terms of making any further enquiries, is that the point where it was left until October 2004?

MR ROBERTS: No, we weren't happy, I did a draft letter -- I've sent a copy to the inquiry -- and we still

continually asked ourselves questions: was everything done, did we do everything as parents, did the hospital do everything, could more have been done? I think I raised several questions in that letter, again going back into the virus: will more testing be done, will there be more investigation into Claire's death, will a report be issued by the hospital?

We unfortunately never sent that letter and that may have moved things on a little bit further at that time, but we still had real issues and concerns. But I think you reach a stage where you have to try to accept things that have been said to you.

MRS ROBERTS: The fact that I think at the time, too, meningitis was ruled out. I can remember even going to the GP and getting counselling, and although Dr Steen has said about -- it wasn't meningitis, but there was meningitis groups you can go to, bereaved groups for parents whose children have died from meningitis. I attended numerous bereavement groups and my GP and everything. So as I say, I don't even know whether I even read this letter in great detail when it came through because it's still early days after Claire passing away. I remember us looking at the letter here for the developmental brain abnormality. We never really thought much of that, but, you know, again ...

MR ROBERTS: If anything -- well, it's difficult to read even this type of letter as a layman as it contains medical definitions. But our understanding of what the post-mortem report was telling us was that we knew Claire had a learning difficulty, so really the first sentence didn't mean an awful lot to us, it was of some comfort to us that it had possibly identified a developmental brain abnormality, but that really was something that we knew Claire had. She had a learning difficulty. So we accepted that. And the definition within the letter is what we had had our discussion with the doctors about and it tied in with their explanation at the time and tied in with what they were telling us at the time, that it was a viral cause of death.

Q. In the draft letter which you wrote but didn't send, you actually requested a copy of the post-mortem report to be sent to you. Why would you have wanted to see it then?

MR ROBERTS: Probably just, you're thinking: should we ask for the post-mortem report? Should we get it? We didn't have a copy. It's one of the things you put on your list of: what else can we do, is it worth getting the post-mortem report, would we understand it, what would it mean to us? We've already had a discussion to explain what its content was. We've asked for

a condensed version to try and explain things to us. But I think that was another one of the questions we were still asking ourselves: maybe we should get the post-mortem report and it may help us in our understanding.

Q. Why did you decide not to send the letter?

MR ROBERTS: I don't know why I didn't send the letter. Obviously, now I wish I had sent the letter. I think, as I said earlier, there comes a time when you have to try and accept things, and think probably of my wife and the family and are we asking -- is it more torment for ourselves? What addition is it going to give us? Is it just more explanations of what we've already been told? So I regret not sending the letter because it may be would have helped, but I think it was purely on personal circumstances that we didn't send it.

Q. After Claire's death, a death certificate was issued and it gave the causes of death as "cerebral oedema, secondary to status epilepticus". Did you think that wasn't quite the same thing as appears here on the letter?

MR ROBERTS: Again, that was all medical definition that we had no understanding of. My wife didn't even look at the death certificate until, I think, around 2004. That was the first time she actually looked at it. I looked

at it at the time and I do recall trying to understand cerebral oedema, and I probably did a little bit of research on that, looking up. Cerebral to the brain and the oedema to fluid, and fluid swelling, and that's essentially what we had been informed of at the hospital. I didn't understand status epilepticus and I didn't try to look into that in any way.

Q. When the letter informed you:

"As this was a brain-only autopsy, it is not possible to comment on other abnormalities in the general organs."

Did you think why the post-mortem was limited to a brain only? Do you remember being told why the post-mortem was limited?

MR ROBERTS: No. When Claire was in intensive care, we had a conversation with Dr Steen and Dr Steen advised us that the hospital would need to carry out a post-mortem and it would be a limited post-mortem to brain only. The reasons given for that were that -- well, obviously doctors and the hospital had to try and identify the virus, and that was our question, really, that we need to identify this virus. So Dr Steen advised us that the hospital would carry out the limited brain-only post-mortem and there would be learning to be gained from that, for ourselves and also for the doctors in the

hospital in general.

Q. Yes.

THE CHAIRMAN: Just to be complete, I think although she discussed that with you, I think you had to consent to it and you did consent on the basis of what you were being told at that time.

MR ROBERTS: Yes. I do recall, after Claire's life support was discontinued, that my wife, myself and Dr Steen went into an office just off PICU and we discussed the post-mortem. It would be a brain-only post-mortem. We were being guided by Dr Steen down that road, we'd never asked, we never questioned about the scope of the post-mortem. We didn't ask, really, what had to be done, we were being guided by Dr Steen. We were asking: what do we do now? This is the process. And Dr Steen then took us through that process that we needed to try and identify the virus.

THE CHAIRMAN: You'll have heard evidence earlier this week from Dr Taylor and Dr McKaigue about the points at which it is normal to discuss whether a case goes to the coroner or whether there's to be a post-mortem or what the extent of the post-mortem is.

MR ROBERTS: Yes.

THE CHAIRMAN: Can you just recap, on your recollection, on, first of all, was there any discussion about referring

Claire's death to the coroner that you can remember?

MR ROBERTS: There may have been a discussion before we went into the last few minutes with Claire. There was a discussion then that we would go in and we would have ten minutes with Claire before her life support was discontinued, and that was explained to us, that was the process. That's what we would do. It may have been mentioned then that the hospital would be carrying out a post-mortem and we may have said: whatever we need to try and get answers to this. I do then recall, after Claire's life support was discontinued -- and that's what I was explaining earlier -- Dr Steen, my wife and I went into an office off PICU. I then had to sign the consent form for the brain-only post-mortem. I do remember Dr Steen telling me that there would be no need for an inquest. That is how it was put.

THE CHAIRMAN: Okay.

MR ROBERTS: I don't recall the words "coroner's inquest" being used because that was something again that we had very little knowledge of.

THE CHAIRMAN: Whether she used the word "coroner" or not, you remember being told there was no need for an inquest?

MR ROBERTS: Yes, I remember those words: there would be no need for an inquest.

THE CHAIRMAN: And that was at the very end, after the life support had been disconnected?

MR ROBERTS: Yes, and signing the consent form.

THE CHAIRMAN: Thank you.

MR STEWART: Time moved on. You got on with your lives, until 2004.

MRS ROBERTS: Yes.

Q. Do you remember sitting down and watching the TV programme?

MRS ROBERTS: Yes.

MR ROBERTS: Yes. I think there was a programme that was broadcast earlier in the year, around March time, and it was a programme related to the Insight programme. I can't remember the detail because we just caught the last five minutes of that programme. But it was enough to sort of jog our memory and we thought: what was that programme all about? And then we knew or we heard that there was either a follow-on programme to be broadcast on 21 October 2004. So we actually then made a point to mark that in our calendar, if you like, to sit down and watch the programme.

Q. That date is already marked in your calendar.

MR ROBERTS: Yes.

THE CHAIRMAN: As you watched the programme then, what struck you?

MR ROBERTS: As we watched the programme, I think what ... The programme essentially focused around the three children, but we related more, I think, to Lucy, to Lucy Crawford. She had been admitted to hospital with a gastro-enteritis type bug, and that obviously had a direct correlation to our thinking that Claire's treatment -- what she went into hospital with. And the programme then focused on the fluid management of those children, the fluids that were given and essentially the type of fluid that was given. So we focused on that and obviously then listened to the other examples given on Raychel and Adam.

The programme, I think, raised all sorts of issues for us. It almost -- it was as though we were those parents, really. It was so ... It brought back so many similarities and so much of talking about fluid, fluid administration, fluid around the brain, brain swelling, and those were things that we had talked about and discussed with Dr Steen.

MR STEWART: So what did you resolve to do, having watched the programme and made those connections in your mind?

MR ROBERTS: Well, we decided -- we said we had to definitely make contact with the Royal, we had to go back to the Royal and contact whoever we needed to speak to at the Royal. It raised issues that we needed

answered.

MRS ROBERTS: Because when we watched the programme, say it finished at 10.30, 11 at night whatever, 11.15, one of the boys was up in his room, he came down and there was silence because we were upset by it, it was very -- it was just as if we were the parents. We were very emotional, Gareth came down and he was very emotional. He just said, "Is that what happened to Claire?".

THE CHAIRMAN: I think if I pick up the story, you then rang the Royal the next day?

MRS ROBERTS: We said, "We can't let this go, we have to make contact".

MR ROBERTS: That was a Thursday, the programme was broadcast on a Thursday, and it was obviously around Claire's anniversary, it was 21 October the programme was broadcast. That was ironically the day that Claire went into hospital, 21 October, eight years before that. So I went into work the next day and I contacted -- got a number for the Royal and rang the Royal. I spoke to a lady there, I think from the press office, a lady called Dympna, and had a brief chat with her and just expressed our concerns that we had watched the programme the previous evening and we were really, really concerned, we needed to speak to someone. I recall her saying to me, "Yes, the hospital were expecting calls

because of the broadcast". And I gave her my details and she would pass them on to someone that we could speak to.

THE CHAIRMAN: Did you then get a call back, as it turned out, from Dr Rooney then?

MR ROBERTS: Yes, I got a call back in the early afternoon of the Friday. I probably rang the hospital first thing on the Friday morning and I think Dr Rooney then rang me back, and we introduced ourselves and we again had a chat. But that was within a few hours of me initially contacting the Royal.

MR STEWART: We heard from Professor Rooney this morning and we went through her note that she took at the time of your meeting, which was on 25 October, three days after your call. Does that accord with your memory of the meeting?

MRS ROBERTS: Yes.

MR ROBERTS: Yes, it does.

Q. There's one thing I wanted it ask you -- it's a detail only -- but she has recorded that at PICU you told her that you'd talked to Dr Steen and Dr Hicks. Could you have been in error about Dr Hicks?

MRS ROBERTS: I think the reason that there Dr Hicks' name came up was that there was a female and a male doctor in intensive care. I couldn't grasp Dr Webb's name, but

I then may have said, because when Claire was a baby she was under Dr Hicks, so not unless with me saying that -- that might have made Dr Rooney then ...

MR ROBERTS: We were essentially trying to recall doctors' names.

MRS ROBERTS: Yes.

MR ROBERTS: So it is possible that instead of Webb we got Hicks.

MRS ROBERTS: Yes.

Q. What is recorded by Dr Rooney are the clear questions that you formulated even by that stage:

"What had caused the fluid build-up in the brain? Why was there a sudden change in her condition? Was her condition misdiagnosed? What was the role of fluid management in her deterioration?"

Those are good questions.

MRS ROBERTS: Thanks to Alan.

THE CHAIRMAN: So you have no criticism of Professor Rooney for what she has recorded in her note? That seems to be a fairly accurate record of that meeting?

MRS ROBERTS: Oh, none at all.

MR ROBERTS: No, no. That was the meeting on the following Monday.

THE CHAIRMAN: Yes, 25 October. It's then agreed that she will take certain steps with the hope that you'll meet

up in the next few weeks.
MRS ROBERTS: Yes.
THE CHAIRMAN: Then take us through that.
MRS ROBERTS: On arrival up to the psychology department of the hospital, on meeting Dr Rooney, she offered her sympathy to us and was very understanding and treated us very sensitively as well.
MR ROBERTS: Is that the 7 December meeting?
THE CHAIRMAN: Yes. We've moved past 25 October. You're content with that?
MR ROBERTS: I had, I think, two or three telephone conversations with Dr Rooney. That was really just to catch up and organise meetings and who would be there and who would be attending. I listened to Dr Rooney's evidence this morning and I actually still have my 2004 diary, so I have a note, and that's why I was able to give so much detail within my statement on that. But the meeting was to be organised with Dr Steen, Dr Sands, Dr McBride and Dr Webb, and that was the entry I made in my 2004 diary. So Dr Sands was the initial doctor to be involved.
THE CHAIRMAN: And it makes sense for him to be involved because you'd met him with Claire.
MR ROBERTS: Yes.
MRS ROBERTS: Yes, yes.

THE CHAIRMAN: Okay. Then take us to 7 December, would you, and what happened that day?
MR ROBERTS: 7 December, that was a meeting, again, held in the psychology unit within the Royal. That was organised by Dr Rooney. At the meeting was Dr Steen, Dr Sands and Professor Young.
THE CHAIRMAN: You've seen the draft minutes and then the final minute of that meeting.
MRS ROBERTS: Yes.
THE CHAIRMAN: How close is that to your recollection of things?
MR ROBERTS: I don't think we can be in any way specific on that. I didn't take a note of the meeting. So there were several areas discussed and talked about and from one draft to the other, we couldn't give an accurate definition on that.
THE CHAIRMAN: Let me clear this up: is there anything in those minutes, the draft minutes, which jars with you as in: that doesn't seem right? I can understand you not remembering every last detail, but is there anything which doesn't seem right or which jars, or does it seem broadly okay to you?
MR ROBERTS: I haven't seen the draft minute. It was just what was discussed this morning there. On looking at that, there was nothing really that jumped out at me.

THE CHAIRMAN: Okay. But then your follow-up to that is to send in a series of questions.
MR ROBERTS: Yes. Essentially, we went to that meeting and I think the three points are summarised about why there was a sudden deterioration. We left the Royal at around 9.30 and why there had been, over that five/six-hour period, a sudden deterioration in Claire's condition.
THE CHAIRMAN: Can I ask you a question Mr Stewart raised with morning with Professor Rooney? When you left that meeting, we know that you had more questions because you sent in detailed questions a couple of days later. How much did that meeting help you understand more about what had happened to Claire?
MR ROBERTS: Well, the purpose of the meeting was after watching the television broadcast, so we went to the meeting with -- obviously we asked for a review of Claire's care management for the Monday and the Tuesday and into the Wednesday. But essentially, after watching the programme, we were asking questions and we wanted answers to Claire's fluid management and any issues around Claire's fluid management. We wanted to know the type of fluid administered to Claire, we wanted to know the volume of fluid given and then we also wanted to know if that fluid management had played any part in her death.

So that was the key issue. That was the key fundamental that we were going along to ask about. Between watching the programme on 21 October, I had read three or four articles on hyponatraemia, so I was then educated, if you like, a little bit about hyponatraemia. So we knew there was a link between -- and watching the programme, there was obviously a link. So we were keen to also find out about Claire's sodium levels. That was the two -- we wanted to know about her overall care management, but the two specific areas that we wanted to ask and enquire about were around her fluid management and what her sodium levels were.
THE CHAIRMAN: To what extent do you think you began to get the responses on those issues at the meeting?
MRS ROBERTS: It's Dr Steen that mostly ...
MR ROBERTS: Dr Steen outlined, I think -- and it has been documented -- Claire's clinical picture. And Professor Young was then brought in to explain about fluid, fluid management. So we listened to Professor Young and he gave a definition around low-sodium fluids, hypotonic fluids. That was our first question: what type of fluid did Claire receive? And that was the first answer that we were looking for. It was No. 18, low-sodium hypotonic fluid. And we then asked about the sodium levels. That was the first time

we were informed about Claire's sodium levels. We were then informed that the sodium level was 132 on admission, and that had dropped to 121. So that was the key information we were looking for.

MRS ROBERTS: But then we also hung on to whenever Professor Young started to talk, that he initially started off by saying that this was probably something that we did not want to hear because he was obviously talking about the fluid and that the fluid had had an impact on Claire's treatment.

MR ROBERTS: I think what we essentially got out of that meeting was: we had watched the programme, we had concerns around fluid management, we had concerns now around this new word that we had heard, hyponatraemia. We then had concerns around Claire's sodium levels, and that raised additional concerns for us.

MRS ROBERTS: Yes.

MR ROBERTS: We were also concerned, I think, after the meeting concluded, that Dr Steen was still of the impression that the reason for Claire's death was a virus. Dr Steen at that meeting was still repeating the explanation she gave to us in 1996 in PICU and again in 1997. So Dr Steen's view at the meeting was that the cause of Claire's death was still the viral cause. She went through the explanation given, the enterovirus

link, and it was Dr Steen's view that it would be very difficult to link the fluids and be more definitive on the fluids and their impact. Her view was that it was a viral cause.

THE CHAIRMAN: Did you pick up on a difference between her approach and Professor Young's approach, or would that be putting it too far?

MR ROBERTS: No, I don't think -- I couldn't say that. We disagreed -- we didn't like what Dr Steen was telling us because we had these new concerns --

MRS ROBERTS: Yes.

MR ROBERTS: -- and we were getting answers to those concerns from Professor Young, and yet, on the other hand, Dr Steen was still repeating what she had told us several times before. I think that was one of the reasons we did -- and Dr Rooney explained this this morning -- that we did arrange a follow-up meeting for the following Thursday, which was the 16th. And I think we both said that we really had heard enough from Dr Steen and Dr Sands, that if we were going to have a meeting the following Thursday we would like to meet with Professor Young and Dr McBride.

MRS ROBERTS: Yes, because of the fluid.

THE CHAIRMAN: Okay. Before the 16th, you sent in your first list of questions.

MR ROBERTS: Yes. Well, the meeting raised more questions than answers. We had focused on the two areas that we needed a response to. So that raised all sorts of additional questions and we sat down that evening and into the next day and compiled ... As I say, we didn't take a note or any sort of minute from what was discussed at the meeting, so we were trying to, from memory, recollect what was actually discussed at the meeting and we were then trying to compile our own series of questions around that.

THE CHAIRMAN: Okay. They went into Dr Rooney. And what happened then? Because the meeting on the 16th didn't take place, isn't that right, with Professor Young and Dr McBride?

MR ROBERTS: Yes. I e-mailed that response into Professor Rooney the following day. It went through on 9 December. That really just outlined our additional questions, 1 to 10. At that stage my understanding was that there would be a follow-up meeting and I was compiling these questions hopefully as a precursor, really, for that meeting that we were hopefully going to have on the 16th.

THE CHAIRMAN: For them to be answered at the meeting?

MR ROBERTS: Or to be developed.

THE CHAIRMAN: And why did the meeting not take place on the

16th?

MR ROBERTS: The meeting didn't take place on the 16th. I got a phone call from Dr Rooney, saying, I think, that -- I have a diary entry if you want me to look at it.

THE CHAIRMAN: Yes.

MR ROBERTS: On 14 December, Dr Rooney rang me at work and I was unavailable, so I returned the call. Dr Rooney explained that it would be -- I'll just read out my diary entry:

"It would be difficult to get everyone together with dates and times and she proposed that we leave the meeting until January 2005. In the meantime, the Trust will proceed with referring Claire's case to the coroner."

THE CHAIRMAN: Okay.

MR ROBERTS: Again, I just asked, during that conversation, how long that process is likely to take, and Dr Rooney said she wasn't sure, but she would find out for us.

THE CHAIRMAN: So what then followed on?

MR ROBERTS: We received a letter, I think, from Dr McBride. That would have been dated some time after that. 17 December, we got a letter from Dr McBride.

MR STEWART: 139-145-001.

MR ROBERTS: I think, essentially, that letter was saying

that the Trust had now reported Claire's death to the coroner. On my letter of 8 December, I think we made our intention fairly clear, that the meeting had opened up so many areas of concern and we wanted the coroner to be informed immediately, with the desire that some thought is given to the inclusion within the inquiry. At that time, my concern was that the inquiry was just getting up and running then and our concern was that if there was to be a major inquiry into the three children's deaths, and if Claire's was so similar, that that's something that we would certainly like to tie up with the inquiry before it officially started.

THE CHAIRMAN: He said in the second paragraph of that letter on the screen why it has been referred to the coroner and then he gives you the coroner's contact details.

MR ROBERTS: Yes. I contacted the coroner -- we had a meeting with the coroner on the first week in January.

MRS ROBERTS: Can I also say that when we were at that meeting with Dr Steen and Professor Young and Dr Sands and that, I can recall even Dr Steen as much as saying: why would you want to take this any further? To me, that's how it came across, once the meeting was over. Because once the meeting was over, the doctors left then, we had a word with Professor Rooney. I think

actually it was probably through even Dr Steen saying that that made us more determined.

THE CHAIRMAN: Was then the next development that you got written responses to the questions from the Royal --

MR ROBERTS: Yes.

THE CHAIRMAN: -- under Dr Rooney's hand? As she said this morning, she signed off this letter, but the letter says that it comes with the input of Dr Steen and Professor Young.

MR ROBERTS: Yes.

THE CHAIRMAN: To what extent did that help you understand, from the information contained in that letter, what had happened?

MR ROBERTS: We weren't happy with the content of that letter. I think that letter, again, raised a lot more questions because the scope of the letter again seemed to put the emphasis back on to the viral infection, and our line of thought then was: was that a misdiagnosis, was that a true cause of death, had we been given accurate and truthful information at the time?

MRS ROBERTS: As you can see, the word "encephalitis" comes up a good three or four times in the first page of the letter.

THE CHAIRMAN: Yes. Then after that, there's no follow-up letter to the Royal, but you're on the route to

the coroner at that stage; is that right?

MR ROBERTS: Yes.

MRS ROBERTS: Yes.

THE CHAIRMAN: And you then effectively, over the next year or so, are moving towards the inquest?

MRS ROBERTS: Yes.

THE CHAIRMAN: And also, I think, keeping in touch with the inquiry because you've already expressed a view that you want Claire's death to be included in the inquiry's work.

MRS ROBERTS: Yes.

THE CHAIRMAN: Right. Shall we pick it up at the inquest then?

It's 1.25. You've been giving evidence for about an hour. I'm in your hands about whether you want to break or you want to continue.

MR ROBERTS: We're fine to carry on.

THE CHAIRMAN: Okay. Let's continue.

MR STEWART: You made a statement for the coroner at 097-015-191. You said in the second paragraph that:

"Claire attended school on Monday 21 October 1996 and her teacher reported that she had been sick in school before returning home at approximately 1500 hours."

That seems, on the face of it, inconsistent with

evidence that's been given that she was sick on return from school.

MR ROBERTS: It's just in the definition of the word "sick". Certainly maybe off form or off colour, but I'm not sure ...

THE CHAIRMAN: That was the teacher's note, wasn't it?

MRS ROBERTS: She was just pale, but ...

MR ROBERTS: The teacher's note actually gives better definition on that, that there was no vomiting in school.

MR STEWART: Did the inquest itself further serve to address your questions?

MRS ROBERTS: Could you repeat that?

Q. Did the inquest answer more of your questions or not?

MR ROBERTS: No, it didn't. The inquest, again, centred around, we thought, the viral cause of death. There were three reasons given by the coroner for the cause of the cerebral oedema. The first one was the meningoencephalitis, so we weren't happy with that because we still had difficulty in understanding the cause, the viral cause of death, because going back to Claire's symptoms when she was in hospital, she had no fever, she had no neck stiffness, she had none of the typical symptoms of a meningoencephalitis. So we couldn't piece that together, we weren't happy with that

definition. I think it was important at the inquest to get some recognition for hyponatraemia, and that was the first time that hyponatraemia was identified as one of the causes. So we were pleased with that. Maybe not totally pleased about the definition of hyponatraemia due to excessive ADH because, by that time, our understanding was the cause of the hyponatraemia was the low-sodium hypotonic fluids.

And I have heard some discussion recently about SIADH. And even now, we don't believe that Claire had SIADH. We don't believe that Claire had any infection or any disease to cause SIADH. Claire certainly had ADH, but she didn't have a syndrome of SIADH. That's our belief. Claire had raised levels of antidiuretic hormone, and that's evident through the vomiting, the sickness that went on through the Monday evening, through the Monday night and probably into the Tuesday morning. So it was the raised levels of ADH combined with the low-sodium fluids, the hypotonic fluids, which we feel resulted in Claire's hyponatraemia.

The other definition within the coroner's verdict was the status epilepticus. Again, that was a medical term that had been in, if you like, from day one. We had no understanding of that.

Q. When did you first yourself see the medical chart, the

notes and records?

MR ROBERTS: I think we had access to Claire's medical notes some time just before the inquest.

Q. And have you studied them closely and often?

MR ROBERTS: Yes, we have. We have certainly concerns around the medical notes. There are issues, I think, around -- if we go back to even into PICU, we feel the accuracy and the definition that was given within the autopsy request form from Dr Steen is, to put it lightly, very biased. We feel it's inaccurate in its definition. It's swayed, if you like, towards a viral cause of death and it contains numerous inaccuracies, as has already been discussed. So we have major concerns around that.

When I read through the medical notes, I have also a major concern within the medical notes, and it relates to really just how the medical notes read. In one particular page -- if you want to call it up it's 090-022-053. Ever since reading the medical notes, we have had great concern about the addition of the two words added at some time into the medical notes. Because those two words do not sit with, first of all, what Dr Sands told us at the ward round, and it was very difficult for us to listen to Dr Sands' evidence. Dr Sands informed us -- well, he gave evidence that he

supposedly informed us that he had told us that Claire had a major neurological problem, that Claire had a brain infection, and that encephalitis was discussed at the ward round.

We disagree totally with all of that. My concern is that when I read through the medical notes -- and what I do when I read the medical notes, I cover those two words up. I don't look at them. I think if you read the medical notes, they do flow in a better way, they're more coherent, they read better without the addition of those two words. So our obvious concern is when those two words were added.

THE CHAIRMAN: Let me ask you about that directly because you know that Dr Sands says that the rest of the ward round note is in the writing of Dr Stevenson, who was accompanying him, and that the reason for those two words being in different handwriting is that they were added by him in his own handwriting after he had spoken to Dr Webb and went back to the ward. That explains the different handwriting and it explains them being entered at a different point. He accepts that he should have timed and dated that entry. But if you take that, why are you sceptical of Dr Sands' evidence being accurate on that point, that he did have this concern after speaking to Dr Webb and that's when he made the

additional entry?

MR ROBERTS: The first point I'd emphasise -- the definition given to us at the ward round verbally by Dr Sands was that Claire had a major neurological problem. That was not discussed. He told us that Claire had a brain infection. That was not discussed. And he says that encephalitis was discussed at the ward round. Now, we were sitting around the bed at the ward round. If we had heard the word "encephalitis" mentioned or discussed during a conversation with doctors, we would have been asking "What is being discussed?" or "What's going on here?". There was none of that.

MRS ROBERTS: A brain infection and you go for your lunch?

MR ROBERTS: When I read through the medical notes, the medical notes do not read ...

MRS ROBERTS: Can I have a wee break?

THE CHAIRMAN: Do you want to stop for a few minutes?

MR ROBERTS: A few minutes.

THE CHAIRMAN: I'm in your hands. I'd presume you'd prefer your wife to be with you when you're giving evidence.

MR ROBERTS: I can carry on.

MR McALINDEN: In relation to this issue, obviously there doesn't appear to be anyone here for Dr Sands. Certainly Mr Green made the point when the family opening was raised that if this issue was going to be

a significant issue, he would wish to be present to deal with it. I realise this is becoming a very significant issue and I think, in terms of fairness to Dr Sands, it would probably be appropriate if Dr Sands' counsel was here to hear this evidence to deal with it.

THE CHAIRMAN: I understand. I know from what Mr Green said, he's not available this week, isn't that right?

MS McADOREY: That is right, Mr Chairman.

THE CHAIRMAN: But he's available next week.

MS McADOREY: He's available next week.

THE CHAIRMAN: I had considered this, but I wanted to hear the extent to which Mr and Mrs Roberts were advancing this point today before I made a decision about whether it was necessary for Mr Green to return or indeed whether it's necessary for Dr Sands to return. So what I'll do is I'll -- I'm not going to stop the evidence being given, but I think then that I will want to hear from you or Mr Green next week whenever suits. There's time for that to be done next week. So if you could -- later today or tomorrow -- arrange with Mr Green a point at which he could return next week. You'll obviously be able to give him the transcript of today's evidence. And we can discuss whether Dr Sands might be recalled on this specific point. I think he has already been questioned to some extent on it.

MS McADOREY: Mr Chairman, I'm in your hands. At this stage, I could refer you to Dr Sands' evidence. Dr Sands has given evidence on this point.

THE CHAIRMAN: He has, and I think you were helpful enough to provide us with the references. 19 October, is it?

MS McADOREY: Yes, page 170, lines 10 to 19.

THE CHAIRMAN: Yes.

MR STEWART: I would also suggest his witness statement to the inquiry.

THE CHAIRMAN: This is where he gives his explanation for -- I think it's what I was summarising to Mr and Mrs Roberts a few moments ago. He said he spoke to Dr Webb, came back to Allen Ward and put those extra words in the notes. Okay. Would you contact Mr Green and then you can liaise with us as to what day you could come back next week?

MS McADOREY: Mr Green is back on Monday. He's back for the remaining three days and, if you wish Dr Sands to give evidence, I have no doubt he will make himself available to the inquiry.

THE CHAIRMAN: Thank you very much indeed.

It's 1.40. We're going to get through your evidence today, there's no rush to go through it within a certain time. I'm in your hands about whether you're really content to go ahead without your wife.

MR ROBERTS: Okay. Why don't we take maybe a 10-minute break? Or do you want to go for lunch and come back?

THE CHAIRMAN: If we said 2.15, does that give people time enough for a break?

MR QUINN: It would give Mrs Roberts a chance to recover and give everyone a chance for a short break.

THE CHAIRMAN: I'm not sure it will get any easier for her after the break. Let's take 35 minutes now and push on at 2.15.

(1.40 pm)

(The Short Adjournment)

(2.15 pm)

(Delay in proceedings)

(2.25 pm)

THE CHAIRMAN: Can I just recap on the point that you were making before we broke?

Your interpretation and recollection is that Dr Sands did not say anything to you about a major neurological problem for Claire, nor brain infection nor encephalitis, and I think you've made two points about that. Mrs Roberts, you said if he had said that to you, you'd never have left for lunch.

MRS ROBERTS: Never.

THE CHAIRMAN: Mr Roberts, the second issue you were raising specifically was the way in which Claire was treated,

you can't reconcile that with her being treated for encephalitis as if that had been diagnosed; is that right?

MR ROBERTS: Yes, that's correct.

THE CHAIRMAN: Is that right until about 5 o'clock when Dr Webb gives her acyclovir?

MR ROBERTS: No, because I think at 5 o'clock Dr Webb in his note says he does not believe -- he doesn't think that meningoencephalitis is likely.

THE CHAIRMAN: Right. But then he does give the acyclovir, doesn't he?

MR ROBERTS: To me, that's routine cover for a child who he is about to leave on the ward, that he's concerned about, and that he feels will need routine antibiotic and antiviral cover. It's not specific for the treatment of encephalitis. That would be my view on that. Because Dr Webb has, in his note:

"I don't think meningoencephalitis is likely."

So even at that stage, Dr Webb is not considering meningoencephalitis.

To follow that on, the actual ...

THE CHAIRMAN: It depends how you interpret that. That's the note, if we bring it up, at 090-022-055. It's the bottom of the page, the heading is "plan", and then point 1:

"Acyclovir -- I don't think encephalitis is likely."

So your interpretation of that is he's giving that as a protection, not because he has identified any specific condition which Claire needed it for?

MR ROBERTS: Yes. It's routine and I think Dr Stewart referred to it in one of his statements that that was standard, quite standard practice, to give routine cover for antibiotics and antiviral treatment.

THE CHAIRMAN: Okay. We had got into this because you had said you had a number of points you wanted to make about the medical notes. The first one was about the autopsy report, which you say is significantly inaccurate, but then you acknowledge -- we've been through that over the last few weeks, so I think you were inclined to let that point stand as it is; is that right?

MR ROBERTS: Yes. Just to raise that as another critical area of concern, that there was a bias attached to that request form to the pathologist, which pointed the pathologist in a certain way.

THE CHAIRMAN: Yes. Then the next point you wanted to make from the medical records was: this entry about "encephalitis/encephalopathy", and I think unless you have anything more to add, we have gone through that. Are there other specific issues in the medical notes beyond the ones that you want to emphasise?

Let me say, over the last number of weeks, we've highlighted a whole series of entries which are a bit ambiguous, entries which are not timed, and the misunderstandings which can arise from that, but if you want to make any specific point, please do.

MR ROBERTS: I think the obvious errors are in the medications and we've gone through that in detail. There's numerous errors, failures, mistakes, overdoses of medications given to Claire. And if I can fit that into the clinical picture a little bit better, that was Claire's -- Claire's clinical presentation on the Tuesday morning was typical of a child whose sodium levels were falling. She had been vomiting through the night, she was on low-sodium fluids. That was her clinical presentation on the Tuesday morning. What then happened around 2 or 3 pm was that Claire was overdosed on medication. Claire received serious overdoses of phenytoin and midazolam. That, in effect, heavily sedated her, in effect it put Claire to sleep for the next four or five or six hours. Meantime, the fluids were still being administered, the hyponatraemia was building, the cerebral oedema was building, and Claire's sodium levels were falling. By the time the overdoses of medication were starting to wear off, the cerebral oedema had already built by around 9 o'clock,

and I think that's reflected in her Glasgow Coma Scales.

Claire had a blood test done around 9.30, and her sodium level was 121. By then it was too late because she had been put to sleep for the previous 4 to 5 hours. She didn't have a chance to recover. The hyponatraemia had fallen, the sodium had fallen, the fluids were still being administered, the cerebral oedema was taking over Claire's clinical condition at that time. It was only a matter of hours then before we reached disaster.

THE CHAIRMAN: And you fit that in with what Professor Young said a couple of days ago, which is the big missed opportunity here was the second blood test because if that had -- as he thought was likely, if that had shown a falling sodium, then something could have been done at least to resolve the hyponatraemia element of her condition.

MR ROBERTS: Well, I think it beggars belief how Dr Sands can classify a child with a major neurological problem, a brain infection, encephalitis, at 11 am on a ward round and he fails to do a blood test.

THE CHAIRMAN: What Professor Young said, if I've got this right -- and I'd like your comment on it -- is if the second blood test had been done, he believes it would almost certainly have shown the sodium falling below 130. That would have highlighted that issue. So action

could have been taken to control and restore the proper sodium level, which would have taken that complication out of Claire's condition, which would have allowed the doctors to focus on what else was wrong with her in the first place.

MR ROBERTS: I don't believe there is that much else wrong with Claire.

THE CHAIRMAN: Surely the complication, Mr Roberts, is there was something wrong with Claire, which is why she came into hospital in the first place.

MR ROBERTS: Yes.

THE CHAIRMAN: When she arrived in hospital, her sodium was a bit low at 132 and she has been sick. So however major it is or however minor it is, there's something wrong with her; is that not right?

MR ROBERTS: Yes, and I think our understanding of that is correct: Claire had a tummy bug and had a gastro-enteritis type infection. That was actually abating, because if we look at her white cell count, it had dropped from 16.5 down -- by the time she got through Tuesday and into PICU, her white cell count had fallen to 5. So the level of infection was abating. Claire's gastro-enteritis-type bug was correcting itself. But what had taken over was the treatment throughout Tuesday, was the overdose of the medication.

She was put to sleep and she didn't have a chance to recover from that.

THE CHAIRMAN: You'll understand why I'm asking you these questions because there are a number of other views which have been expressed, and one of the striking features is that there's a significant level of disagreement about what exactly was wrong with Claire and what exactly killed her and the extent to which each contributed. It's not just -- I know you and your wife have reservations about views coming from the Children's Hospital, but the inquiry's experts aren't all singing from the same hymn sheet about what was wrong with Claire. But they do seem to think that there was something more wrong with her than just a tummy bug.

MR ROBERTS: Yes. Well, that's the bit we find difficult to accept because there is no evidence for that. What evidence do we have for that? Certainly status epilepticus, there was no testing done, and Claire was not --

THE CHAIRMAN: I think to be fair, the majority of the experts have thought that that's an unusual diagnosis and without confirmation.

MR ROBERTS: Exactly.

THE CHAIRMAN: But I think the point was -- and it's really the point that you were at in late 1996/early 1997,

which is that sometimes you just don't know.

MR ROBERTS: That's correct. But we do have evidence. We have pathologist reports to say that there is no brain infection. So we have to look at solid evidence. The solid evidence is that there was no brain infection. There may be a few unknowns and a few unanswered questions, but if we rely on solid evidence, there was no pathological evidence for brain infection. So that leads us to the fact that Claire certainly had medication overdoses that affected her ability to respond throughout Tuesday. The fluid administration diluted her sodium levels, and we know that a minimum positive balance of hypotonic fluids can lead to acute hyponatraemia. So we prefer to look at facts and the evidence. We know the sodium level fell drastically from 132 to 121 over 23 hours; that is acute hyponatraemia.

THE CHAIRMAN: Okay. Mr Stewart?

MR STEWART: Thank you, sir.

Central to your quest for answers is really the issue of what you have been told, what you were told, what you were not told. How do you feel about the way the communication with you has been handled?

MR ROBERTS: I think essentially, the communication we had was with Dr Steen, and Dr Steen, in our view, had one

agenda. Dr Steen didn't change her view in 1996/1997 or again when we met in 2004, and her views did not change at the coroner's inquest in 2006. So our communication with the main clinician responsible for Claire's treatment, we feel was, to put it mildly, totally inadequate.

I think that raises another issue around -- and I don't want to go back to it too much, but when the actual note, the "encephalitis/encephalopathy" was added, because I do feel that when we did go back in 2004 and we were heading -- we had our meeting and we were heading for a coroner's inquest, that Dr Steen was asked by Dr McBride in the first instance to review the medical notes. I find that very difficult to accept, that a doctor who potentially is going to be asked a question about the treatment of a child is given, in the first instance, the opportunity to look at the medical notes.

Q. Why?

MR ROBERTS: I think it's pretty obvious if a doctor looks as a medical note and she's about to face criticism, that she will want to go through the medical notes, scrutinise the medical notes and perhaps see what their content is. I feel that if Dr Steen was reading through the medical notes, she would realise that there had to

be -- well, if she looks at her definition, she is confident that she has brain infection within the post-mortem report. But the medical notes do not find encephalitis, I feel, by that stage. I feel that Dr Steen needed to close the circle within the medical notes.

THE CHAIRMAN: If I understand it rightly, in effect what you're querying is whether, when Dr Steen saw the notes and the issue had been raised on the back of the documentary, she then saw that there wasn't a reference to encephalitis, so she got Dr Sands to write it in? Bluntly, is that what you're saying?

MR ROBERTS: That's my belief.

THE CHAIRMAN: Which would mean that Dr Steen and Dr Sands didn't just make mistakes or have oversights in the way that Claire was treated, but that they subsequently conspired to fabricate notes in order to try to see off the queries which you raised some years later?

MR ROBERTS: Exactly, yes. I think Dr Steen, looking at the notes, would realise that there had to be a trigger for the status epilepticus, or as she had put down, the non-fitting status. There had to be a reason for that. That's why I believe the encephalitis was added into the medical notes, in and around the ward time.

THE CHAIRMAN: It's one thing for me to decide that there

have been errors and omissions; you'll understand that it's a much greater jump for me to say that notes were fabricated after the event. In order just to be fair to everybody, isn't it right that from the time that Claire came in, there was a bit of an issue and a bit of a question about encephalitis because it's in and then it's stroked out? So from the start, encephalitis had occurred to the admitting doctor and then to Dr O'Hare.

MR ROBERTS: Yes.

THE CHAIRMAN: I know that there are issues about whether they stuck by that, but it was at least featuring in their minds, wasn't it?

MR ROBERTS: Well, it has to be probably paramount in any doctor's mind that they have to consider maybe the worst case. In A&E, the SHO was little experienced and quite rightly put it down with a question mark against it. Dr O'Hare gave Claire a thorough examination and admitted her on to Allen Ward and discounted encephalitis at that stage.

THE CHAIRMAN: She considered it to the extent that she wrote it in the note and then reconsidered it to the extent that she deleted it. The only point I'm making to you is that it is ... I'm not quite sure what the correct term is for this. It's floating around at least in the background as a possibility.

MR ROBERTS: I think if it had been a possibility, it wouldn't have been discounted from Dr O'Hare's medical note. Dr O'Hare, if she wasn't confident that there was no encephalitis, would have left it in and possibly with a question mark against it. And then my point is from there on in, encephalitis is not mentioned within the medical notes anywhere. At 5 pm, Dr Webb does not believe or does not think meningoencephalitis is likely. Now, the other important point is that even if Dr Sands and Dr Webb had any real concerns about a child with encephalitis, would they have left the hospital at 5 pm?

THE CHAIRMAN: Well, I think the answer to that, Mr Roberts -- and again you'll understand what I'm doing here, I'm sort of posing the questions that might be posed on their part in the same way as your issues have been raised with them, I'm raising their possible responses to you. I think the answer to that might depend on the extent to which they think -- anybody thinks -- that encephalitis is a possibility. Because there are all sorts of degrees of risk and degrees of concern about: is it condition A or is it condition B?

MR ROBERTS: Yes.

THE CHAIRMAN: I suppose the answer to that will be: it depends to what extent they were worried. But I mean --

I think you've heard me raise this point earlier this week about whether either doctor would have gone home if they thought that Claire was in any severe and immediate risk.

MR ROBERTS: Yes.

THE CHAIRMAN: I think, to be fair to Dr Webb, I don't think he would have done because Dr Webb came back a number of times in the afternoon. You have heard the criticism of him that he was on the wrong track, but he was coming back, he was clearly doing whatever he could, he was paying a lot of attention to Claire. Whatever else Dr Sands was doing on Tuesday afternoon, he also came back and saw Claire before he left. So it's not that they weren't interested in Claire, the question is: did they identify accurately what the problem was?

MR ROBERTS: Yes.

THE CHAIRMAN: And your big concern is that they didn't. That's why you told me last time you were in the witness box, that you have a big concern about whether Dr Sands, in 1996, thought that Claire was the sickest child on the ward.

MR ROBERTS: Yes.

THE CHAIRMAN: And I understand that point.

MR ROBERTS: I think if I can add to that, when we look at the medical notes from 5 pm onwards, we ask

ourselves: what really happened? What really happened between 5 pm and Claire's respiratory arrest at 3 o'clock in the morning? There's a massive gap in the medical notes. We have one entry from Dr Stewart at 11.30, who was recording a blood test result to check on phenytoin levels. So from 5 -- and okay, Claire was seen by Dr Hughes, but that's the administration of the routine medications. There was no urgency shown to Claire after 5 pm. She was seen by two very junior SHOs.

THE CHAIRMAN: I think it's Dr Hughes who, at around 9 o'clock, organised the fresh blood test, wasn't it?

MR ROBERTS: Yes. Well, Dr Hughes administered the acyclovir. Did she take the bloods at that time? I don't think we know that.

THE CHAIRMAN: I'm not sure we did, but the bloods were taken at about that time, which is why you get a result at about 11 o'clock.

MR ROBERTS: Yes.

THE CHAIRMAN: So it seems a fairly logical step that it was Dr Hughes who took or arranged for the blood test to be taken. The result of that comes back at about 11-ish. Dr Stewart comes in -- I think he might actually be called because of the phenytoin level but, coincidentally, the blood result is through. He

realises things are seriously wrong and he gets a lot of it right in his note at about 11/11.30.

MR ROBERTS: He certainly gets the note right, yes, regarding hyponatraemia, fluid overload, low-sodium fluids, yes.

THE CHAIRMAN: And then you have the final disaster that --

MR ROBERTS: Then on top of that, he goes ahead and administers more fluids with the additional phenytoin. So he wasn't totally correct.

THE CHAIRMAN: No, he wasn't perhaps.

MR ROBERTS: I just draw the point to the level of urgency that was shown between 5 pm and 3 am for a child who, I re-emphasise, was the sickest child on the ward, had a major neurological problem, and had a brain infection.

THE CHAIRMAN: Mr Fortune?

MR FORTUNE: Sir, I rose a few moments ago and you indicated, with a gesture of your hand, I should hold my objection. But if I've understood what Mr Roberts has said just a few moments ago in relation to the entry on page 090-022-053, the entry of the words "encephalitis/encephalopathy" by Dr Sands is as a result of a conspiracy between he and Dr Steen, then I need to say something. Because of course that is, as far as I can recall, the first time such an allegation has been made, certainly so far as Dr Steen is concerned, and I'm

not aware of such an allegation being made against Dr Sands.

In relation to the allegation, if we keep that document up on the left-hand side, please, and then bring up on the right hand side 090-054-183. This is the autopsy request form in the hand of Dr Steen, and at the bottom of the form:

"Clinical diagnosis. Cerebral oedema secondary to status epilepticus. Query underlying encephalitis."

THE CHAIRMAN: And that's the 22 October 1996 -- it's wrongly dated. It's 23 October 1996, isn't it?

MR FORTUNE: Yes. It is effectively a contemporaneous document.

THE CHAIRMAN: Yes. Thank you.

MR FORTUNE: Sir, I say no more at this stage.

THE CHAIRMAN: You understand the point that's being made? I had questioned you on the basis that, whatever degree of uncertainty there was about encephalitis, it had been referred to from the admission notes onwards, and Mr Fortune for Dr Steen is emphasising that encephalitis is referred to with a query in her request for the autopsy request form. Does that not make you hesitate before suggesting that adding it to the medical notes was a fabrication in 2004?

MR ROBERTS: No, it doesn't, because what Dr Steen is doing

on the autopsy request form is identifying the route that she would like the pathologist to take. She is identifying that she would like to find encephalitis in the post-mortem report. If anything, then, it reinforces the point that it's one of the reasons why Dr Steen will have to go back into the medical notes and capture the encephalitis within the medical notes.

THE CHAIRMAN: Let me ask a simple point: why would she not do that in October 1996?

MR ROBERTS: Because we had gone home as distraught parents and we had accepted her explanations for a brain infection. There was no questions being asked. There was questions being asked in 2004.

THE CHAIRMAN: Okay.

MR ROBERTS: When the notes -- I feel the circle for the notes was not complete, and that's when it was completed.

THE CHAIRMAN: Mr Fortune?

MR FORTUNE: If I've understood this very serious allegation correctly, the entry in the note on the left-hand side of the screen was made in 2004. There is evidence in 1996, contemporaneous with Claire's treatment in hospital, that Dr Steen, amongst other clinicians, questioned the possibility of encephalitis. Mr Roberts does not wish to withdraw the allegation and therefore

Dr Steen will have to meet it when she gives evidence.

THE CHAIRMAN: Yes.

MR FORTUNE: It is a very serious allegation made for the first time at a very late stage in this inquiry. That in itself may prompt some real concern. Further -- and I do not wish to be seen to be making a submission, however it is a valid objection. Mr Roberts goes on to attack the integrity of the pathologists in this case, who carried out the autopsy. That, again, is a matter of real concern, particularly, I suspect, for the Trust, and I anticipate that I will see Mr McAlinden rise as soon as I sit down.

THE CHAIRMAN: Thank you very much.

MR McALINDEN: There is one issue I would like to address at this stage, Mr Chairman, and it's really a point of information. Can you, on behalf of the inquiry team and yourself, confirm that this is the first time that this allegation has been brought to your attention?

THE CHAIRMAN: Yes, subject to Mr Quinn's opening last Thursday.

MR McALINDEN: But certainly in relation to Dr Steen, this is the first time?

THE CHAIRMAN: Yes, it is.

MR McALINDEN: Can you confirm that the matter was previously investigated by the police and that, to your

knowledge, and to your team's knowledge, it would appear that the allegation that's been made today was not made to the police and that the police, at no stage, carried out any forensic testing of the documentation to investigate any such complaint?

THE CHAIRMAN: I'll have to confirm that, but I think that's right.

MR McALINDEN: Thank you.

MR QUINN: Mr Chairman, I have just one point to make. Subject to what your own view is, I didn't hear any attack on the pathologists made by either Mr and Mrs Roberts. They simply just said what was on the autopsy request form.

MR FORTUNE: That is not correct. The suggestion made by Mr Roberts is that that was the path that Dr Steen wished the pathologists to go down. We can check the transcript. If I am right, then, sir, it is a matter of inference. It is either explicitly or implicitly, at the very least, an attack on the integrity and independence of the pathologists.

THE CHAIRMAN: Well, sorry, that might be going a bit far. Because when Dr Herron was giving evidence, I think he accepted -- and I think it was in response to a question from me -- that he received an unusually detailed autopsy request form and that since he doesn't always

have time to make his way through the notes and records, the detail in this request form would be a particularly helpful steer about what he might be looking for. It doesn't bind him to go, but he's being -- and in fact, he would welcome this -- encouraged to look in a particular direction to see if the clinicians' suspicions are correct. I'm not sure that that amounts to an attack on the pathologists.

MR FORTUNE: But whatever Dr Herron's practice may have been, the way the words have just been put into the public arena by Mr Roberts -- and we can go back to the transcript.

MR QUINN: Page 133, lines 1, 2 and 3 [draft].

THE CHAIRMAN: What Dr Steen is doing, on the autopsy request form, is identifying the route that she would like the pathologist to take. She is identifying the that she would like to find encephalitis in the post-mortem report.

MR QUINN: That "she would like to find", not the pathologist. He never challenged the pathologist's findings at any time.

THE CHAIRMAN: I think I've got it. Thank you.

MR FORTUNE: I don't think saying any more will advance this objection.

THE CHAIRMAN: Okay.

MR ROBERTS: If I could maybe just add to that: when I look at this autopsy request form, and it is very distressing to read as a parent, and it reads that -- as we've gone through numerous times -- that Claire was unwell for 72 hours before admission, that she had contact with a cousin who had vomiting and diarrhoea. She had a few loose stools and then, 24 hours prior to admission, started to vomit. We cannot accept that.

THE CHAIRMAN: I understand. You say that history is almost completely wrong.

MR ROBERTS: Of course it's wrong and it paves the way -- I have to choose my words very carefully -- for interpretation. It does also, obviously, cover Claire's fluid and her sodium level. But to me, that history of present illness should have started off with: we have a child whose sodium level was 132 on admission and fell to 121 within 23 hours, we are concerned about acute dilutional hyponatraemia. Not some history about visiting a cousin who had vomiting and diarrhoea.

THE CHAIRMAN: Okay.

MR ROBERTS: And the sodium level -- there is a note that sodium dropped to 121 on line 5. To me that should be the first entry that went into the clinical summary. And again, no reference to the severe drop in the sodium level.

THE CHAIRMAN: Okay. Let me see where you want to go next. We've been through the autopsy report and the medical notes. Mr Stewart asked you about communication and you have expressed the view that the communication, which was essentially handled by Dr Steen, was totally inadequate. I think there was a point you wanted to ask, Mr Stewart, from this week's evidence.

MR STEWART: You have listened very patiently to a lot of evidence this week and doubtless some of it you agreed with and perhaps some of it you didn't. Is there anything in particular that is of concern to you that you'd like to highlight?

MR ROBERTS: I think a general comment would be that it's been a bit of a yo-yo session for us because we come along and we listen to independent experts give evidence -- and I think their evidence is very clear-cut as far as we are concerned, looking for truth, transparency and honesty. And then when we have the clinicians for the Royal giving their evidence, we seem to have a more defensive approach overall, still trying to defend directions in 1996.

Q. You heard Mr Peter Walby give evidence yesterday and the day before. He said that he was anticipating, or half anticipating, a medical negligence action by you. None materialised. But had it done so, he would have settled

it on the basis of an error, a medical error, that he had identified. If somebody had come forward and said to you at that stage that they had made an error, would that have made any difference to you?

MR ROBERTS: Of course it would have.

MRS ROBERTS: Even if we went to the inquest.

MR ROBERTS: This is what we find difficult to accept. There are so many errors and mistakes in Claire's treatment, we find it impossible to understand how they were not identified in 1996. We have heard about audits and mortality meetings and reviews. How that did not happen, how that was not picked up at some time we find that really quite difficult to understand. As far as Mr Walby's comments were concerned, we never questioned in 1996, we never questioned Dr Steen, Dr Webb, we never questioned Claire's treatment, we never questioned her care management, we never raised an issue with them. We did not question their integrity. We trusted in the doctors at the time.

In 1996/1997, we put our full trust in the doctors, we did not raise one question that would question their actions. We only started asking questions in 2004. And we find that very, very difficult to accept. And as I say, even then, leading on to the coroner's inquest in 2006, we were still getting the same responses from the

doctors responsible for Claire's treatment.

MRS ROBERTS: Also, may I say that when Mr Walby mentioned on his evidence about a medical negligence case, never in a million years did I even think when I had to go to a coroner's inquest -- negligence, mistakes, that never crossed my mind. But when I came out of that inquest, I said to my husband or maybe Alan said to me, "Someone has made a massive cock-up over our daughter's death". But not once when I was in that coroner's inquest or the lead-up to it was negligence or anything entered my mind. All I wanted was Claire. And for those doctors to say in 1996 to say, "We made mistakes". For everyone makes mistakes, but all you have to do is hold your hand up ... Excuse me.

MR STEWART: Perhaps a few minutes, sir.

THE CHAIRMAN: You can maybe consider over the break, Mr Roberts, if there is anything more you want to add. I suspect we're coming towards the end of your evidence, but you can consider that over the next few minutes.

MR ROBERTS: Thank you.

(3.05 pm)

(A short break)

(3.15 pm)

MR STEWART: Just so the point is clear: have you at any time suggested any claim or made any medical negligence

claim in respect of Claire?

MR ROBERTS: No, we have never gone down that road.

Q. When you had the meeting on 7 December 2004 with Dr Rooney, how did you perceive Professor Young's status at that time?

MR ROBERTS: I received several phone calls from Dr Rooney, as she was organising the meeting planned for 7 December, and she told me who would be attending the meeting: Dr Steen, Dr Sands, and she told me that there would be an input from a senior consultant, someone who had specialised in fluids and fluid management. And then I later received a call from Professor Rooney to say that it would be Professor Young, who was a senior professor from Queen's, who would be giving us an input into Claire's fluid management. My view at the time was that Professor Young was a professor from Queen's.

THE CHAIRMAN: In other words, are you saying that you thought he had no connection with the Royal?

MR ROBERTS: Yes.

THE CHAIRMAN: I understand that point. Can I ask you this: do you accept that he gave an independent input in that he was the one who identified hyponatraemia? In other words, if you're worried about there's a certain line which is being steered by Dr Steen, Professor Young didn't go down that line?

MR ROBERTS: No, no, Professor Young gave us the answer to the question. I said earlier we had two specific questions: fluid management, was it an issue, was it not an issue? And at that meeting on the 7th, Professor Young explained to us that Claire's fluid management was an issue.

THE CHAIRMAN: Well, I just want to understand then, to the extent that you're making a point about this, it's that it's not about what he said; it's about your understanding that he was independent of the Trust when he wasn't?

MR ROBERTS: Yes. From what we now know, that's a concern.

THE CHAIRMAN: It is, but it didn't stop him giving you --

MR ROBERTS: No, he answered the question we wanted answered at that time.

THE CHAIRMAN: Thank you.

MR STEWART: At that time, there was an attempt to conduct a case note review. In fact, there were several attempts to review the case notes. What did you make of those attempts?

MR ROBERTS: Well, as far as I was concerned, Dr Rooney had informed me that Dr Steen had Claire's case notes and she was putting together a document. That's how it was described to me, that Dr Steen was compiling a document, and from that document she would be able to chart

Claire's history and give us a breakdown of Claire's treatment and her medical care for the Monday and the Tuesday.

Q. When did you first learn that there may have been an error in the prescription of midazolam?

MR ROBERTS: I think that was about 12 o'clock one night. I was on the computer at home and I was looking through -- everyone seemed to be focusing on fluids and fluid management and I was totting up the total fluids that Claire had received. Then I said I'd better check some other things and go through it in case there was any other errors within the medical notes, and the first thing I noticed was when I looked at the phenytoin calculation. It was 18 milligrams per kilogram. Claire was 24 kilograms, so I did a rough tot in my head, I did 20 times 24 is 480, so I knew there was a direct mistake there straightaway. 18 times 24 is not 632 for obvious reasons.

And then I started looking at the other -- once I'd identified the error within the phenytoin, I then looked at the midazolam and called up an online data sheet for midazolam. And the recommended dose from that data sheet was quoting 0.1 milligrams per kilogram. And I looked again at the medical notes and saw that Claire -- the entry in Claire's medical notes was 0.5.

So I had grave concerns on spotting that.

THE CHAIRMAN: It ended up, now everyone accepts on the basis of your discovery, that she got triple the volume of midazolam that she should have got.

MR ROBERTS: Yes, yes.

THE CHAIRMAN: Or more than triple.

MR ROBERTS: More than. To be accurate, even if we look at the regular dose of midazolam, I think there's potential errors within that, that have yet to be highlighted or discussed.

THE CHAIRMAN: The 0.1 and 0.2?

MR ROBERTS: Well, the midazolam was actually mixed ... 69 milligrams of midazolam was mixed with 50 ml fluid to give a ratio of 1.38. And Claire eventually was to receive 3 ml, so 3 ml of fluid on that ratio is 4.14 milligrams of midazolam; the prescription is 2.88.

THE CHAIRMAN: Okay. Mr Stewart, anything more?

MR STEWART: Have you anything more, Mr Roberts? You have covered perhaps the chiefest of your concerns and I know there are probably many more. Is there anything that you think that you need to say that should be said that you'd like to say?

MR ROBERTS: I think we've covered most things. If I could just acknowledge, I think, in summing-up, I think we've covered most of that.

No, just an acknowledgment to finish with, I think. I think I would like to say that my wife and I would like to thank you, Mr Chairman, the inquiry senior counsel and the entire inquiry team for the way in which this public inquiry has been conducted and its endeavour to establish and identify what we, as Claire's parents, have been asking for for the last 16 years, and that's truth and justice. Thank you.

THE CHAIRMAN: Thank you very much. Ladies and gentlemen, we're finished with today's evidence, unless there are any other points to be raised.

SPEAKER: I think Mr Fortune might want to raise a few issues with you. He's currently on the phone. Would you give him a few moments? They might be specifically for the inquiry and the timetabling of next week.

THE CHAIRMAN: We'll let Mr and Mrs Roberts go.

MR QUINN: My learned friend has followed a number of questions that -- I had prompted a number of his own questions. One question that we think has been unanswered was: we heard Mr Roberts found the mistake in the overdose at midnight when looking at the notes. We never actually heard when. When was that? When was it first discovered after the many reviews that were carried out, after the many reviews of the notes? Was it before the inquest, after the inquest? When was it?

MR ROBERTS: It was after the inquest.

MR QUINN: What year?

MR ROBERTS: It must be probably about three years ago now.

THE CHAIRMAN: Thank you.

I was going to say we'll adjourn until Monday morning at 10 o'clock. So if Mr Fortune has any specific point to come back to me on, we're due on Monday to have Dr McBride and Dr Steen, and we anticipated not getting through Dr Steen after Dr McBride on Monday, so she would spill over into Tuesday.

MR STEWART: Sir, may Mr and Mrs Roberts leave the box?

THE CHAIRMAN: Of course, please do. Thank you.

Mr Fortune, I was just saying that I'm told by your solicitor that you might have a query to raise about next week's timetable. I was saying that we intend to start with Dr McBride with Monday. We continue with Dr Steen. She's timetabled, if needs be, to spill over into Tuesday. We have Professor Lucas on Tuesday and we might have Dr Sands, if his availability is confirmed, on Tuesday.

MS McADOREY: I have spoken to Dr Sands and he can come back next week.

THE CHAIRMAN: Why don't we pencil Dr Sands in for 2 o'clock next Tuesday? And Professor Lucas will be giving

evidence and then Dr MacFaul on Wednesday. Is there anything separate from that?

MR FORTUNE: No, sir, thank you very much indeed.

THE CHAIRMAN: Thank you, Monday at 10.

(3.27 pm)

(The hearing adjourned until 10.00 am on Monday, 17 December 2012)

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