Friday, 27th April 2012

(9.30 am)

THE CHAIRMAN: Morning. Ms Comerton?

MS COMERTON: Mr Chairman, the next witness we'd like to call is Catherine Murphy.

MRS CATHERINE MURPHY (sworn)

SECRETARY TO THE INQUIRY: Please state your full name.

A. Catherine Ann Murphy.

THE CHAIRMAN: Miss Murphy, can I tell you before you start that everyone here has read your earlier witness statements. We have read your response to what Ms Ramsay said. You set out why you think she was being too harsh I think in effect. Ms Ramsay has responded to that, and I would also bear in mind what Professor Savage said last week about his trust in your capability. Okay?

QUESTIONED BY INQUIRY COUNSEL

MS COMERTON: Good morning, Mrs Murphy.

A. Good morning.

Q. I'd like to ask you a few questions about your role and experience in Musgrave Ward, first of all. Just to be clear, you were a staff nurse in 1995 in Musgrave Ward on 26th November 1995?

A. That is correct, yes.

Q. And at that time you had been qualified as a registered

sick children's nurse for five years?

A. For five years, yes.

Q. And you had worked on Musgrave Ward since you had qualified in 1990?

A. That's correct.

Q. And you remained there in nursing until 1997?

A. That's correct, yes.

Q. Had you undertaken any renal -- training in renal nursing at all prior to 1995?

A. No, I hadn't.

Q. And would many of the nurses on the ward have had that kind of training?

A. I can't remember whether around 1995 there would have been many. I just would have been aware that progressively over a period of time there would have been some nurses that would have gone on to do some specialist training.

Q. Was Musgrave Ward a renal ward?

A. Not exclusively a renal ward, but certainly I would always have considered it to be the ward where the renal patients came to.

Q. Thank you. Now just to be clear, you have prefaced a lot of your answers in your witness statements to the Inquiry on the basis that due to the passage of time, you can only rely on the records and notes as opposed to

your recollection.

A. That's absolutely true. I just have very, very little recollection of it.

Q. And I wanted to ask you about that a little. Would you agree, Mrs Murphy, that it was a fairly rare occurrence prior to 1995 to have a paediatric renal transplant in the Children's Hospital, especially in a young child?

A. Yes. I wouldn't say that was untrue. Yes. Uh-huh.

Q. If I could refer to the document 300-021-033, this is a table that we had shown originally in the opening, and if you see on the left-hand side of it, there are two columns for the Children's Hospital, and it sets out the number of paediatric only renal transplants. So if we look at the first column, it is for children under 14. Do you see that?

A. I do see that, yes.

Q. So if we run down from when you first qualified in 1990, for example, there were only two children, two small children, who had had a renal transplant in the Royal Children's Hospital, 1991 there was only one, '92 was one, '93 was one and '94 was zero, and then in '95 there were three, and Adam was one of those children.

A. Okay. Yes.

Q. We know at least one other of those children occurred before Adam.

A. Yes. Okay.

Q. The other piece of evidence that I would like to refer to was a comment by Dr O'Connor, and I am not sure if you can pull this up. It is a transcript from 25th April, page 71, lines 16 to 17, where Dr O'Connor said:

"I think I remember, because I was a bit shocked to be walking down the corridor with my coat and bag and there was a transplant happening, because it is a big event for us, and on a Monday morning you don't expect ...",

and she stopped there.

So my point to you, Mrs Murphy, is it was an extremely rare occurrence for any child to be on the ward and getting ready for a paediatric renal transplant. It was maybe only one or two a year. Even the consultant nephrologist who was on duty at that time accepted it was a very big event for everyone.

So in those circumstances I am suggesting to you that it might be something that you would be more likely to remember as opposed to just treating your treatment of another patient who would be coming in and going out for various ailments.

A. I really just can't explain that I don't have a great deal of memory about it. I can't apply any logic.

THE CHAIRMAN: Is there a difference, Ms Murphy, between --

you do remember Adam coming in for a transplant and you do remember the fact that he died, but -- I mean, I presume you do remember that, but it is the details of what happened on the ward on the night before that you're not so clear about. Is that it?

A. Yes. In actual fact when I was first asked to give a statement to the Inquiry, which I think was in 2005 I think, that actually was a reminder to me that I was Adam's admitting nurse. Until then I really --

THE CHAIRMAN: You didn't remember that at all?

A. -- I really hadn't remembered it, yes, yes.

THE CHAIRMAN: Okay.

A. I can't explain that. I'm sorry.

THE CHAIRMAN: Well, there was nothing -- the fact that you were -- I mean, you were the admitting nurse presumably for hundreds --

A. Hundreds and hundreds, and you would think that, considering the event that happened, that you would have a better memory of it, but I just don't.

THE CHAIRMAN: Okay.

A. I just don't.

MS COMERTON: In any event, Mrs Murphy, you were the nurse responsible for caring for Adam in that pre-operative period between his admission on 26th November and him going to theatre at 7 o'clock on 27th November?

A. Yes. It would appear so, yes.
Q. Can you say whether or not there would normally have been a night sister covering the nursing issues on that evening?
A. To memory I think there would have been a night sister on every night, but as to who it was I really don't know.
Q. You don't know?
A. Yes.
Q. And you state in your police statement, if we could refer to 093-007-023, the third line down:

"Adam Strain was a frequent visitor to our ward. I'd admitted him and nursed him on many occasions. I do not actually remember admitting Adam on 26th November '95 and as I had admitted him on many occasions before. However, from the notes I know that I was the admitting nurse on this date."

Would it be fair to say, Mrs Murphy, as Adam had been in hospital fairly frequently before, you knew him fairly well?
A. I did know him very well. Could I maybe just clarify something as to that --
Q. Certainly.
A. -- because it actually says that I admitted him on many occasions and I actually don't think I did. I think

that may have been the only time I actually admitted him, and it's just a clumsy use of language. I think it was he was admitted on many occasions and I nursed him.

Q. You had care of him during that admission as an inpatient?

A. I don't actually think that I had been his admitting nurse.

Q. Admitting nurse?

A. Yes.

THE CHAIRMAN: But you had nursed him on many occasions?

A. Oh, yes, many, many times, yes.

MS COMERTON: Were you the nurse that was designated to looking after him pre-operatively?

A. Well, I must have been, because it appears I am the only nurse who made any notations in his notes.

Q. Would there also have been other nurses, though, on the ward who may have assisted you if you needed help or whatever?

A. Yes.

Q. Now I'd like to move on and ask you about the Protocol for Renal Transplantation in Small Children 1990. The reference for that is witness statement 002/2, page 52. Mrs Murphy, were you familiar with the Renal Transplantation in Small Children Protocol?

A. I don't ever recollect seeing that before.

Q. Do you know whether there was -- have you knowledge of there being a protocol in use when you were working on Musgrave Ward, although you mightn't have known exactly what it was?

A. I don't know if I would quite put it like that. I know that there would have been files with protocols in them. I am just not sure whether I would have been aware that there was a protocol for renal transplants, you know.

Q. Could Adam have been the first child that you dealt with who was coming in for a renal transplant?

A. Well, he could have been, but, you know, as you say, there were a number before Adam, and I just am not sure whether I was involved in any of those -- with any of those patients.

Q. Uh-huh. Do you recall having any discussions with any clinicians, specifically Professor Savage, or any of the senior house officers about the protocol?

A. I don't, no.

Q. No. Professor Savage gave evidence on 17th April. If I could refer to the transcript, it is page 25, lines 13 to 23, and he was asked about the protocol. If we start at line 14:

"The purpose of the protocol was so that if any child came into hospital for a renal transplant, that whether you were a nurse or a junior doctor, or indeed

myself, or anyone else involved, that they could look at the protocol and say, 'This is the standard way that we proceed with the transplant. These are the tests that need to be done when the child comes to the ward. This is the information that we need in terms of biochemistry, blood tests, X-rays, before we proceed to theatre'."

Then he goes on to talk about junior doctors.

Could we also refer to page 26, please, line 16? He was asked:

"Q. Was it a guide or did you really expect people to follow this?

A. Both.

Q. Well, how important did you regard it that people actually carried this out?

A. I think it was important."

Also at line 25 he admits:

"In a way it's an aide memoire for me ..."

THE CHAIRMAN: You don't recall being aware of it?

A. I don't, no.

MS COMERTON: The last reference is page 41 of the transcript, lines 1 to 12. Professor Savage said -- he was asked:

"Q. Was a copy of it placed on Adam's file?

A. Yes.

Q. When would that have happened?

A. As soon as he was admitted. Every child who's admitted would have a copy of that provided with their notes.

Q. So it's not when he goes on to the register and you know hopefully at some -- in due course?"

Then he says at line 8:

"A. In the ward we would have a renal file and in it would be a transplant protocol."

Do you remember the renal file, Mrs Murphy?

A. I don't specifically remember a renal file, but I think I would have been aware there were protocols, yes.

Q. Okay. If I continue:

"So when someone comes in for a transplant, you would take a copy of the protocol and have it available with the notes or at the nursing station for everyone involved to have a look at."

So Professor Savage has given evidence that the protocol was used. It was on Adam's notes, and your evidence is, "I just don't remember that"?

A. I don't remember that.

Q. Okay. If we could refer back to the protocol for a moment, please. It is witness statement -- thank you. If I could refer you, Mrs Murphy, to "Examination on Admission". It is the second paragraph and the -- note

and it says in the third line:

"Height and weight."

You accept that you didn't measure Adam's height when he came in that night on the ward?

A. I do. Uh-huh.

Q. That is one of the requirements to the protocol?

A. I can see that, yes.

Q. I'll come back to that later. If I move on, were you aware of any protocols relating to dialysis at all?

A. Not that I can remember either.

Q. Okay. Now if we could move on then to Adam's pre-operative management and care, and if I could refer you to page 202-002-029. I'd like to point out some excerpts from Mrs Sally Ramsay's nursing report and particularly in relation to standards for record and record-keeping. First of all, she refers halfway down the page to:

"Standards for records and record-keeping were published by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting in April '93."

Were you aware of those standards, Mrs Murphy, in '95?

A. I don't think I was.

Q. You don't think you were?

A. I don't remember. I don't think I was.

Q. You don't recall them being part of your training at all?

A. No, I don't recall.

Q. If I go on:

"The document described the purpose of nursing records as follows:

To provide accurate, current, comprehensive and concise information concerning the condition and care of the patient and associated observations.

To provide a record of any problems that arise and the action taken in response to them."

If we could move on to page 12, please:

"To provide evidence of care required, intervention by professional practitioners and patient or client responses.

To include a record of any factors (physical, psychological or social) that appear to affect the patient.

To record the chronology of events and the reasons for any decisions made.

To support standard setting, quality assessment and audit.

To provide a baseline record against which improvement or deterioration may be judged."

I take it you would accept all of those points?

A. Yes. It was "Yes". Sorry. Sorry.
Q. Do you agree with the suggestion that nursing records at that time usually included the following elements: first of all, an assessment, secondly, a plan of care, and then, thirdly, an evaluation?
A. Yes, I think that would be accurate, yes.
Q. Thank you. Now when we look at Adam's nursing records, there does not seem to be a care plan amongst those papers. Isn't that correct?
A. That's correct, yes.
Q. And can you remember whether you drew up the care plan for him on the evening of 26th?
A. I really can't remember whether I did or not.
Q. Would there be any reason why you wouldn't, Mrs Murphy?
A. I don't think there would have been a reason other than if things were extremely busy, and I think it would be fair to say that night duty on a ward where there's reduced staff and I suppose more pressure on the staff to look after proportionately bigger numbers of children may not always be the most conducive place to write in-depth nursing care plans and things like that.
Q. A nursing care plan, though, would often be a pro forma document, wouldn't it?
A. At that time we wouldn't have had pro forma documents.
Q. You wouldn't?

A. No, not to my knowledge, but I really don't think we would have.
Q. Okay. Could I refer you to the document at 057-024-039? I wonder could you turn that round? Is this what a nursing care plan would typically look like?
A. Yes. It would be a problem and your goals --
Q. Nursing actions.
A. -- nursing actions and then a review of them.
Q. So it is really a checklist to remind you what needs to be done?
A. It is, yes. Be done, yes.
Q. And to set out for someone who's taking over from you --
A. Correct, yes.
Q. -- what has been done or what's outstanding?
A. And what still needs to be done, yes.
Q. If there are changes to the plan, then that would obviously be recorded as well?
A. It would be, yes.
Q. So if there was a state of uncertainty about what was going to happen later on or possibly a change to the care of the patient, it would be important to record that. Isn't that right?
A. It would be. Again I just provide the caveat that sometimes it is just not possible under the pressure of your responsibilities at any given time, but yes, that

would be your -- your aim.

Q. Would there be an operation care plan for a patient who was coming in for an operation?

A. Not that I can remember. I really don't think there was.

Q. At that time?

A. Yes.

Q. Just a moment. Would you accept, Mrs Murphy, that there would be certain elements of Adam's care that would have required documentation?

A. Yes.

Q. And the only real note that we have from you is your nursing note. Isn't that right? If I can just find them. That's at 057-014-019. Thank you.

A. Yes.

Q. That was your main note as to what was going to happen to Adam and what had happened to him?

A. That's all that I could locate in his -- sorry -- his records, yes.

Q. Okay. I wonder could we refer to Mrs Ramsay's report again at 202-002-027 -- sorry -- and also 202-002-032. Thank you. If I refer you to the top of the page, Mrs Murphy:

"The absence of a plan of care suggests that either one was not written or that it has been lost."

Do you accept that?

A. I do, yes.

Q. On balance do you think that you may not have written one because you think it was a busy night?

A. I think that maybe we all have an inflated sense of how good or bad we are at things, but I do think that I would have made an attempt to do it. It has -- having listened to some of the oral evidence from last week, the -- what happened on the night has sort of started to become much clearer to me compared to just having looked at my nursing notes, and it was a busy night. So, I mean, it is possible, it is possible that I didn't do one. It is equally as possible that I did a short one. I certainly don't think I did any great in-depth one.

Q. Thank you. If you run into trouble with getting time to do things when you are on duty at night, can you not ask other nurses to assist you --

A. You can, but if the --

Q. -- or the night sister?

A. You can, but if the other nurses are equally as busy, it's ...

Q. I accept that. You always have that option?

A. Oh, you do, yes. You do.

Q. So you may not have exercised it that evening?

A. I can't remember.

Q. Okay. If we go on then:

"In my opinion it was known that Adam would only be on the ward for a short period of time and would go to PICU afterwards. This in all likelihood reduced the need for a lengthy and detailed care plan and consequently a care plan was not written. It also appears that pre-operative and transplant checklists listing observations, fasting time, bath, consent and medicines given were not used."

Did you use pre-operative and transplant checklists in 1995?

A. I don't think so, no.

Q. Okay. I am going to come back to the various elements of your note, Mrs Murphy, when I come to that.

A. Okay.

Q. Now if I could ask you about what the plan was in terms of starting time for surgery when Adam came in. When Adam was admitted to Musgrave Ward, were you aware of when he was going down to theatre, what time?

A. Certainly when I was asked to give a witness statement, I couldn't remember.

Q. Okay. Now having had a chance to look at the records and having heard all the evidence this week, do you recall what time you understood he was going to theatre at?

A. No, I can't say it has informed my recall of it. I certainly have a better understanding of it, but it hasn't informed me -- my personal recall of it.

THE CHAIRMAN: I understand that. Can I just warn you about one thing?

A. Okay.

THE CHAIRMAN: Sometimes when you have heard a week or two of evidence about people remembering as best they can what happened sixteen years ago, it might vaguely ring bells, but be careful about thinking that --

A. That that's my memory of it.

THE CHAIRMAN: Exactly. That's the point.

A. That's the point I was trying to make. It hasn't actually informed my personal memory of it. It has given me a clearer understanding of what happened.

THE CHAIRMAN: Of sort of generally what --

A. Of the whole event, yes.

THE CHAIRMAN: Okay.

MS COMERTON: If I could go back to that nursing note at 057- 014-019, please, now you were aware when Adam was admitted to the ward that he was going to be checked for tissue matching, Mrs Murphy. Is that right?

A. I presume I would have at the time, yes.

Q. The evidence we understand is that those results were going to come back to the ward between 1.00 and 2.00 am.

A. Okay.
Q. So consequently any plan that may have been formulated would have been subject to what the results were.
A. Okay.
Q. Now your nursing note starts off 26th November and it is timed at 10.00 pm.
A. At 10.00, yes.
Q. Is that right?
A. Yes.
Q. So the first four lines of that note all were written down at 10.00 pm.
A. Approximately.
Q. That was the plan for Adam at that time?
A. Approximately, yes.
Q. So that was before the tissue matching and before any blood results?
A. Okay.
Q. The second line is:

"Clear fluids via gastrostomy at 180 mls an hour."

A. Yes.
Q. Was there a start time planned for that?
A. I don't remember.
Q. Okay. If you had written it down in the nursing plan, would you take it then that that was to be put up and organised fairly soon after you had noted it?

A. Yes, or around -- yes, close to the time --
Q. That you had noted it?
A. Yes, I would think so.
Q. Do you know how long it was planned that those clear fluids would be administered via gastrostomy to Adam at 10 o'clock whenever that was decided?
A. I don't know. I know now that they were to stop two hours before his surgery.
Q. You would know -- you would have known that as a nurse, that generally children have to have --
A. An empty stomach.
Q. -- nil by mouth for two hours before surgery?
A. Yes, yes.
Q. That's a commonly known fact?
A. Yes.
Q. But can you recall whether you were given a specific time to stop those clear fluids?
A. I must have been if I did stop them. So at some stage I must have known that he was going to surgery at around 7.00 am or if that was the plan to stop them -- somebody must have instructed me to stop them at 5.00.
Q. Who gave you instructions that evening? Can you recall?
A. I can't recall, no.
Q. Is there any reason why you weren't more specific in your note about what time that was to -- the clear

fluids were to stop at?

A. No, no, no reason.

Q. Would you normally have recorded that in the nursing note?

A. I don't know if I would have. I think I may have relied more on the actual fluid balance sheet to record start times and finish times.

Q. Would you have noted on the fluid balance sheet at what time something was to stop?

A. I don't think I would have noted what time it was to stop. I would have noted what time it stopped at.

Q. It did stop?

A. Yes.

Q. Similarly then the IV fluids at 20 mls an hour. Again would it be fair to say that they were to be set up fairly soon after you made your note?

A. I would say so, yes.

Q. For how long were they to continue?

A. Again that note doesn't say and --

Q. You don't recall?

A. -- and I don't recall, no.

Q. Then the normal PAC X until 6.00 am. That's the peritoneal dialysis. Isn't that right?

A. Peritoneal dialysis, yes.

Q. So you knew that Adam was going to be dialysed until

6.00 am and you knew that at 10 o'clock on 26th November?

A. It appears so, yes.

Q. How soon after the end of dialysis can a child go to theatre?

A. Goodness! I don't -- I can't remember.

Q. You don't know?

A. Yes.

Q. I wonder could I refer to document 058-035-133? Now this is part of Adam's medical notes and it's signed by Professor Savage you see at the bottom of the page.

A. I can, yes.

Q. You will see at the top of the page this has obviously been noted after the tissue matching results have come through.

A. Okay.

Q. So we understand from the evidence that's probably between 1.00 and 2.00. So:

"Transplant cross match favourable.

Planned for theatre."

Then you will see, Mrs Murphy, that originally there was a 6 written there and then it's been written over and 7 has been written on top of it.

A. Yes.

Q. If you have heard the evidence, you will recall that the

clinicians have said there was initially a plan to go to theatre at 6.00 and then it was put back until 7.00.

A. Okay.

Q. Can you recall that change in start time for surgery?

A. I can't, I'm afraid, no.

Q. Or any reason why that would have changed?

A. No. I'm sorry.

Q. Okay, and the feeds through the gastrostomy stopped at 5 o'clock. Isn't that correct?

A. Yes, according to his notes.

Q. So he couldn't have gone to theatre any earlier than 7.00. Isn't that right?

A. I imagine not, no.

Q. If the original plan after the tissue matching was that Adam was to go to theatre at 6.00, when should the feeds have stopped?

A. Two hours prior to that, so 4.00.

Q. At 4.00?

A. Yes, uh-huh.

Q. Can you recall ever being told to stop the feeds at 4 o'clock?

A. No.

Q. Now if I move on then to measurement of vital signs, if we could refer to document 057-011-015, and this is a record that you made whenever Adam was admitted. Is

that right?

A. That's my writing, yes.

Q. On the left-hand side we have 9.30 pm and you have recorded temperature, pulse and respiration.

A. And blood pressure.

Q. And blood pressure. I beg your pardon.

A. No, it's fine.

Q. There's also in the next column "6.00" -- it looks like "6.00 am". Is that your writing?

A. It is my writing and it does say "6.00 am", yes.

Q. Okay. There's no record that you have made of how often those observations are to be recorded. Isn't that right?

A. That's right, yes.

Q. Where children are more unwell is it fair to say that their observations would occur more frequently --

A. Yes.

Q. -- for example, four hourly?

A. Yes.

Q. Or if they are coming out of surgery, they would be quite frequent and that would reduce?

A. Yes, and maybe even depending on what condition they were in it could be every fifteen minutes, every half hour, just really whatever the doctor instructed.

Q. Yes, and Adam clearly was going to surgery at 7.00 am.

A. Yes.
Q. So you knew that if you were going to do observations, it would have to be before 7.00?
A. Yes.
Q. Did you -- do you recall whether you intended to do further observations?
A. Well, I think I must have, since I made the notation of "6.00 am", but again I have no memory of why that didn't happen.
Q. Uh-huh. Do you accept that there are reasons why it is important to make those observations and record them?
A. I do.
Q. So, for example, if Adam had a temperature, that would be relevant.
A. Yes.
Q. You know, there could be possibly infection or something of that nature?
A. Yes, I accept that, yes.
Q. So there was good reason for those being made pre-operatively?
A. Yes.
Q. If I could refer to your witness statement --
THE CHAIRMAN: Sorry. Just stop there. Am I to understand the entry about 6.00 am means you intended to --
A. I must have had the intention to and for some reason

I didn't do it. I accept that, and I also accept I didn't.

THE CHAIRMAN: That's okay, but it was intention to do so --

A. It was.

THE CHAIRMAN: -- and whatever happened, which you can't possibly recall when asked about it so many years later --

A. It didn't happen.

MS COMERTON: The vital signs that weren't taken then you have said are set out. Normally would you measure those signs using a thermometer or a monitor or whatever like that that would be portable in the ward and could be moved round to the bedside?

A. Well, temperatures would have been taken with thermometers at that stage, the wee mercury thermometers. That's all we would have had at that stage. Blood pressure and pulse would have been done most likely on an electronic -- a portable blood pressure machine and respirations obviously were by observation.

Q. Would you accept it doesn't normally take very long to get all of those observations done --

A. Oh, not at all.

Q. -- and, in fact, a child can sleep through them? You don't necessarily have to disturb a child to carry them

out?
A. Maybe blood pressure -- blood pressure cuff tightening would waken them, but, no, most of those other things you can do while the child is asleep.
Q. If I could refer you to Mrs Ramsay's report again at 202-002-035, where she deals with this issue, and her opinion is that these observations should have been repeated on the conclusion of dialysis. Is it your evidence, Mrs Murphy, that you accept that now?
A. She's talking specifically about dialysis there. I think there is a difference between observations done at the end of dialysis and observations done generally and maybe pre-operatively, because realistically your dialysis could have finished at 4 o'clock in the morning and you weren't going to theatre until 10 o'clock that morning. So I think there's a difference in that and I'm really just not sure at that stage whether we would have recorded post-dialysis.
Q. Let me ask you specifically about the observations.
A. Okay. Okay.
Q. Temperature, pulse, blood pressure and respiration all -- you accept all ought to have been recorded pre-operatively?
A. I think so, yes. Because the two situations maybe were very close together, the end of dialysis and

pre-operatively, perhaps I considered that the one set of observations, if I had done them, which I accept I didn't, would have --

Q. Been enough?

A. -- been enough for both of them, if that makes sense.

Q. And again did you not have the option of asking a colleague to assist if you were pressed for time?

A. I probably would have, yes.

Q. Okay. If we go over to page 036, please, now in relation to weight do you recall whether a patient would normally be weighed post-dialysis?

A. I don't have any clear memory of that at all. I do know by having had sight of the dialysis diaries that Debbie, his mum, would have kept that it would have been something that would have been -- actually was never missed as far as I could see. So I think it would have been something that wouldn't have been missed that night either.

Q. Are you suggesting that Adam was weighed post-dialysis, but the document has been mislaid?

A. I would be fairly certain of that, yes, because I think it's something --

Q. Where would that have been recorded?

A. In that little dialysis diary.

Q. But that was the dialysis diary held in the possession

of Adam's mother?

A. But at that stage we -- as far as I am aware we wouldn't have had any separate dialysis records, that those diaries were taken in and there was a continuum. So the nursing staff or whoever was doing dialysis would have recorded it in that diary as well, and then that would have gone on home, and the next time they came in, so it was just a continuous record.

Q. Would there have been no record made in the hospital's documents?

A. I think at that time we didn't have separate dialysis records.

Q. Do you understand that that has now changed? Are you aware of it changing since 1995?

A. I am aware of it from having listened to evidence from last week, but, as I say, I have been out of nursing since 1997, so ...

Q. Okay. Would you accept that ideally there would be a record in the hospital notes of the various details relating to dialysis?

A. I think that would be a sensible thing to do, yes.

Q. If you allow me a moment ...

A. Okay.

Q. If I could refer you to 202-009-135 just on that point. I had not planned to deal with it now, but we can go to

it.
A. Okay.
Q. Again this is another report of Mrs Ramsay. At paragraph 2 --
THE CHAIRMAN: This is Mrs Ramsay's response to Mrs Murphy's response?
MS COMERTON: Yes, it is, to Ms Murphy's fourth statement I think.
A. Okay.
Q. In the second part of that paragraph Mrs Ramsay notes:
"Mrs Slavin's records for dialysis at home show she has recorded pre-dialysis weight, first drain, ultrafiltrate, manual drain and morning weight on every occasion."
You would accept that, Mrs Murphy?
A. Absolutely, yes.
Q. There is also a witness statement in, which I can come to, from Staff Nurse Sharratt. She was the renal coordinating nurse -- isn't that correct -- at the time?
A. Okay.
Q. Do you remember her? Her name was Joanne Clinghan at the time.
A. I was reminded of that and it brought to memory that there was a renal nurse, but I wouldn't have spontaneously remembered that at all, no.

Q. Yes. She stated also as the renal nurse that she would have expected accurate record-keeping to have continued on the ward, in other words, to the same standard as those records kept by Adam's mother. Would you agree with that?
A. Yes, I would agree with that.
Q. Again she specifies:
"This included the amount of fluid removed during dialysis and the post-dialysis weight",
and now you are saying you think that probably was taken is your evidence --
A. I do, yes.
Q. -- but there may not be a record available of that?
A. Uh-huh.
Q. Would that have been put into Adam's medical notes at all?
A. I really cannot remember.
Q. You don't know. You wouldn't have inserted it in his medical notes as a nurse?
A. No, I don't think so. I think it is also very possible, actually very likely, that Debbie, Adam's mum, actually did his dialysis on that night.
Q. Can you recall who carried out the dialysis?
A. I can't recall, but ...
Q. Were you competent and trained to conduct dialysis,

Mrs Murphy?

A. Well, I know I would have done it, you know, during my time as a staff nurse and I don't think I would have done anything that I didn't feel I was competent to do -- not competent to do.

Q. Yes. Sorry. I had just indicated I would go to Nurse Sharratt's statement.

THE CHAIRMAN: Just before you do, Ms Comerton, if you look on down, the paragraph below the one that you are being referred to, the last paragraph where Mrs Ramsay says:

"I have concluded that the dialysis cycles and post-dialysis weight were not recorded and consequently record-keeping fell below the standard Mrs Slavin had maintained."

As I understand it, really what you are saying is that you agree that the dialysis records should have been kept when there was dialysis that night. You think that they might well have been kept either by Adam's mum or by one of the nurses adding to Deborah Slavin's own dialysis diary?

A. I would be very surprised if there wasn't dialysis records kept for the night.

THE CHAIRMAN: So do I take it then that your real dispute on this point with Mrs Ramsay is that you don't think it is right for Mrs Ramsay to conclude that the dialysis

wasn't -- and the post-dialysis weight were not recorded? You think that's a bit -- that's a bit too easy for her to say?

A. I think it is. I think it's an assumption, yes.

THE CHAIRMAN: Okay.

MS COMERTON: Just to be clear, do you have a specific recollection of recording Adam's post-dialysis weight?

A. I don't have a recollection of hardly anything on that night, I am afraid.

Q. Are you saying it would have been your practice to have measured post-dialysis weight?

A. I wasn't sure, as I said, whether it was done on a separate record or whether it was all done in the diary. I would be very surprised if it wasn't done post-dialysis, yes.

Q. Okay.

THE CHAIRMAN: If Deborah Slavin was there with her diary which had all this information and it was a nurse who was completing making the next entry in the diary, it would be a bit odd, wouldn't it, if the nurse put in less information than the mother kept?

A. Than the mother kept on a routine basis, yes.

THE CHAIRMAN: Thank you.

A. Thank you.

MS COMERTON: I was going to just for completeness sake

refer to --

MR McBRIEN: Sir, if I can just give instructions on two points, first of all, Deborah did the dialysis that night and, secondly, she did not bring the diary in with her that evening.

THE CHAIRMAN: Okay.

MS COMERTON: In those circumstances, Mrs Murphy, where -- is a record made relating to the dialysis details where the parent has not brought the diary?

A. I don't know.

Q. You don't know?

A. I don't, no.

Q. Would you agree it would be a good idea for the dialysis details to be recorded somewhere?

A. Oh, absolutely, yes.

Q. Is that the problem with having and relying upon a parent-held diary, that if it is not there for some reason, then there may not be a record made at all?

A. That may vary.

Q. Would you accept that it might be important in this situation where Adam is going in for major transplant surgery for the dialysis details to be known, because that's part of the piece of the jigsaw of fluid management?

A. Yes.

Q. I had referred you to Staff Nurse Sharratt's comments. Just for the sake of completeness it's at witness statement 102/2, page 2. Question 1, you will see:

"I would have expected the accurate record-keeping in regard to fluid removal during dialysis and Adam's weight that was to be taken pre and post-dialysis to have continued on the ward when Adam was admitted."

As you said, "Parents who were trained and competent in undertaking their child's dialysis frequently continued their own child's care when their child was admitted to hospital. This care would have included the child's weight pre and post-dialysis and would have been recorded along with the amount of fluid removed in the parent-held booklet provided by Baxter."

Given the information that there was no dialysis diary, Mrs Murphy, I take it then -- do you know whether you would have been in a position to tell Professor Savage or any of the other medical or clinical staff what the details were for Adam's dialysis that night?

A. I had assumed that there was -- the dialysis diary was there and it was recorded in that. So I am not sure quite --

THE CHAIRMAN: If it is right there wasn't a diary, then you would want -- Professor Savage might want to know what

Adam's condition was after dialysis.

A. Yes, yes.

THE CHAIRMAN: Now this is -- you can't remember going back --

A. I can't.

THE CHAIRMAN: -- but would it -- is that something you would expect him to be asking?

A. Yes.

THE CHAIRMAN: And it's something, therefore, that you would expect -- have to be in a position to give him?

A. To be able to tell him, yes.

MS COMERTON: Do you recall having any conversations with him --

A. I don't.

Q. -- on that subject?

A. I don't, no.

MR FORTUNE: Can I just intervene? Of course, it is possible to interrogate the machine and get a printout and in that way the information is available.

THE CHAIRMAN: Yes.

MS COMERTON: I will just ask you about that, Nurse Murphy. You deal with that in one of your later witness statements.

A. Yes.

Q. If I could refer to it. Yes, it is at witness statement

005/4, page 3, top of the page, 4.5, "Peritoneal dialysis", and it is the last few sentences where you say -- you said that:

"There would appear to be no other records of Adam's regular dialysis regime filed in his charts."

Your explanation for that is there was a dialysis diary held by Adam's mother. Isn't that right?

A. Yes.

Q. "This would suggest to me that the only dialysis records are those held in the family-held daily dialysis record, although the cycle by cycle record stored in the dialysis machine could be consulted by medical staff if required."

A. Yes.

Q. Now do you recall any medical staff coming to look at the dialysis machine on 26th or 27th November?

A. I don't recall, no.

Q. You don't. Would the information stored in that machine have been visible on a monitor of some kind?

A. To my memory it didn't actually display. It was sort of kept in a microchip, if you understand, and by manipulating the machine -- it is so hard to remember -- that you could recall then what had happened in the previous cycles, if that makes sense.

Q. To do that did you have to remove the microchip or how

was it done?
A. No, no. I think by pushing some buttons, you know, you could then see what the previous cycles had been.
Q. What specific information was available from that machine?
A. I can't remember. I can't remember.
Q. Do you don't know if it was number of cycles, length of cycle?
A. I presume it was the number of cycles, the dwell times, the --
Q. Fluid removed?
A. -- fluid removed, yes, the drainage times, yes.
Q. But if someone had looked at that machine, would that have been recorded anywhere?
A. I don't know.
Q. And would it be a matter of practice that clinicians would come and look at the dialysis machines at the end of the dialysis?
A. No. I really can't remember that ever being ...
Q. You don't recall that ever happening before?
A. No, I don't really, no.
THE CHAIRMAN: That's presumably because there was a separate dialysis record?
A. Dialysis records, yes.
THE CHAIRMAN: But if they needed to -- first of all, you

would have thought generally the dialysis record was there?

A. Yes.

THE CHAIRMAN: Therefore they would only need to ask for -- look at the -- sorry -- they would only need to look at the machine if for some reason the record wasn't there?

A. That's it, or if something went wrong --

THE CHAIRMAN: So the fallback is --

A. -- or if there was a dispute over, you know, dwell times or fill times or things like that, yes.

THE CHAIRMAN: Okay.

MS COMERTON: Yes. One document I wanted to refer you to was 057-015-021. Now this is a document from Adam's medical notes and records and it's entitled "Paediatric Peritoneal Dialysis Prescription". Can you explain what this document is, Mrs Murphy?

A. To memory I think that was a prescription from --

Q. It is dated 27th November 1995.

A. Yes. I think it's from ICU.

Q. Would prescriptions normally have been written like that on Musgrave Ward in 1995?

A. No, I don't think so.

Q. So that wouldn't have been a normal document you would have completed to record some details relating to dialysis? No?

A. No, not that I can remember, no.
Q. Could I refer you to Sally Ramsay's report at 202-002-034? Again this is a section dealing with peritoneal dialysis. I am looking for the part that starts:

"Before a nurse could administer dialysis she needed a prescription ..."

Let's see. There it is in the first paragraph, third line from the bottom:

"Before a nurse could administer dialysis she needed a prescription detailing the type of fluid, dialysate, the volume of each cycle, the number of exchanges and the dwell time."

She then goes on in the next paragraph to say:

"There was no prescription for Adam's dialysis on the night of 26th, although there was a prescription for ..."

some of the drugs that were administered through the catheter. Isn't that right?
A. Uh-huh.
Q. Was it normal for there to be a prescription for dialysis when a child was on the ward having dialysis?
A. To memory that would also have been something that would have been included in the diary record or in the medical notes. There would have been as far as I can remember

no separate prescription similar to the one that you have just brought up there from ICU.

Q. Let's leave the one from ICU to the side --

A. Okay. Yes.

Q. -- and just talk about principle.

A. Yes.

Q. Was there normally a prescription written on Musgrave Ward for a child who was an inpatient and having dialysis in hospital?

A. I think that would have been contained in the diary.

Q. In the diary?

A. Yes, yes.

Q. And that would only occur whenever there were changes to the dialysis cycle? For example, if Adam was normally on 15 cycles a night, that would be recorded in the diary perhaps once, and then if that was to change, you would expect another entry. Is that the way that it worked?

A. I think so, yes, and then also in his medical notes. As I say, I don't think there was a sheet that would have allowed you to do --

Q. A separate sheet?

A. Yes, separate.

Q. Do you recall that Adam's cycles on the evening of 26th and 27th of November were a slightly shorter time?

A. I wouldn't have recalled that independently, but I do know that now by looking at his --

Q. So you would have expected that to have been recorded somewhere?

A. Yes. I think so, yes.

Q. If we go on to --

MR FORTUNE: Sir, if I can help you, it is, of course, in the medical records.

MS COMERTON: Thank you, Mr Fortune. Do you have the reference there?

MR FORTUNE: I have to say on this occasion I haven't.

MS COMERTON: I am not surprised.

MR FORTUNE: I have another reference, which is page 143 at the top right. There may be -- because there is more than one set of records.

MS COMERTON: There are.

MR FORTUNE: Let me come back to that.

THE CHAIRMAN: Thank you.

MS COMERTON: I am obliged. So if we go to the final paragraph just for completeness there, Mrs Murphy:

"However", Mrs Ramsay says, "it is my opinion that the records should have included the type of dialysate used, the fill, dwell and drain times, the time treatment started and ended, the number of cycles completed and any alarms."

Would you accept that?

A. I don't know that the prescription would have been that detailed, but I do think there would have been -- you know, it certainly would have -- the dialysis had used how many cycles, the fill, dwell and drain times.

Q. Okay.

A. Yes.

Q. Now Mrs Ramsay also refers to a prescription for some medication at 057-021-033.

A. Yes, I can see that, Vancomycin and Gentamycin.

Q. They are the first two entries on the drugs once only prescription on the lower half of that document.

A. Yes, I can see that.

Q. Although the writing is quite unclear, it looks as if it says, "Time of admin, method of admin, maintenance via PD cannula".

A. "Cannula", yes.

Q. So those drugs were added to the peritoneal dialysis catheter to be administered?

A. Well, they were prescribed for it, yes.

Q. Yes. There is a signature. Is that the doctor who signs the prescription?

A. Yes, yes.

Q. Who was it that would have put those drugs into the dialysis fluid?

A. I am not sure at the time --
Q. Would it have been you?
A. -- whether it would have been a doctor or a nurse. I don't know.
Q. If it had been you, should you have signed that document at the final column "Given by initials" just to confirm they were administered?
A. Yes, yes.
Q. Thank you. If we go back to Sally Ramsay's report then, that was --
THE CHAIRMAN: That was page 34.
MS COMERTON: Yes, 34. Sorry. It might be over the top of the page. 35 then. Her view is in the second paragraph then that:
"... the record-keeping in respect of the dialysis fell below the required standard."
I have gone through the various points on that, Mrs Murphy.
A. Uh-huh.
Q. Would you accept that point?
A. Again I don't accept it, because I think she's assuming something. I have said where I feel that those records would have been keeping (sic). Those records are missing. I can't explain why they're missing, but --
Q. There was no records made on the evening of 26th or 27th

in the dialysis diary held by Mrs -- by Adam's mother, because she did not bring it into hospital. So you are suggesting you made a record of that somewhere, but it has disappeared?

A. I just can't see that --

Q. Is that what you are suggesting?

A. I just would always have been of the view that the diary was there. I mean, I was --

Q. We know for a fact that it wasn't there tonight. Mrs Slavin will be giving evidence later.

MR McALINDEN: It is stated that we know for a fact the diary wasn't there. As far as I'm aware Mrs Slavin has never made a statement to the effect the diary was not brought in on the night in question until --

THE CHAIRMAN: Mr McBrien's statement a few minutes ago.

MR McALINDEN: Yes. It is clear that the diaries up until a number of days before the death of the deceased are available, but the last diary, which would have included the night in question, is not available and has never been produced. It is possible that it has been lost either in the hospital or by Mrs Slavin. That matter is still to be resolved, but for it to be stated that it is a fact that the diary wasn't in the hospital that night in my submission is inappropriate at this stage.

MS COMERTON: I could perhaps rephrase. I am obliged to my

friend. We know for a fact there is no record available to us at the moment of the dialysis details being recorded.

A. Yes.

Q. We are informed -- and it has yet to be tested evidentially, because Mrs Slavin has not given her evidence yet -- that she did not bring one to the hospital.

A. Okay.

THE CHAIRMAN: Well, is this the position, that you think -- you agree there should have been records made?

A. Yes.

THE CHAIRMAN: Correct me if this is wrong. Your best guess was that they were probably added to Mrs Slavin's diary?

A. At my best guess.

THE CHAIRMAN: Now if it turns out that she had not brought her diary in that night -- maybe everything was a rush to bring Adam in for the transplant and everything --

A. Okay.

THE CHAIRMAN: -- and there was a lot of excitement about it and so on -- you can see how that might have happened --

A. Yes.

THE CHAIRMAN: -- if that -- if the diary wasn't there, you would expect that a record would have been kept --

A. Somewhere.

THE CHAIRMAN: -- somewhere around Musgrave Ward?
A. I imagine so, yes.
THE CHAIRMAN: So the real dispute is this. If there is -- if there wasn't a record kept, that is a fault.
A. That is fair enough.
THE CHAIRMAN: Right?
A. That is fair enough, yes.
THE CHAIRMAN: Do you think there was a record kept?
A. I do.
THE CHAIRMAN: The trouble is when we go looking for it years afterwards, it can't be found and either can't be found because it doesn't exist or because it has been mislaid.
A. Because it has been lost.
THE CHAIRMAN: Okay. Thank you.
A. Thank you.
MS COMERTON: Thank you, Mrs Murphy. Just to go back to the height measurement, when we are on recording measurements, if we could refer to Mrs Ramsay's report at 202 -- in fact, we have it here in front of us. It is the last paragraph. Do you accept that Adam's height ought to have been measured when he came into hospital that evening?
A. Well, it was certainly part of the admission protocol.
Q. Yes, and it is a factor that allows the calculation of

the body surface area. Isn't that right?

A. Yes. I think in the absence of having any memory of it I was through some of my witness statements trying to apply some rationale to not having done his measurement, and I just wondered whether it was -- whether my decision not to, because I obviously didn't, was influenced by the fact that there was recent heights recorded and whether then that's -- I just thought, "Okay. That's one less thing I have to annoy Adam with tonight", but I don't know. I don't know why I didn't.

Q. But he would have attended renal clinics regularly --

A. Oh, yes.

Q. -- and all of those vital signs and height measurements would have been taken on a regular basis to monitor his growth. Would that not be right?

A. Yes, but that is what I am saying, that because they were so regularly done that on the night maybe it just was, "Okay. That's one less thing to have to annoy him with" --

Q. And I'm suggesting to you that --

A. -- but I am not saying it wasn't -- it was part of the protocol, yes.

Q. Thank you. If we move on then to urine output, and Professor Savage mentioned this in his evidence. If we could go to the transcript for 18th April at page 180,

and it is lines 14 to 17 where he said -- they had been discussing the fluid balance chart before that, and he said:

"I don't think on that particular night for that short length of time that I told Nurse Murphy that I wanted his urine measured accurately on that evening."

If Professor Savage had asked you to measure the urine accurately, how would you have done that, Mrs Murphy?

A. I probably would have weighed Adam's nappies, because he was in nappies.

Q. Do you recall whether that had been done before when he was admitted to the Musgrave Ward or the hospital?

A. I am not sure whether it was done or not. I know I would have done it for other patients, but to memory for Adam, no.

Q. Okay. Had that urine output been measured, that again would have been a relevant factor in relation to fluid management. Do you accept that?

A. I do.

Q. Okay. Would you normally have taken your own initiative and measured urine output or asked a doctor if he wanted it measured for renal patients?

A. I suppose maybe -- our renal patients were quite long-term renal patients. So they were there on many

occasions for long periods of time. So for many of them you sort of would have known. I think, having looked through Adam's notes, that -- I don't think on any occasion his urine was ever measured at any time he was in hospital.

Q. Whilst you were working?

A. Whilst I was there, yes, working. Would we have done it spontaneously? I think with a renal patient --

Q. You would have had that discretion?

A. Yes, we would, yes, yes.

Q. But if Professor Savage hadn't told you anything about measuring urine output, would you have considered whether or not you ought to have done it, given the fact he is about to go in for surgery?

A. No, I think -- I don't think I would have considered it at all. I would have just continued just with what had been consistent with Adam unless I had been instructed to do something different.

Q. Okay. If I could refer you to 202-009-137 just to put to you Mrs Ramsay's point on that where you and her are not eye to eye. She says in the third line:

"Nurses working in specialist areas, for example, renal nurses, would in my experience have been able to initiate urinary measurement or ask a doctor whether urine was to be measured. Whether the acceptance of

an estimated urine output was appropriate for the purposes of an anaesthetic requires the opinion of an anaesthetist."

So I will leave it at that.

A. Yes.

Q. If I could move on then to IV fluids that were administered to Adam, and I would like to refer you to the fluid balance sheet, please, at 057-010-013.

A. Uh-huh.

Q. This was Adam's fluid balance sheet for 26th November '95. Did you complete it?

A. It is all my writing.

Q. So everything on that sheet was written by you?

A. It is my writing, yes.

Q. You measured his weight at 20.2 kilograms?

A. Yes.

Q. And there seems to be large capitals across the top of that document which look like "PF" either "A" or "H".

A. No. They are "PTA", "prior to admission".

Q. Prior to admission?

A. Yes.

Q. So there are two lines of fluid that were being administered to Adam?

A. That's right, yes.

Q. If we deal with the first one on the left-hand side, the

IV cannula --

A. Yes.

Q. -- the entry that you have made is at 11 o'clock, 11.00 pm.

A. Yes.

Q. Does that mean the cannula was inserted and the fluids started being administered around that time?

A. All I can say for sure is that's when the fluids were started.

Q. Started?

A. Yes.

Q. Okay, and the rate that you had noted down was 20 mls an hour -- isn't that right -- of fifth normal saline?

A. That's correct, yes.

Q. Then that cannula tissued at 1.30. Is that right?

A. Approximately, yes.

Q. But only 18 mls of that fluid had been administered?

A. That's right, yes.

Q. Why -- could you explain why in simple terms why when you are setting it up to administer 20 mls an hour, over that period of time 50 mls haven't been administered and only 18 have gone in?

A. 18 mls? I'm not sure what you are asking me. Sorry.

Q. You originally -- I take it when you set up the intravenous line, you can programme a machine to

administer fluid at a certain rate?

A. At 20 mls an hour, yes.

Q. So you can programme into the machine 20 mls an hour?

A. Yes.

Q. So between 11.00 and 12.00 you would expect 20 mls to be administered --

A. Yes.

Q. -- between 12.00 and 1.00 you would expect another 20 mls --

A. I see what you mean there, yes.

Q. -- and between 1.00 and 1.30 you would expect 10 mls --

A. 10 mls.

Q. -- which makes 50?

A. Yes.

Q. Why were only 18 administered?

A. I can't explain that.

Q. You don't know.

A. It just would have been the reading that was on the machine when I noticed that the cannula had tissued.

Q. When you complete a fluid balance sheet, do you normally complete an hourly rate and then a cumulative column?

A. For?

Q. For intravenous fluids.

A. For intravenous fluids. I can't remember. I can't remember.

Q. Okay, and what about oral fluids like gastrostomy feeds?
A. I think they would have been a running total just, so a continuous amount, because that's what would have been in the pump.
Q. Okay. If you look then --
A. Sorry.
Q. Sorry.
A. No, no, no. I am just trying to think back. I think IV fluids may very well have been two columns.
Q. Two lines?
A. Yes, yes.
Q. Okay. So you would have gone in every hour and put in each reading as you needed it?
A. Yes, yes.
Q. Okay. If we go then to the clear fluids, the oral fluid column, again what time did the administration of the clear fluid feeds commence according to that chart?
A. It seems to be 11 o'clock.
Q. 11 o'clock?
A. Yes.
Q. Okay, and they were administered at a rate of 180 mls an hour?
A. Up until around 2 o'clock where they were changed.
Q. So if you look at the cumulative total of that --
A. Uh-huh.

Q. -- again, given the time period, you might have expected more fluid to have gone in by that time. Can you explain why there wasn't two and a half hours' worth at 180 mls an hour?
A. I can't explain it, no.
Q. No? Okay. Is that just the way the machine works at times?
A. Unless it wasn't just precisely 11 o'clock when it was started maybe, you know.
THE CHAIRMAN: Because that chart allows you to say 2200, 2300, 2400. It doesn't say 23.21 or something.
A. It might have been 20 past when you went in or 10 past when you went in and it may just not have been recorded, you know. You would be very lucky to be able to get in on the hour every hour.
THE CHAIRMAN: On the hour?
A. Yes.
MS COMERTON: Now in relation to the IV fluids --
A. Uh-huh.
Q. -- would there normally be a prescription written for any intravenous fluid administered to a patient?
A. Yes.
Q. And I take it you have looked at the records, Mrs Murphy?
A. I have, yes.

Q. Have you found a prescription --
A. I haven't.
Q. -- for fifth normal saline at 20 mls an hour?
A. No, I haven't.
Q. No. You accept, though, one should have been on the file?
A. It should have been, yes.
Q. Would there normally have been a prescription of any kind for the clear feeds by gastrostomy?
A. No.
Q. No. Okay.
A. It will have been just something that --
Q. You have recorded that in your nursing note that we referred to earlier.
A. Yes. It just would have been communicated to you orally, you know, that --
Q. Okay.
A. -- and probably noted in the medical notes rather than ...
Q. All right. If I could refer you to the statement of Professor Savage at witness statement 002/2.
MR FORTUNE: Can we not use the transcript? It is the better evidence. It is the evidence.
MS COMERTON: It is, but I would like to refer to this, because it is set out very concisely, Mr Fortune.

THE CHAIRMAN: It is not the only evidence, Mr Fortune. I mean, don't assume for one moment that I somehow now disregard the written statements. I mean, you say it is the evidence. It is not the evidence. It is an important part of the evidence, but to suggest that it is the evidence is quite wrong, and just be very careful about that. I will not be making a report based only on the oral evidence. I have no idea where you get the impression that the written statements are somehow not part of the evidence and that the oral evidence is the evidence.

MR FORTUNE: Sir, the written statements are certainly part of the Inquiry and the evidence that has been called has been transcribed based on the statements. That I accept. What I mean is that you actually have direct evidence.

THE CHAIRMAN: Yes.

MS COMERTON: If I wonder if you could bear with me, Mr Chairman, because this answer is a concise answer and I don't believe it is contradicted in the evidence, but I am sure Mr Fortune will point out if it is. It is witness statement 002/2, page 18 to 19, and it is question 11(c). I think it will run -- could we put on page 19 as well? Thank you.

So this was the plan, Mrs Murphy, that

Professor Savage sets out for Adam's fluid management overnight pre-operatively, and if you start two lines from the bottom on page 18:

"It was planned to correlate with Adam's overnight intake volume of fluid to most of that which he would normally have received, that is 1.5 litres. This was the basis for the calculation of the intravenous fluids at 75 mls per hour after the tube feeds were discontinued, calculating retrospectively as follows: clear fluids by gastrostomy feed for approximately six hours at 180 mls would give 1080 mls, intravenous fluids at 25 mls an hour for six hours would give 150 mls, and when the tube feeds were finished, two hours of intravenous fluids at 75 mls per hour would give another 150 mls. Thus over a six-hour period Adam would have received 1380 mls total fluid."

Were you aware of that fluid management plan for Adam?

A. I can't recollect, no.

Q. Would you normally have been given those kind of details?

A. No.

Q. If we try to break it down a little then, the first part of the plan for Adam was the gastrostomy feed for six hours at 180 mls. We have referred to the fluid

balance sheet where that was started about 11.00.

A. Yes.

Q. So that was going to continue from 11.00 until 5.00.

A. Yes.

Q. Isn't that right?

A. That's correct.

Q. So surgery wasn't starting any time before 7.00 on that basis?

A. Not that I can see, no.

Q. Secondly then, intravenous fluids at 25 mls an hour for six hours. Now if we go back to the fluid balance sheet for a moment, which was 057-010-013, you will see what was actually given was 20 mls an hour.

A. Okay.

Q. Can you explain the discrepancy between what Professor Savage had planned to give and the entry that you made on the fluid balance sheet?

A. No, I can't.

Q. No? Okay. Who would have given you that instruction for the rate of administration?

A. One of the doctors, but I don't know which doctor.

Q. You can't remember who it was?

A. No.

Q. We understand that Dr Cartmill was on at the start of the evening and then Dr O'Neill was on later on. They

haven't given their evidence yet.

A. Okay. Yes.

Q. So at 10 o'clock would you have known which of the SHOs would have been about to give you that instruction?

A. I wouldn't. I don't know.

Q. You don't?

A. I'm sorry.

Q. If we could go to Mrs Ramsay's report at 202-009-136, she deals with intravenous therapy there in paragraph 4 and specifically she deals with the fluids that were to be given at 5.00 am --

A. Yes.

Q. -- the 75 mls an hour. Ultimately this didn't happen --

A. Yes.

Q. -- but when those fluids were being prescribed, Mrs Ramsay is critical of the fact that it wasn't made clear that those fluids should commence at 5.00 and run for two hours. Would that be details that would normally be recorded somewhere, whether it is on the prescription or on the nursing notes?

A. Sorry. Could you say it again and just let me read it? I'm not sure what you're saying.

Q. I will read it out to you.

A. Okay.

Q. "Staff Nurse Murphy has explained her recollection that

1 when Dr Cartmill wrote the prescription, the decision to
2 go ahead with the transplant had not been made" --
3 A. Okay.
4 Q. -- "and that Dr Savage and Taylor had planned that
5 fluids of 75 mls per hour should start when the feeds
6 stopped at 5.00 am."
7 A. Okay.
8 Q. "In my opinion this is a reasonable explanation",
9 but the criticism is:
10 "None of the records, that is the prescription
11 chart, nursing and medical records, made this intention
12 clear, thus increasing the risk of confusion and ...
13 error."
14 A. Okay.
15 Q. I would like to refer to the prescription, which I think
16 is just after the fluid balance sheet, 057-010-014. So
17 that was the prescription prescribed by J Cartmill for
18 the IV fluid at 75 mls an hour --
19 A. Uh-huh.
20 Q. -- and although Staff Nurse -- Mrs Murphy, it may not
21 have been known whenever the prescription was written
22 when that would be administered --
23 A. Uh-huh.
24 Q. -- do you accept that it would have been better to have
25 recorded the intended start time and the intended finish

time of that IV fluid?

A. I do.

Q. You do. Thank you. If we go back then to Mrs Ramsay's report, 202-009-136, and look at the second paragraph:

"Staff Nurse Murphy also explained that the initial infusion, of which 18 mls was delivered, could have resulted from a verbal instruction with an intention to prescribe it later."

That was from your witness statement.

A. Yes, yes.

Q. "Again this is a possible explanation. However, the infusion would have started when the cannula was inserted by the doctor. Consequently there was the opportunity for the prescription to have been written at that time."

Now to be clear, Mrs Murphy, is it correct that the junior doctor would likely have inserted the cannula into Adam just before the IV fluids began to be administered?

A. I am not sure that it would have been the junior doctor for a start.

Q. A doctor as opposed to a nurse.

A. Oh, a doctor. Absolutely, yes.

Q. A doctor would have done that. So the point is you would have had a doctor --

THE CHAIRMAN: Sorry. It could have been a nurse alternatively? It could also have been --

A. Oh, no, no.

THE CHAIRMAN: Just a doctor? Okay.

MS COMERTON: It was always a doctor?

A. It was always a doctor.

Q. So the point is you had a doctor on the spot to write the prescription there and then if you needed it?

A. Yes. I think the point that I was trying to make was that Dr Cartmill has made the prescription for 75 mls an hour. I think she says in her own statement she went off at 10 o'clock then.

Q. Yes.

A. It is not quite clear when exactly the cannula was inserted.

Q. Would you normally insert a cannula just before you start administering the fluid?

A. No. Quite often the cannula could be in for a while before you would start administering a fluid. You don't necessarily just go --

Q. Would there not be a chance -- sorry. Would there not be a chance of it tissuing if there is no fluid in the cannula?

A. Well, it only tissues if there's fluid going into it.

Q. Going in it?

A. Yes, yes.
Q. Okay. Can there be problems if there is no fluid flowing through a cannula?
A. Oh, there can be, yes. It can -- it can clot for want of a better word, yes, but I mean --
Q. So would normal -- sorry. Would normal practice --
A. Sorry.
THE CHAIRMAN: You go on. You go on.
A. No, no. Fine.
MS COMERTON: Would normal practice be that you would insert the cannula just before you're about to administer the fluid?
A. You would have to insert it before administering the fluid.
Q. Yes.
A. I don't know it is "just". It is the word "just". I don't think that is necessarily the case that you would have to put IV fluids up straightaway after a cannula went in, because quite often they would have maybe put a bit of saline in to keep it patent, you know. So there would be no rush --
Q. To do it.
A. -- to do it if that --
Q. But some kind of fluid would have to be put through the cannula. Is that right?

A. I hate to say yes and be contradicted, but it would be my opinion to try to keep it open and patent there should be something in it. Yes, I think so.
Q. If a different kind of fluid was being put through the cannula, would that be recorded somewhere?
A. What do you mean a different --
Q. If you were -- if it wasn't going to be --
A. If you just flushed it out? If you flushed it out or something?
Q. Yes.
A. No, it wouldn't be really recorded anywhere, no.
Q. So can you say whether the cannula was put in just before 11 o'clock when the fluids commenced or much earlier?
A. I can't say.
Q. You can't say?
A. I can't say, I'm afraid. Sorry.
Q. Would the normal practice have been to have put it in just before 11.00 if you were going to start fluids at 11.00?
A. Well, you would have wanted it in as soon as --
Q. Yes.
A. -- you know, as soon as you can. I think the problem was that there was difficulty trying to get one into Adam that night. That's not a complete memory of mine,

but it's just a vague memory of mine, yes. Maybe I'm not answering your question right. Sorry.

Q. I understood the difficulty arose after the cannula had tissued and that there were attempts to put a cannula in after that.

A. Back in?

Q. Yes. Is there any record you have made of there being a difficulty getting a cannula into Adam prior to it tissuing?

A. No, no, and it may -- the way you have put it may actually have been the case and it is just a confusion in my mind, yes. Sorry about that.

Q. Okay. In any event whether there was or wasn't a doctor about at 11 o'clock over the two and a half hour period between 11.00 and 1.30 --

A. Uh-huh.

Q. -- no prescription was written --

A. No, I accept that.

Q. -- for either 20 mls or 25 mls.

A. No, I accept that. Yes.

Q. Okay. Now if we move then on to the cannula tissuing, what's your recollection of that?

A. I really don't have any recollection of it at all, I'm afraid.

Q. Okay. If we look at your witness statement, 005/1,

page 2, you have said in the third paragraph:

"At 1.30 Adam's IV cannula tissued. Dr O'Neill was informed and his clear fluids via gastrostomy were increased to 200 mls an hour."

A. Yes.

Q. Do you recall any further attempts at reinserting the cannula after 1.30?

A. I don't. As I said, I just have a vague memory of there being difficulty inserting the cannula, and I can't say at what stage during the night that was, during the night or morning.

Q. Okay. In the last paragraph of that statement you say:

"Although his patient notes say that he had his cannula reinserted at 5.00 am, I have a vague memory of the doctor having difficulty in inserting this and Adam going to theatre without IV access being obtained."

A. Yes.

Q. I think it might be helpful to go back to your note for a moment. That's at 057-014-019.

A. Uh-huh.

Q. You have made a note at 1.30.

A. Yes.

Q. "IV cannula tissued. Dr O'Neill informed."

The increase in the gastrostomy fluid, 200 mls an hour.

A. Yes.
Q. The last entry is:
"Reinsertion of cannula at 5.00 am."
A. Yes.
Q. Do you recall whether you wrote that last sentence at 1.30 in terms of what was planned or whether you subsequently made that note perhaps around 5.00 am?
A. I think all along I have viewed that as realtime. So I was sure that my notation of:
"Reinsertion of cannula at 5.00 am"
meant that one was reinserted at 5.00 am --
Q. At 5.00 am?
A. -- but I have to say, having listened to the oral evidence last week and just a clearer picture becoming apparent for me, that it actually is probably more than likely that I wrote that at 1.30 as something that was going to happen, yes.
Q. Okay. If I could refer you to witness statement 002/1, page 3, question 2, and it is the third paragraph down. It is the last two lines.
A. Okay.
Q. "... but it proved impossible to achieve venous access."
This is Professor Savage's witness statement.
A. Okay.
Q. You will see, third line up:

"It was planned that Adam should receive IV fluid after the feeds were discontinued and have his blood chemistry checked, but it proved impossible to achieve venous access."

A. Okay.

Q. The other document I would like to refer you to is 011-049-182, and this is a letter from Adam's mother to Mr Leckey, and it is dated 6th February 1996.

A. Okay.

Q. I want to refer to the second paragraph and it is the sentence starting about five lines down:

"The first thing is that I have been told that a possible reason Adam did not have his electrolytes checked before going to theatre could have been that the two doctors had tried for an hour between 5.00 and 6.00 am to find a vein to put a cannula into Adam without success. So therefore getting any blood would not have been possible."

A. Okay.

Q. "This I know happened, because I was there comforting Adam, and when the second doctor gave up, she told me Dr Taylor would be coming in at around 6.20 am and would come to Musgrave Ward to see Adam and he would put a cannula in at that time."

A. Okay.

Q. "As I have pointed before, at no time did Adam see Dr Taylor before the transplant, which I did think unusual."

So my question to you is: having read that letter and thought about your recollection --

A. Uh-huh.

Q. -- is it possible that you may have planned or there may have been a plan to put in the cannula around 5.00?

A. Uh-huh.

Q. There was then a plan for Dr Taylor to attend at 6.20?

A. Uh-huh.

Q. That didn't happen and there was no further note made?

A. That is possible, yes.

Q. Okay. Now I would like to ask you then about the clear fluids administered to Adam through his gastrostomy. You had recorded in your nursing note that clear fluids were to be administered.

A. Uh-huh.

Q. Can clear fluid mean a number of possible solutions, Mrs Murphy?

A. I just think at the time it would have been a common term for us to use and I think more than likely it would have referred to Dioralyte, but I can't absolutely be sure about that.

Q. If we go to Mrs Ramsay's report at 202-009-136,

paragraph 5, where she says:

"Staff Nurse Murphy has stated that 'clear fluids' was a generic term commonly used at the time. I believe she is correct. Indeed, the term is still used. Current guidance describes clear fluids as meaning those through which newsprint can be read."

A. Uh-huh.

Q. "This includes fruit squash, carbonated drinks and 5% glucose. It is possible that the term 'clear fluid' when applied to the patients on" -- if we go to the next page, please -- "Musgrave Ward and in particular Adam through custom and practice meant Dioralyte. However, I consider clear fluids as a generic term required that the specific fluid given was recorded."

Could a clear fluid -- reference to clear fluid possibly have meant either a Dextrose solution or a saline solution as well?

A. I think the likelihood is that we would have known that it was Dioralyte.

Q. Any nurse on Musgrave Ward would have known what that was?

A. Would have known it was Dioralyte. They certainly wouldn't have confused it with fruit juice or ...

Q. Would you agree that if it had been specified, it might have made a clearer note?

A. It might have made a clearer note, yes.
Q. If we go to 058-035-133, this is back to Professor Savage's note and Adam's medical notes, Mrs Murphy --
A. Okay.
Q. -- after the tissue matching. You will see about eight or nine lines down:
"Electrolytes satisfactory. Should be repeated first thing in am."
Then, and this is the reference I am drawing your attention to:
"On Dioralyte ON",
which I understand is overnight --
A. Overnight, yes.
Q. -- "rather than Nutrazon."
So it was clear in the medical notes that Dioralyte was to be administered.
A. Okay.
Q. At that time would Dioralyte have required a prescription?
A. No, I don't think so.
Q. Was it enough to have that mentioned in the medical notes for you to administer it?
A. Yes. We would have been told it as well orally, yes.
Q. If we could go back to Mrs Ramsay's report again -- it's

202-002-033 -- and the last paragraph really is her conclusion:

"In view of Adam's underlying medical condition it is surprising that the records do not state specifically which clear fluid was given. I regard this as an omission in record-keeping. I consider the recording of the actual feeds given to Adam was below the required standard."

I think that's a criticism relating to the fact that there was no record it was a bolus feed.

A. That it was a running total?

Q. Yes.

A. Okay.

Q. Do you accept that criticism?

A. I think it's a bit harsh really. I do.

Q. Would it have been custom and practice to record bolus feeds in the notes?

A. To record them as -- on the fluid balance? Is that what you mean?

Q. Yes.

A. But, I mean, it would have been quite obvious that they were bolus feeds rather than a running total of a continuous feed.

Q. Yes, yes.

A. Yes, yes.

Q. And on the night are you saying it was a running total continuous feed?
A. It was a continuous feed overnight.
Q. Okay. Thank you.
A. That's right. Sorry.
Q. Now I was going to deal with dialysis at this point. I just want to check that we have covered it. I think we have.
THE CHAIRMAN: I think it has been covered already, hasn't it?
MS COMERTON: I want to move on then to the pre-surgical electrolyte test, Mrs Murphy.
A. Uh-huh.
Q. If we go to witness statement 003/1, page 2, and this is Dr Cartmill's witness statement --
A. Okay.
Q. -- you will see at question 1 at the top, third line down, she says:

"I took blood samples from Adam at 9.30 for ...", various things including urea and electrolytes.

A. Okay.
Q. If we then go to the medical notes, which is 058-035-144, you will see at the bottom of the page there is an entry, "26th November '95, 11.00 pm".
A. Uh-huh.

Q. There is a line of haematology and electrolyte results recorded. It appears to be the signature of Dr O'Neill. So Dr Cartmill took the blood sample and the results were transcribed into the medical notes at around 11.00.
A. Okay.
Q. Do you recall that blood sample being taken?
A. I don't, no.
Q. Would you normally have been there when they were taking blood samples from a child?
A. I would. It suggests to me if the results were in at 11.00, that the bloods may have been taken at the same time that the cannula went in, which would have been approximately maybe an hour before that or so.
Q. Dr Cartmill said she took the sample at 9.30. So you are saying there may have been a cannula put in at 9.30?
A. There may have been.
Q. How would that cannula have been kept patent between 9.30 and 11.00?
A. There would have been some saline injected into it and it would have just sat there. I am not saying that was the case, but it would suggest to me it would seem quite cruel to do that.
Q. Well, wait and hear what's coming next.
A. Okay. Sorry.
Q. So one of the things we don't have is a laboratory

report, a printed laboratory report, in relation to these electrolyte results that are recorded at 11 o'clock.

A. Okay.

Q. Then if I could refer you to a document 301-081-547. It is not a great copy. This is a second set of electrolyte results, and if you can look at the blacked-out area -- it is a bad copy:

"Date of specimen: 26th November '95.

Date of report: 27th November '95."

So the blood sample went in before midnight and the report came out after midnight.

A. Okay.

Q. The serum sodium in that report is 133. In the medical notes it had been 139.

A. Okay.

Q. So it is a different set of results.

A. It's a different set then. Okay.

Q. So I'm suggesting to you is it possible that a second blood sample was taken from Adam after the original sample?

A. It's possible, yes.

Q. Okay. Do you recall a second sample being taken?

A. I don't, no.

Q. No? Do you recognise the signature of that person on

the lab report?

A. I don't, no.

Q. When are they normally signed? Are they signed by nurses or doctors?

A. A nurse wouldn't have signed it.

Q. So it would have been one of the doctors?

A. Yes, yes.

THE CHAIRMAN: I think you would be doing well to make out that signature.

A. You would, yes.

MS COMERTON: If a cannula was inserted around 11.00, Mrs, Murphy, on the basis that's when the fluid started being administered --

A. Okay. Yes.

Q. -- are you suggesting that the blood sample may have been taken then?

A. It may have been, yes.

Q. Okay. Can you explain any reason why two samples would have been taken, one at 9.30 and one possibly around 11.00?

A. No, I can't.

Q. No? Okay. Would it have been normal to take samples in that manner in such a close time frame?

A. Not to my recollection, no.

THE CHAIRMAN: In fact, it would be very unusual surely,

wouldn't it --

A. I would think so.

THE CHAIRMAN: -- unless somebody --

A. I think as doctors and nurses we try to do the least possible to children to get the results we want rather than --

THE CHAIRMAN: Unless somebody was worried by the first set of results and wanted to double check.

A. That may be the case, but yes. I can't really see any reason for doing them so close together.

MS COMERTON: I want to move on then to communication with Adam's mother. Were you involved with the process of Adam's mother giving consent to the transplant operation?

A. I don't think I was, but I can't recollect, but I don't think so.

Q. Would you normally be present during that process?

A. No, not necessarily, no.

Q. It was Professor Savage who had signed the transplant or the consent form.

A. Okay.

Q. Do you recall anything in relation to Adam's mother providing consent that evening?

A. I don't, no.

Q. Okay. I would like to refer you to the admission note

that you made whenever Adam came on to the ward. It is at 057-013-017 and the next page, 057-013-018. Is it possible to get both of those on the screen at one time? Let's stay with that one.

A. Okay.

Q. So this is the form that you filled in whenever Adam and his mum came in and you filled in all the details relating to him?

A. Yes. That's correct.

Q. That would have been a routine pro forma procedure?

A. Yes.

Q. In relation to the reasons for admission -- this is the left-hand side of the form -- you have got:

"Possible kidney transplant."

A. Correct.

Q. Then there is a line:

"Parents' perception of admission."

You have filled in:

"Deborah understands."

A. Uh-huh.

Q. Given the guidelines or standards that I had read out to you earlier in Mrs Ramsay's report, which were the standards for records and record-keeping published by the Central Council for Nursing, Midwifery and Health Visiting in 1993 --

A. Uh-huh.
Q. -- do you think that is an accurate, current, comprehensive and concise record of the discussion that you had with Adam's mother at that time?
A. I think it speaks to me of my satisfaction on the night that Debbie understood that Adam was in for -- had been admitted for a possible kidney transplant.
Q. Do you accept it's a bit short on the information in terms of what you told her?
A. I don't know what I told her.
Q. Yes, but do you accept there is no note at all of what you told her?
A. There is no note there as to what discussion took place, yes.
Q. Okay, and there is no note of any concerns she expressed to you or any explanation you gave to her in relation to them?
A. No, if she did, if she did.
Q. If she did have any concerns?
A. Yes.
Q. Okay. I appreciate it is in the context of her having ongoing contact with Professor Savage.
A. Of being very well known, yes.
Q. I appreciate that.
THE CHAIRMAN: So does that mean, Mrs Murphy, that Deborah

Slavin knew that Adam was on the transplant register?

A. Yes.

THE CHAIRMAN: There had been previous discussions with Professor Savage. Even at this point it wasn't certain there would be a transplant, because the tissue match hadn't been done. So she --

A. Understood.

THE CHAIRMAN: From what you spoke to her about she understood -- she already had -- it is not like somebody coming in out of the blue for something sudden.

A. Yes.

THE CHAIRMAN: Okay.

MS COMERTON: I am just trying to find the reference in Mrs Ramsay's report in relation to that entry. 202-002-040. Yes. It is the top of the page where Mrs Ramsay says:

"As a minimum I would have expected the nursing records from Musgrave Ward to include more than 'Deborah understands'."

THE CHAIRMAN: And your answer is what you have just given me?

A. It is, yes.

MS COMERTON: Now in relation to Adam's transfer to theatre --

A. Uh-huh.

Q. -- did you take Adam down to theatre at 7 o'clock?
A. I've no memory.
Q. You have no memory?
A. No, no memory. Sorry.
Q. Would it be a fairly frequent occurrence for a ward nurse to accompany a patient down to theatre with the child's mother?
A. I think it would.
Q. And that would provide reassurance to both the child and the mum?
A. I think to memory what usually happened was there was theatre staff came to the ward. There was a general handover there, but it would have been unlikely if we had the time that we would have allowed a parent to go up to theatre without someone that they knew. So we generally would have gone up as well I think.
Q. So you could have had a dual purpose in the sense that you could have helped Adam stay calm, but also support the mother once Adam was anaesthetised?
A. Yes.
Q. Okay. Do you have any recollection of travelling down to theatre and being in theatre when Adam was anaesthetised? No?
A. I don't think we actually would have gone into theatre.
Q. Well, the evidence -- some of the evidence in this case

suggests that Adam was actually anaesthetised in theatre as opposed to going into an anaesthetic room.

A. Okay. Yes.

Q. So in those circumstances if the ward nurse was accompanying the child down with the parent, would they go in with the child and parent to theatre?

A. I have never experienced that. I do -- I have been in anaesthetic rooms, but I have never been in a theatre and I don't know that that would have been very usual. I don't know that it would be very usual for a child to go straight into theatre anyway in the first place, if that makes sense.

Q. I understand that. Can I ask you about Joanne Clinghan? She was Joanne Clinghan. She is now Joanne Sharratt.

A. Yes.

Q. Were you -- did you know her? She was one of the other nurses on Musgrave Ward.

A. When I was reminded of who she was, I remembered, but I wouldn't spontaneously have remembered, yes.

Q. Do you recall seeing her at all either on that evening of 26th or the morning of 27th November?

A. I don't have any recollection, no.

Q. And did you go off duty then after Adam went to theatre?

A. Yes.

Q. Would you normally finish your shift at about 8 o'clock?

A. Or thereafter, yes, after the ward round. So 8.00, 8.15, 8.20, yes.

Q. Okay. There is a witness statement in from Joanne Sharratt to say that she came to the ward at 7.30 that morning.

A. Okay.

Q. Just give me a moment to try to find it. It is witness statement 102/1, page 3, question 3:

"To the best of my knowledge I was due to start work at 7.45 on 27th November, but I came in around 7.30 thinking Adam might still be on the ward, but he had already gone to theatre. I will have been on day duty on 27th and 28th November."

So do you recall at all meeting her at any time --

A. I don't.

Q. -- when she came in early that morning --

A. I don't.

Q. -- after Adam had gone to theatre --

A. No, I don't.

Q. -- or discussing Adam with her?

A. I don't, no.

THE CHAIRMAN: Am I right in picking up your evidence that you don't actually remember Joanne Sharratt at all?

A. No.

THE CHAIRMAN: Okay. So if she walked in, you wouldn't --

well, you might --

A. I think I might --

THE CHAIRMAN: -- recognise her, but you can't put a face to her now?

A. No, I can't put a face to her now. I hope she's not here.

MS COMERTON: Mrs Murphy, there was one issue raised by Mrs Ramsay in relation to daily medication --

A. Okay.

Q. -- that there hadn't been a prescription for it, but I think your answer was that he wasn't receiving any of that medication.

A. Yes, that it was unlikely he was going to receive any overnight. So there was really no need.

Q. That was confirmed I think by Professor Savage this week in his evidence at well.

You left nursing in 1997. Is that correct?

A. I did, yes, yes.

Q. Did you go on to other employment?

A. I did, yes.

Q. Yes, and --

A. Not nursing, though.

Q. Sorry?

THE CHAIRMAN: Not nursing.

A. Not nursing.

MS COMERTON: Not nursing?
A. No.
Q. I just wanted to confirm with you the various statements that you have put in, because we have done this as a matter of course.
A. Okay.
Q. You have your Inquiry witness statement of 18th July 2005.
A. Yes.
Q. Then your PSNI statement of 31st January 2006 --
A. Yes.
Q. -- and then a further three Inquiry witness statements, 13th April 2011, 2nd August 2011 and 17th February 2012.
A. Okay. Yes.
Q. Okay. I have no further questions.
THE CHAIRMAN: Shall we just -- you know that we take a break for the stenographer. Shall I take a break now and you can consider whether there are any -- are there any other questions?
MR McBRIEN: Mr Chairman, there is one thing that Deborah would like me to say before the -- before you rise, sir, because she's been present this morning, and she has asked us to express her gratitude to the nurses at the Royal Belfast Hospital for Children at the time. She wants to make that clear not only to those present but

also the press for the limitless care which the nursing staff gave to her son Adam during his short life.

THE CHAIRMAN: That's very kind of her. Thank you very much.

A. Thank you.

THE CHAIRMAN: Does anybody have any questions for this witness? Okay. Thank you very much for your time. I hope what you have just heard helped you. We will take a break for fifteen minutes. You are finished. Thank you.

A. Thank you.

(Witness withdrew)

(11.20 am)

(Short break)

(11.35 am)

THE CHAIRMAN: Is there an agreement now, Ms Comerton, about who goes next, which witness goes next?

MS COMERTON: I don't know if I would call it an agreement. My intention was to call Mrs Boyce. If anyone has got an objection ...

THE CHAIRMAN: Okay. Would you step forward?

MRS ELEANOR BOYCE (sworn)

SECRETARY TO THE INQUIRY: Please state your full name.

A. Eleanor Boyce.

QUESTIONED BY INQUIRY COUNSEL

MS COMERTON: Mrs Boyce, I am going to run through your witness statements now so that I don't forget to do it later.

There was a police statement from you -- in fact, there were two. One was dated 28th April 2006 and then one on 21st June 2006, and there were four -- in fact, there have been -- I think there are now five Inquiry statements. Yes, there are. The first was 14th April 2011, the second, 20th July 2011, third, 22nd September 2011, the fourth was 19th April 2012 and then we received one this week dated 24th April 2012.

A. Yes.

Q. I would like to ask you first about your role and experience as a transplant coordinator. Just to confirm the position, first of all, in November '95 you held the position of Regional Transplant Coordinator for Northern Ireland?

A. That's correct.

Q. And you had held that position for about three years?

A. Yes.

Q. And you were the sole transplant coordinator at that time in November '95?

A. I was, yes.

Q. And this remained the position until May of 1997, when

a second post was funded. Is that correct?
A. That's correct.
Q. Okay. One net issue that arises out of that then in relation to whether or not you discussed the offer of the donor kidney with Mr Patrick Keane on the evening of 26th November '95 or the early hours of Monday, 27th November '95. What do you say about that?
A. I had no discussion with Mr Keane.
Q. Thank you. In the circumstances where you would not have been available to have discussions who would have carried the can, to put it colloquially, to discuss the donor organ with the surgeon in terms of paediatric renal transplants in the Children's Hospital?
A. In paediatrics I actually didn't get involved in the donor offers at all.
Q. Yes. Who would have dealt with that?
A. The consultant who was on duty, the paediatric consultant nephrologist.
Q. That was Professor Savage?
A. On that occasion, yes.
THE CHAIRMAN: Even if you had been on call that week-end, then you wouldn't -- because this was a children's case, you wouldn't have been involved?
A. That's correct. I think we had -- when I was first appointed, we had tried the process whereby I took the

offer and I contacted the families of the children, but it quickly became apparent that I was almost an extra step in the chain in that process, and that the family preferred the staff whom they had built up a relationship with to call them in. So I dropped out of that process.

Occasionally Professor Savage would have called me if he had difficulty finding out which surgeon was on and he would have got me to do that, but I had no part to play on calling the children in.

MS COMERTON: Okay. So let's be very clear. In relation to transplants at the Children's Hospital it was the staff at the Children's Hospital who would have contacted the patient's family and made arrangements for admitting them and organising theatre and so on?

A. Yes.

Q. You would have had no role in that?

A. No.

Q. Whereas for transplants at the City Hospital you would have been involved in giving information to the transplanting surgeon, the nephrologist about the kidney, booking a theatre and so on?

A. Yes.

Q. It is clear -- I am going to ask you: did the Royal ever have a transplant -- their own transplant coordinator,

in other words, someone like you but who did that job at the Royal?

A. No.

Q. No. So in terms of your involvement in relation to Adam's case did you have any involvement in the kidney being offered to the Royal?

A. No.

Q. The kidney being brought over from the mainland to the Royal?

A. No.

Q. Organising and arranging the transplant for Adam?

A. No.

Q. And calling him in, contacting him and asking him to come in for the transplant?

A. No.

Q. Thank you. Now I'd like to refer to witness statement 100/3, page 5. It is question 3:

"There was a protocol drawn up in July/August '92 by me and a senior sister in the Belfast City Hospital Transplant Ward setting out agreed rules between nursing staff on the Transplant Ward and myself when a transplant was being arranged in BCH. It covered procedure for when I was on and off duty. This protocol is out of date and to longer exists.

No protocol existed for the Children's Hospital."

If I could then move on to witness statement 100/4, page 4, and I think it's paragraph 15:

"I wish to clarify what I said in statement 100/3. The document I was describing would more accurately have been called a flowchart of whom to can contact when arranging a transplant in the City Hospital. It dealt with logistical arrangements, including contacting the potential recipient, contacting the tissue typist, contacting the surgeon on call for transplants, booking the patient into a theatre slot, informing the on-call" -- could we move on to page 5, please -- "anaesthetist about the possibility of a transplant and keeping the Transplant Ward staff and the patient's nephrologist informed of the progress. It did not relate to any medical procedures or to the nursing care of the patient prior to the transplant."

Do you retain any copy of this flowchart?

A. No.

Q. Was it an organisational flowchart, Mrs Boyce?

A. No. It was agreement between the senior sister, the Transplant Ward and myself.

Q. So you and the senior sister did draw it up?

A. Yes.

Q. Why was that? What was its purpose?

A. Because sometimes I would be on duty and sometimes

I wasn't, and we wanted to sort out what was responsible for what in organising the transplant.

Q. Okay. So it was clear lines of communication. Everybody was working off the same sheet?

A. Yes.

Q. You have said the protocol was no longer in use. You really mean the flowchart was no longer in use. Is that right?

A. I do, yes.

Q. What was used instead?

A. What was used instead? The flowchart dealt with the situation when I was not on duty. In July or May 1997 there was another post created and two people filled that post. So at that point there was always a coordinator on duty.

Q. Thank you. At paragraph 16 then in the document before you you say:

"I also said, 'No protocol existed for the Children's Hospital'. What I meant by this was that I was unaware of any document at the Children's Hospital corresponding to the flowchart I have described above."

So there was no equivalent that you were aware of to set that out clearly for anyone who was taking care of an unexpected offer of a donor kidney in terms of the Children's Hospital. Is that right?

A. That's correct.
Q. Thank you. Now I'd like to move on then to any contact you had with Adam and his family. If we go to 093-015-047, you say:

"In 1995 I would have attempted to meet the children and their parents who were waiting for a transplant operation at clinics prior to operations. However, I cannot say whether or not I met Adam Strain or his mother prior to Adam's operation."

Were you familiar with Adam and his mother, Mrs Boyce, prior to 27th November '95?
A. As far as I know I had never met Adam nor his family.
Q. Okay. If I were to tell you that Adam had gone on to the transplant register in 1994, so there was a period of time during which he may have been available for you to have made contact with him, would you have normally done that at the renal clinics? Is that when contact would have occurred or would it have occurred separately by arrangement?
A. It occurred sporadically. I think I said in one of my witness statements that the primary reason for my appointment was to do with organ donation and not transplantation --
Q. Yes.
A. -- and the work with renal recipients came secondary to

trying to set up a Northern Ireland-wide organ donation service. I had an open invitation to attend clinics at Sick Children's, but it was rarely I got the opportunity to go over.

Q. Thank you. If we go to witness statement 100/1, page 5 and if we look at 4(d), you have said as your answer:

"I had no discussion with Adam's mother prior to his surgery. I did not meet Adam's mother at any time from his admission to his renal transplant."

Is that correct?

A. That's correct.

Q. I would like to turn briefly to the kidney donor information form, if I could, which is at 058-009-025. There will be pages following on from that I'm going to go through. Do you recall, Mrs Boyce, exactly when you first saw this kidney donor information form?

A. I have no memory of seeing the form or completing it at all.

Q. And when would you normally have first seen it?

A. It wasn't normal practice to go into theatre for any transplant, so I would normally have seen it after theatre.

Q. Where would that normally have occurred?

A. If it was in Sick Children's, I perhaps would have gone over the day after surgery or the day of surgery and

that would have been in the Intensive Care Unit.

Q. So you would have looked at the medical notes in the Intensive Care Unit?

A. Yes.

Q. Thank you. Would you have made any additions to the form at that time? That would have been the first opportunity for you to write anything on the form.

A. Yes. That would have been one of the purposes of going over to the unit.

Q. Okay. If we keep to your normal practice, because you don't recall in this case what happened in Adam's case, when you go the next day into Intensive Care and look at the form, how would you have normally acquired the information to put on the form? From what source would you have acquired that?

A. Well, occasionally it would have already been completed by the surgeon performing the transplant, but more often than not it wasn't. I would have got information from the medical notes and mostly from the operation sheet.

Q. Okay. Would you have spoken to anyone other than the transplant surgeon?

THE CHAIRMAN: I am not sure you would necessarily even have spoken to the transplant surgeon, would you?

A. If I couldn't read the writing or if the details weren't complete, I would have spoken to the transplant surgeon.

MS COMERTON: That was for clarification?
A. Yes, yes.
THE CHAIRMAN: I understand.
MS COMERTON: Now if we go to Adam's form then, the first part of the form relates to the donor kidney. Isn't that right?
A. That's correct.
Q. So page 058-009-025, all of those details relate to the donor kidney. If we skip on to -- I think some of this might actually be out of order -- 058-009-028, all of this information again relates to the donor, and you have indicated that at paragraph 13 in the top left-hand corner you would have completed the box:
"Donor HLA Phenotype."
A. I did, yes.
Q. You would have completed that. Why was that, Mrs Boyce?
A. I completed it because it was missing information.
Q. Okay. When would you have completed that?
A. From my records of what has happened I think I would have completed it at the same time as I completed section 2.
Q. Did you just make the one visit to fill in the form?
A. I have no recollection of even filling the form in. I do not know if I did it in theatre or if I did it the next day.

Q. Okay. Thank you. If we move on then to 058-009-027 -- sorry -- that's back a page, but I want to deal with it -- again this is all to do -- section 1 is the left-hand side of the page and the top of the right-hand side of the page. Again does that all relate to the donor kidney?

A. It does, yes.

Q. Would you have filled in any of that?

A. No.

Q. From section 2 you see halfway down on the right-hand side, who would have completed that?

A. I completed that.

Q. Okay. In relation to paragraphs 3 and 4, Mrs Boyce, you will see:

"Kidney removed from ice at time: 8.30."

Where would you have obtained that information from?

A. There could have been several sources for that information.

Q. Do you recall?

A. No.

Q. Can you tell us what the sources are then?

A. Well, Dr O'Connor said in her evidence that in Sick Children's they wrote those times up on a board. I have no knowledge of that, but -- I can't remember it, but I could have got them from there. Sometimes the

surgeons would have written them in the notes and -- or you would have asked a nurse if she had remembered, or there was a kidney transplant record book in which those times were recorded.

Q. Okay. The same for paragraph 4:

"Kidney perfused with recipient's blood at the time: 10.30."

A. I would have got that from the same source as the first time.

Q. Okay. Do you recall where you got that specific time of 10.30 from in this case?

A. No.

Q. Okay. Thank you. If we move on then to the next page, which is 058-009-030, and specifically then paragraphs 8 and 9, did you complete those yourself?

A. I did except for the words "arteries on patch".

Q. Yes, and you have indicated in your witness statement, I think your most recent one, the circumstances of that. I will just go to that. It is witness statement 100/4, page 4. We start at the top then.

A. I think it started the page before.

Q. The page before. I beg your pardon.

THE CHAIRMAN: Can you put up page 3 and 4 beside each other?

MS COMERTON: I think it reads -- there is a flow -- "Kidney

donor information form". You have said at paragraph 8:

"I cannot now remember where or when I completed the form. As I have stated above, I had not intended to go into theatre and I would not have needed to do so in order to complete any entries in the form."

Then paragraph 9:

"I cannot remember whether I completed the form using verbal information given to me by the transplant surgeon or by my copying written information from the medical notes. Upon examining the medical notes, I believe that the latter is the most likely scenario."

Paragraph 10 on the next page then:

"However, if that was the case, it is now clear to me that I copied the words incorrectly. As part of his operation note ..." -- you have inserted a copy below -- "... the surgeon had written:

'Procedure 2 arterys on widely separated Patched Joined with 6/0 Prolene.'

What I wrote on the Kidney Donor Information Form was 'widely separated patch' before another person deleted the word 'patch' and wrote in 'arteries on 1 patch'.

With my present years of experience I now know that the words 'widely separated patch' do not make sense in describing the anatomy of the kidney, but in '95 I did

not have sufficient knowledge to understand this."

So you basically put down the best explanation that you could based on the medical notes at the time?

A. Well, I don't remember, but from looking at them that's I think the best explanation for it.

Q. You will note in the form -- you have indicated that you put in the date and you have said:

"I did this to avoid any ambiguity about the date of the transplant, as someone reading the form might otherwise have assumed it took place on the same date that the kidneys were removed from the donor."

You may recall they were removed on 26th November and then the transplant took place?

A. Yes.

Q. Okay. Do you know who changed paragraph 8, last line, and inserted the word "arteries" instead of "patch"?

A. I don't.

Q. Who would have had the technical knowledge to do that, Mrs Boyce?

A. A surgeon.

Q. Thank you. Now you have said that the person who is ultimately responsible for completing the form is whom?

A. The transplanting surgeon.

Q. But in practice who was the person who usually filled it in?

A. The transplant coordinator.
Q. Right. Would the surgeon become involved at all in checking the form even if they didn't complete it normally?
A. Possibly not.
THE CHAIRMAN: So if the surgeon was due to complete it, hadn't done that and then you completed it, you wouldn't necessarily ask the surgeon to check over it or confirm that your entries were accurate?
A. That's correct.
THE CHAIRMAN: Not necessarily, but you might do if you had any --
A. If there was any ambiguity about his entries.
THE CHAIRMAN: You said earlier about making out records and so on.
A. Yes.
THE CHAIRMAN: Okay. Thank you.
MS COMERTON: If it is the surgeon who is ultimately responsible for it, why is it that you or a coordinator is the person who fills it in?
A. I think it had become common practice not just in Belfast but throughout the UK.
Q. Are you aware of whether -- Mr Keane was the transplant surgeon. Are you aware of whether or not Mr Keane did complete any part of that form?

A. I don't know.
Q. Okay. Did you have any discussions with him about the form?
A. I don't remember speaking to Mr Keane at all.
Q. Okay. Thank you.
THE CHAIRMAN: Can I take it you knew Mr Keane?
A. I did know Mr Keane, yes.
THE CHAIRMAN: Because he had done adult transplants?
A. I knew Mr Keane more from the other side of my work, the donor side of work, and he would have retrieved kidneys from donors in theatre.
THE CHAIRMAN: Okay. Thank you.
MS COMERTON: The last part of the form on page 058-009-030, paragraph 9 was:

"Was erythropoietin administered to the recipient?"

You have put in "Yes", number 2, to that. Who would have given you that information, Mrs Boyce?
A. I would have got that from the medical notes and that would have referred to routine medical prescription of erythropoietin on a regular basis.
Q. Can you confirm that's your signature at the bottom of the form?
A. That's my signature at the bottom, yes.
Q. Are you aware, Mrs Boyce, of who brought the kidney to the Children's Hospital on the evening of 26th/morning

of 27th?

A. I am not.

Q. No. How would the donor kidney normally have been brought to the Children's Hospital at that time?

A. When we had a transplant in Sick Children's, the surgeon would normally have brought it over with him.

Q. Okay. If it wasn't the surgeon, who else would have done it?

A. I really don't know, because I think we had had very few paediatric transplants at that time. It is possible it would have been sent over by taxi.

Q. Okay. Were you aware on 27th November of the time at which the transplant surgery was to start?

A. No.

Q. Would you normally have been aware of that?

A. Not if I wasn't on call the night before.

Q. Okay.

THE CHAIRMAN: When did you -- did you first know about this transplant when you went into work on the Monday morning?

A. I have no memory of being told about it at all, but that would be --

THE CHAIRMAN: You obviously were.

A. Obviously I was in work on Monday morning and someone must have said to me at some point.

MS COMERTON: Can you remember how you first found out that Adam was going to have a kidney transplant?
A. I've no memory of that at all.
Q. When did you intend to see Adam's mother on 27th November?
A. At the time I went over I would have been going over to say "Hello", almost a social visit to say "Hello". At some point during his admission I would have been discussing the possibility of the family writing a thank you letter to the donor family.
Q. Would that have been before the surgery or after the surgery?
A. That would have been after the surgery. So, yes, that would have been after the surgery.
Q. And you have said in your evidence earlier that you would normally have gone in the day after to Intensive Care. So is that when you normally would have had that visit?
A. After surgery or the day -- the day of surgery, after it or the day after that, but there had been so few transplants in Sick Children's during the time -- from the time I was appointed that nothing would have become common practice. I think there had been fourteen children transplanted and two or three of them would only have been done in Sick Children's.

Q. Yes. We have been through -- I don't know if you were in the chamber earlier, but we have been through some of the figures this morning already. So it's already on the record.

Do you recall at what time you went over to the Children's Hospital on 27th?

A. I don't.

Q. Were you working a 9.00 to 5.00 day?

A. I would have been working day duty. I worked various times.

Q. Yes. How long did you anticipate you would spend in the Royal when you came over?

A. I haven't thought of that before, but one to two hours.

Q. Was this the only business you had to do there?

A. As far as I can remember, yes.

Q. So you are coming specifically over to do this?

A. Yes, and I would have known I could have completed the paperwork while I was there.

Q. Okay. Joanne Clinghan -- she is now Joanne Sharratt -- was the Renal Nurse Coordinator at that time. Were you familiar with her?

A. I knew Joanne, yes.

Q. Did you know her well?

A. I did know her well. I had worked with her in the Renal Unit from 1987 until she moved to Sick Children's.

Q. The Renal Unit in the City Hospital?
A. In the City Hospital, yes.
Q. That was before you became the transplant coordinator?
A. Yes.
Q. Were you working as a nurse at that time, Mrs Boyce?
A. Yes, I was. I was working as a staff nurse in the Renal Transplant Ward.
Q. So your were working together in the City Hospital as nurses?
A. Yes. We didn't always work in the same ward, but it was a very close working environment.
Q. Were you aware what time Adam went to theatre on the morning of 27th?
A. I wasn't.
Q. So whenever you decided to go over to the Royal, had you any idea at all at what stage the surgery was at?
A. I didn't. I hadn't, no.
Q. You have made a police statement. You have made two, but the first one that you made is reference 093-015-047. It is the next page, 093-015-048. The portion that I want to refer you to is about six or seven lines down:

"I remember the day of Adam's operation I went over to the Children's Hospital with the purpose of seeing Adam's parents. I recall meeting Staff Nurse Joanne

Clinghan, who informed me that Adam might be brain stem dead and was still in theatre. At the time she was based in Musgrave Ward. I changed and went into theatre where the mood was very sombre. I think the surgeons were still at the table, but I don't know what stage of the procedure they were at. I don't know what time it was that I went into the operating theatre."

Can we keep that up and then pull up another statement, please? It is 093-016-049. This is your second police statement. You have said:

"I previously made a statement to police ... regarding this matter. Detective Constable Monaghan has asked me if I remember where I met and spoke with Staff Nurse Clinghan. It was in the corridor outside theatres. I have also been asked about who was present in the theatre when I went in. I can only say that I remember Patrick Keane (surgeon) being at the table. There was another surgeon. However, I do not recall who it was. There were other staff present in the operating theatre. However, I do not recall who they were. I remember when I was in the theatre wondering why they were continuing with the procedure if the child was supposed to be brain stem dead. However, I would not be able to say what part of the procedure they were at."

Now, Mrs Boyce, you say that you were in the Royal

and that you met in a corridor outside the theatres Staff Nurse Clinghan. Where -- could I actually pull up another document, please? It is 300-005-005. I hope this is the right one. Yes, it is. This is a floor plan of the Royal at that time. The red or pink room is marked "Adam Strain's theatre". It has an X on it. You will see then that Musgrave Ward is marked further down and there, in fact, is a solid pink line going from Musgrave Ward to theatre to give you an idea of the layout.

Now you have said in your police statement it was in the corridor outside theatres that you met Staff Nurse Clinghan. Do you remember where you met her?

A. Yes, I do. If you follow the dotted orange line from the front door to Musgrave Ward, along that corridor there was a back door to theatres. It was only opened from the inside. It was somewhere in the vicinity of that dotted line.

Q. Were you talking about a back door to the theatre Adam was in?

A. It was in the theatre complex.

Q. The theatre complex. Right. How close were you -- do you recall how close you were to theatres along that corridor?

A. It was before you would have turned left to go down into

the theatre as far as I can remember. It's a very long time ago.

Q. So you were walking from the front door up towards Musgrave Ward when you met her is what you're saying?

A. I don't have an absolute clear memory.

Q. What is the best recollection that you have?

A. The best recollection would have been that my first -- the first place I might have been going to was Musgrave Ward to see who was about there.

Q. Yes.

A. I know I said, "Is Adam out of theatre?", which would lead me to believe that I expected him to be out of theatre at the point that I went in.

Q. Who did you ask was Adam out of theatre?

A. The person I met in the corridor, whom I remember as being Joanne Clinghan.

Q. Sorry. I hadn't realised that.

THE CHAIRMAN: You wouldn't go to Musgrave Ward, sure you wouldn't, because even if Adam was out of theatre, he wouldn't be in Musgrave Ward?

A. But the staff who knew him might have still been there.

THE CHAIRMAN: Okay.

MS COMERTON: And why would you have needed to speak to those staff?

A. To say "Hello", to be sociable, and they would have

known what had been happening.
Q. Thank you. So you are saying that whenever you walked up the corridor, you initiated the conversation with Joanne Clinghan. Is that right?
A. Yes.
Q. What exactly do you recall her saying to you?
A. It was a very brief conversation. She said -- I said, "Is Adam out of theatre?" and she said, "No, and he might be brain stem dead", and that was it and she walked on.
Q. Was there any further conversation with her?
A. No.
Q. Okay. What was the next thing that you did then?
A. I changed and went into theatre.
Q. Okay. You have given -- your evidence was you normally wouldn't be in theatre. Is that correct?
A. Yes. I have no need to go into theatre.
Q. Whenever you arrived at the Royal that morning, had you intended to go into theatre?
A. No, because I think I supposed that the surgery would be finished at that point.
THE CHAIRMAN: You were also -- I mean, you were also going over primarily to speak to his family about writing a thank you letter to the donor family.
A. Yes. That would have been -- well, it was to meet them

and say "Hello", and if it -- if they were at a point where they were ready to get that information, then yes.

THE CHAIRMAN: Okay.

MS COMERTON: What sort of -- what sort of state was Joanne Clinghan in when you had that brief conversation with her?

A. Her tone was quite clipped and she was obviously in a hurry.

Q. Do you know where she was going?

A. No.

THE CHAIRMAN: Okay. Then you got changed and went into theatre?

A. Yes.

THE CHAIRMAN: What did you see?

A. As far as I can remember the operation was still in progress, and I say that because there were two surgeons still at the table, and I was in shock, and I can't really remember what else I saw.

MS COMERTON: Now you have said in your statement that you recognised Patrick Keane as being one of the surgeons.

A. Yes.

Q. And you had known him from the City Hospital?

A. Yes.

Q. Was the other surgeon male or female?

A. Male.

Q. And did you know that other person?
A. No.
Q. Do you know Mr Stephen Brown, who is a consultant paediatric surgeon at the Children's Hospital?
A. No.
Q. You don't. Can you say what the surgeons were doing when you were in theatre?
A. I can't. I had no visualisation of the operation field, but they were both at the table.
Q. Can you say whether or not they were holding any instruments?
A. No.
Q. No, you can't say or no, they weren't?
A. I can't say.
Q. Who else was working at the table when you walked in and saw this?
A. I don't have a clear memory.
Q. Was there any conversation when you went in?
A. As far as I can remember it was very quiet.
Q. And were you aware of any anaesthetists in the room?
A. Yes. I had met Dr Taylor before and I was aware that he was there.
Q. And where was he when you went in?
A. I don't know. Somewhere away from the operating field towards the head of the table.

Q. Did you notice any other anaesthetist in the room at that time?
A. No, but I wouldn't have known who was an anaesthetist and who was a nurse.
Q. Okay. Are the anaesthetists and nurses gowned in the same way?
A. They can be, yes.
Q. When you walked in, were there any nurses in the theatre?
A. There were.
Q. Can you remember how many?
A. No.
Q. Can you remember what they were doing?
A. No.
Q. Or was there a scrub nurse at the table?
A. I think there was a scrub nurse at the table, but I don't know whether I am visualising that from common practice or whether it's an actual memory.
Q. Was there a runner or circulating nurse in the room?
A. I don't know what function the nurses who were there were performing.
Q. Did you say anything when you went into the theatre?
A. It's hard to imagine that I wouldn't have said something, but I don't remember any conversations.
Q. The evidence has been that Dr Mary O'Connor was in

theatre at times --

A. Uh-huh.

Q. -- during this surgery. I don't know if you heard that this week. Do you know her?

A. I do know her.

Q. Did you see her in theatre whenever you went in on that occasion?

A. I can't remember.

Q. Okay. Now you have said that the mood was very sombre. Can you explain that, please?

A. Well, I had been told that the child might be brain stem dead. My memory was it was quiet and no-one was talking. Whether that came from me not wanting to talk, because I was shocked, or whether everyone was shocked I don't know.

Q. Would you accept that at times things might be quiet in theatre?

A. Yes.

Q. And some surgeons want things to be quiet and for there not to be discussions at certain times and then there can be discussions at other times. You would accept that?

A. I would accept that, yes.

Q. Is it possible that your perception of a mood being sombre was, in fact, just the normal way that surgery

was operating in that theatre at the time?
A. It's possible, but I don't think so.
THE CHAIRMAN: When you said -- a few moments ago when Ms Comerton asked you, "Do you remember what you said?", you said you must have said something, but you can't recall what.
A. Uh-huh.
THE CHAIRMAN: Can I take it from that whatever you said, there was no reply given to you which led you to think that things were any better than Mrs Sharratt had told you before you went in; in other words, you weren't reassured?
A. I certainly wasn't reassured. The atmosphere would have confirmed that something was amiss.
MS COMERTON: Who would you have spoken to, Mrs Boyce, when you went in? Would you have spoken to the surgeons?
A. I wouldn't have spoken to the surgeons, because they were both at the table.
Q. Would you have spoken to any of the nurses?
A. I would have spoken to the nurses.
Q. You have said you know Dr Taylor. Perhaps would you have spoken to him?
A. Under different circumstances I might have spoken to Dr Taylor, but I do remember thinking, "Something has gone awry and I don't want to disturb him at the

moment". I didn't know him well enough to just go up and start questioning him.

THE CHAIRMAN: If there is an issue about that and being brain stem dead, I would like to think Dr Taylor was up to his eyes in trying to sort it out.

A. Yes.

THE CHAIRMAN: So you wouldn't -- he would be an unlikely person for you to speak to?

A. He was, and that was my understanding of it. I didn't want to disturb him.

MS COMERTON: Did you get any view at all of the kidney or any sense of whether the wound was open or closed when you walked in?

A. I had a sense certainly that the surgeons were still operating, that they were still -- things were still happening. I might not have seen instruments, but there was movement of arms, and that's the sense that I had.

Q. And did Adam look as if he was still anaesthetised at that time?

A. I couldn't see Adam at all.

Q. You will be aware, Mrs Boyce, that the evidence that has been given is at the end of surgery, when Adam was -- they were trying to wake him up, that the theatre staff realised that things were not well?

A. Uh-huh.

Q. And what I wanted to ask you was if the point at which it became apparent that Adam was not waking up was at the very end of surgery, and that's the first time they would have been aware of difficulties, do you accept that's not a time at which the surgeons would still be in the theatre?
A. Could you repeat that, please?
Q. Sure. The evidence has been that it was when Adam was being weaned off the anaesthetic that they couldn't wake him up --
A. Uh-huh.
Q. -- and consequences flowed from that; in other words, the first time that it was known that there were problems with Adam coming round from the anaesthetic was at the end of surgery, when they were trying to reduce the anaesthetic and bring him round.

My question to you is: the point at which you bring someone out of an anaesthetic is after the surgery is over.
A. I think we need to look at the definition of what the end of surgery is, and from Dr Taylor's -- the transcription of his evidence, he was certainly saying that he was stopping the muscle relaxants. It wasn't just everything was cut -- the wound was closed and everything was cut off. There was a process by which

the muscle relaxants are reduced and the sedation is reduced.

Q. That's right, but you would accept you would not try to bring a child out of an anaesthetic until after the wound had been closed?

A. Not out of the anaesthetic, but that doesn't mean you wouldn't reduce the muscle -- you couldn't reduce the muscle relaxants.

THE CHAIRMAN: How long did you stay for approximately?

A. I really don't know, but I know I was there for -- I don't know. It would have been more than thirty minutes, but it could have been an hour and a half. I just don't know.

MS COMERTON: You could have been in theatre for an hour and a half?

A. Yes. Uh-huh.

Q. Where were you when you were in theatre?

A. I was standing -- I was standing -- Mr Keane had his back to me and I was standing back from the table.

Q. And were you in theatre only once that morning or did you go -- were you in and out?

A. I didn't leave theatre while Adam was still there.

Q. So you left the theatre after Adam left the theatre?

A. Yes.

Q. And did you only go in once to theatre? So when you

arrived at the Royal, your evidence is you had the conversation with Joanne Clinghan, you went straight into theatre and you remained there until Adam had left the theatre?

A. Yes.

Q. Okay. Is your account of your perception when you went into theatre a description of your initial perception or is it an account of your perception over the entire period of time that you remained in theatre?

THE CHAIRMAN: That's about the mood being sombre?

MS COMERTON: Yes.

A. I think it changed slightly, but it was always very serious, and there was an awareness that we were dealing with a very serious situation.

Q. Can you remember any conversation at all, Mrs Boyce, in theatre while you were there?

A. I can remember talking to Dr Savage, but -- I think it was still in theatre, but Adam had left the theatre at that point.

Q. So you are saying Professor Savage was in the theatre before Adam left?

A. No, I am not saying that.

Q. Sorry. After Adam left. Why did you remain in theatre after Adam had left?

A. I don't know how long it was for. It could have been

just for a few moments.

Q. For what reason?

A. Because I didn't know what else to do. I was shocked.

Q. What conversation did you have with Professor Savage after Adam had left the theatre?

A. Eventually I had a conversation with Professor Savage about the possibility of Adam's organs being donated for transplant.

Q. Did you have any discussion at all about the events of what was happening in theatre to Adam?

A. No.

Q. Right. Why was that?

A. I think everybody was just so shocked.

Q. Did you have a good working relationship with Professor Savage?

A. I did, yes.

Q. Surely that would have been a very obvious question to ask him, "What happened?"

A. I might have spoken to him, but I have no memory of it. My one memory is of standing in theatre. The most clear memory I have is of standing in theatre thinking, "Why is this operation still going ahead when the child might be brain stem dead?"

THE CHAIRMAN: Can I ask you a couple of things? Do you recall when Dr Savage came in?

A. No --

THE CHAIRMAN: Okay.

A. -- and my memory of talking to him in theatre about that could be flawed. I know I had a discussion with Dr Savage about organ donation, and I think it was in theatre, but --

MS COMERTON: Could it have been in Intensive Care?

A. It could have been in Intensive Care, yes.

Q. Could I refer you to document 093-017-051? This is Joanne Sharratt's police statement, and she says at the end of it:

"I do not recall ..."

Sorry. I will start at the top:

"During the operation it would not have been my role to liaise with theatre, nor would theatre have liaised with me."

Is that right, Mrs Boyce?

A. As far as I understood Joanne's role, yes.

Q. "Liaison between theatre and parents during operations was undertaken by medical staff."

You agree with that?

A. Yes.

Q. "I do not recall any conversations in respect of the progress of the operation during the surgery. I can state that when I became aware that there was a problem

with Adam's condition he was in Intensive Care."

A. Uh-huh.

Q. So the point is she couldn't possibly have told you that there was a problem and that Adam might be brain stem dead, because she didn't know about the problem until after Adam had left the theatre.

A. Do you want me to respond to that?

Q. Yes. What's your comment on that?

A. My memory is very clear. Now if Joanne Sharratt's memory is equally clear, and she knows she was somewhere else for the entire time that Adam was in theatre, then I would have to consider that my memory was wrong, but it is a clear memory which is wrong.

Q. Do you accept you might be mistaken about what you think you saw?

A. What I think I saw?

Q. In theatre.

A. In theatre. No, because the operation was still going on, otherwise I wouldn't have thought, "Why are they continuing with the procedure?"

Q. Okay. Could I refer you to Mr Keane's witness statement at witness statement -- 006/1, page 3? You will see that Mr Keane says at 2(iii):

"At the completion of his surgery Adam was in a satisfactory condition. I was called to an emergency

at the Belfast City Hospital and Mr Brown, consultant paediatric surgeon, closed Adam's wound. Adam was stable when I left ten minutes prior to the end of the anaesthesia."

So Mr Keane's evidence has been he was not there at the end of the surgery. He finished the transplant surgery, but at the end -- he wasn't there at the very end of the surgical procedure when the wound was closed.

Is it possible you may have been mistaken and, in fact, it wasn't Mr Keane who was in theatre, if he had his back to you?

A. Mr Keane is one of the few people that I would have known in theatre that day.

Q. Did you know that Mr Keane was going to be in theatre that day?

A. No.

Q. Okay. Could you have confused him with someone else who was in theatre?

A. No.

THE CHAIRMAN: Can we go back to the two police statements, the initial one and the clarification? It is 093-015-048, and if you could put up beside that 093-015-049. These are statements you made to the police that Ms Comerton asked you about a few moments ago. The second one will come up in a moment. If we

could have page 049. I am sorry. If we could move off the left-hand page with the witness statement 006/1/003. If we could move that away. We will get there in a moment. You understand that Mr Keane's evidence is that when he left, everything was fine?

A. Uh-huh.

THE CHAIRMAN: And effectively by definition he is saying "Look, I wouldn't have left if there was a problem". Okay? You understand why -- and Ms Sharratt says that she didn't -- she wasn't aware of a problem until Adam was in Intensive Care. Your evidence is clearly quite different. Right? Now in terms of at least these statements, these are the police statements which you were asked to make ten years or so later.

A. Uh-huh.

THE CHAIRMAN: Okay. In your first statement on the left-hand side of the page -- of the screen at page 48 you said:

"I think the surgeons were still at the table, but I don't know what stage of the procedure they were at. I don't know what time it was that I went into the operating theatre."

You then have -- on one interpretation you firmed up on that in your second statement by at least being specific that Mr Keane was there.

A. Uh-huh.

THE CHAIRMAN: "I can only say I remember Patrick Keane being at the table."

When you made the initial statement, there seems to have been a doubt -- at least the way it is written there seems to have been a doubt in your mind. Hence the words:

"I think the surgeons were still at the table."

Did you have a doubt when you made that statement?

A. I think I was a bit mesmerised about having to give a police statement about something that was happening all those years ago. I was not asked who the surgeons were.

THE CHAIRMAN: I understand that, but the other point I'm really asking about is whether you were sure that the surgeons were still at the table, because on one interpretation of what you've written you weren't sure, which is why you were saying, "I think the surgeons were still at the table"?

A. I think in the first statement I was asked to recall stuff from eleven years previously, and very often when you are asked something like that, you go away and reflect on it and memories come back. By the time I was giving the second witness statement I had remembered that it was Patrick Keane, whom I knew.

THE CHAIRMAN: You understand -- let me make it clear I am not accusing you of lying.
A. I know. I know.
THE CHAIRMAN: You know just how confusing this whole sequence of events is, but what you have said today is that your one clear memory is that the operation was still going on and your clear memory is, "Why is the operation still going on if he is brain stem dead?"
A. Yes.
THE CHAIRMAN: Okay. Whatever else about what information you have been reminded of or what came back to you in 2006, that was always your clear memory, wasn't it --
A. Yes.
THE CHAIRMAN: -- that the operation was still going on? So for the operation still to be going on the surgeons must have been at the table?
A. Yes.
THE CHAIRMAN: Okay. Thank you.
A. Can I say I don't know whether -- I have thought about this and thought about this and tried to piece it together, and I don't know if what -- I have come up with a window of opportunity where this might have happened. I don't know whether it's right or not, but I want to express it. I wonder if the arterial anastomosis, the clamp had been released, and that's the

major part of the operation. We have heard about that, when the arterial clamp comes off. After that the operation slowly -- there are still procedures to be done. The ureteric anastomosis is still to be done. Then the kidney has to be checked again for perfusion and the wounds are closed, but I am wondering if after the arterial clamps were released, if it was possible after that Dr Taylor could have started to have reduced even the muscle relaxants and then known; if there was an window of opportunity, even a few minutes, where he would have known the child wasn't breathing on his own, and then somehow that communicated itself to me, and I came in, and even though they were starting to identify a problem, the bladder anastomosis was still being done at that point and Mr Keane was still there. I don't know if that's a possibility, but it's certainly a question I have in my mind.

THE CHAIRMAN: You see, apart from whether -- about Mr Keane being there, the other curious thing is what Nurse Sharratt says.

A. I know.

THE CHAIRMAN: She says her memory of what happened is she didn't know anything was wrong until Intensive Care. We will hear her later on today. Sorry, Ms Comerton.

MS COMERTON: Yes. There's two factors here at play. One

is you are saying that Dr Taylor might have known, because Adam wasn't responding to a reduction in muscle relaxant, that there was something wrong. You picked up he would have known something when you went into theatre?

A. Yes. Uh-huh.

Q. The second factor I want to ask you about is Joanne Clinghan must have known something.

A. Uh-huh.

Q. Do you know where she was getting her information from?

A. No.

Q. Had she been in theatre?

A. I don't know. If Joanne Sharratt knows that she was somewhere else and had, you know, never gone down that corridor, if she is absolutely certain and has proof that she was elsewhere at that time, then I will bow to that and say my memory, although clear, is wrong.

Q. So you accept the possibility that you might be mistaken is what you're saying, Mrs Boyce?

A. I accept the possibility that my memory is wrong, yes.

THE CHAIRMAN: I mean, to be fair to you, you think that's unlikely, but it's a possibility?

A. When I gave the police statement, the very first police statement, I wasn't asked what happened, and I was saying, "I met someone", and the police didn't then say,

"Who was it that you met?" The first thing that I said was, "I met Joanne Clinghan". It was a clear memory.

THE CHAIRMAN: Okay. Thank you.

MS COMERTON: Could I refer you to -- I think this is the transcript -- Dr Taylor's transcript on 20th April, page 181, if you have it. Oh, is it not on the system? Do you have the copy of it there? I'd like to read it out. At line 3 -- actually I will start at line 1:

"Those drugs are written down as given at the 11 o'clock end of the record. So that would be the time when I reversed the muscle blockade and allowed Adam to, if he was going to, start to wake up and breathe on his own. So that's an event that happened at 11 o'clock."

So his evidence was here that the muscle relaxant -- the muscle blockade was relaxed at 11 o'clock --

A. Uh-huh.

Q. -- and the evidence that has been given here is that the vascular anastomosis occurred at 10.30 or thereabouts --

A. Uh-huh.

Q. -- and Mr Keane left the theatre shortly thereafter to attend an emergency in the City Hospital.

A. Okay.

Q. So Mr Keane on his account would not have been in theatre at about 11 o'clock.

A. Is that a question?

Q. Yes. I am putting that evidence to you to suggest it is not consistent with the account that you have given and what you saw.
A. Uh-huh.
Q. On one view you couldn't have seen Mr Keane in theatre, because he had left by that stage --
A. Uh-huh.
Q. -- and the muscle blockade had not been reduced until 11 o'clock.
A. So the scenario I have come up with is not possible?
Q. On some of the evidence that has been given this week.
A. I can't change my memory.
THE CHAIRMAN: Okay.
MS COMERTON: I accept that.
THE CHAIRMAN: Thank you.
MS COMERTON: If you had not met Joanne Clinghan and spoken to her, would you have gone into theatre at all?
A. I can't say. I would have gone round to the ward and I possibly would have spoken to Adam's parents wherever they were waiting, if they had already moved into Intensive Care. I probably wouldn't have gone into theatre.
Q. You wouldn't?
A. No.
Q. After going into theatre and staying there for a certain

length of time and Adam left theatre, you then left theatre yourself. Isn't that right?

A. I don't know where I went, but I knew I hung about for a while, and I think it is possible I went into Intensive Care.

Q. Did you fill in the form at that time?

A. I have no memory of when I filled in the form.

Q. Do you recall coming back on another occasion to complete the form?

A. I have no memory of that, although I did come back the following day to speak to Mrs Slavin.

Q. About organ donation?

A. About the organ donation.

Q. I just wanted to check. Were you involved in a clinical audit of Adam's case at any time?

A. No.

Q. I have no further questions, Mr Chairman.

THE CHAIRMAN: Could I just ask you this? From what you said would I be right in interpreting you as saying that it is -- it was a matter of concern to you that at a time when Adam seemed to be brain dead for some reason the operation was continuing?

A. That was my thinking at the time. Now I'm perfectly willing to admit that the rationale behind it was flawed, because even if Adam at that point was thought

to be brain stem dead -- my reasoning was, "This is a futile treatment", but even if Adam was thought to be brain stem dead, nothing should have been stopped until it was proven that he was brain stem dead.

THE CHAIRMAN: Okay. Ms Comerton asked you were you involved in any clinical audit. I just want to explore this point with you. What one might have expected after Adam's death was a real investigation within the Royal about what exactly had happened, what went wrong and how they could possibly make sure that it didn't happen again --

A. Uh-huh.

THE CHAIRMAN: -- and you would be -- as a transplant coordinator, even if you weren't so much involved in paediatric transplants, you would be anxious for that too, wouldn't you --

A. Yes.

THE CHAIRMAN: -- because if something goes wrong in a paediatric transplant, it might go wrong in an adult transplant? So you need to make sure what lessons have been learnt. Is that fair?

A. Yes.

THE CHAIRMAN: Did you ever -- in the weeks -- days, weeks or months afterwards did you ever say to Dr Savage or anybody else, "Well, look, has anybody found out what

went wrong?" or "How do we make sure this doesn't happen again?"

A. I didn't.

THE CHAIRMAN: Okay. Any questions?

MS COMERTON: Mr Chairman, I wonder whether the parties would like some time to consider Mrs Boyce's evidence. It has taken some time to finish.

MR McBRIEN: That will definitely be the case from the family's perspective, sir.

THE CHAIRMAN: The family does want a little bit of time?

MR McBRIEN: Absolutely, sir.

THE CHAIRMAN: There may be some additional questions for you. That's not necessarily a bad thing. It is just people wanting to perhaps think about whether they want you to clarify something. It is 12.50. Can I ask you to wait until after lunchtime for that?

A. Yes.

THE CHAIRMAN: I was going to say we will sit again at 1.50, but I think Mrs Anyadike-Danes is going to come down and wants to speak to the various counsel about what format next week's questioning might take. Do we know if she is here yet?

MS COMERTON: I don't know what time. She said there had been discussions about that, but I wasn't sure what time. 1 o'clock perhaps.

THE CHAIRMAN: So we'll take it as she is going to be here at 1.00. Can counsel talk to her between 1.00 and 1.30 and we'll try to resume at say 1.45 to save the witness from waiting. Is there any problem about that? Okay. Well, look, we will resume at 1.45 if various other discussions have completed. Thank you very much.

(12.53 pm)

(Lunch break)

(1.45 pm)

THE CHAIRMAN: There are some questions I think.

MS COMERTON: One issue I have been asked to clarify, Mr Chairman. If I could ask to see document 301-121-657. Could it be turned round, please?

Mrs Boyce, we had received recently a clearer copy of this document, and specifically in relation to the left kidney in the second column the handwriting under "Other, please specify", it reads:

"Third artery tied off and cut off patch."

So this is the section of the form that relates to the donor kidney --

A. Yes.

Q. -- and you'd indicated you had filled in a particular part of it and it's before the section relating to the recipient. So in relation to that highlighted area do you know who wrote that on the form?

A. That would have been the person who filled the form in that was a transplant coordinator in Glasgow.
Q. Okay. Thank you.
THE CHAIRMAN: Mr McBrien, nothing more?
MR McBRIEN: We have no questions.
THE CHAIRMAN: Is that all the questions for this witness? Thank you very much indeed.

QUESTIONED BY MR MILLAR

MR MILLAR: Sorry. I was waiting to see whether anybody else wanted to ask questions. I have just one matter I want to raise very briefly.
THE CHAIRMAN: Okay.
MR MILLAR: Mrs Boyce, my recollection of your evidence is you said when you went over to the Children's Hospital, you had two things in mind. Primarily you were going to see if you could meet up with Adam's family --
A. Yes.
Q. -- and raise this issue of perhaps sending a letter to the donor --
A. Uh-huh.
Q. -- but you also mentioned you knew that when you were there, you might also be able to complete the information for part 2 of the kidney donor form?
A. Yes.
Q. When you were dealing with the question of where you got

that information from, that is the information you used to complete part 2 of the donor form --

A. Uh-huh.

Q. -- one of the sources that you mentioned was possibly a board in the operating theatre.

A. Uh-huh.

Q. You thought you might have got times from the board.

A. Uh-huh.

Q. Now can I suggest to you just in terms of trying to square the circle in terms of some of these issues is it possible you went into the theatre at an earlier stage perhaps with a view to seeing whether you could obtain information to put into your kidney donor form?

A. No.

Q. Are you sure about that?

A. I'm sure about that.

Q. You don't think there's any possibility you went in at an earlier point and while the operation was still in progress?

A. I'm sure, because the thing that triggered me to go in was a conversation which I had in the corridor, which said, "No, Adam is still in theatre. He might be brain stem dead".

Q. But at the same time you thought that you might have been in theatre for up to an hour and a half?

A. I was pushed to say what time I was in theatre at. I know it would have been definitely longer than twenty minutes, probably thirty minutes, but what I was trying to say was I don't know how long I was in theatre.

Q. Yes. Thank you.

THE CHAIRMAN: Thank you very much for your time, Mrs Boyce. You can now leave.

A. Thank you.

THE CHAIRMAN: Thank you.

(Witness withdrew)

THE CHAIRMAN: Ms Comerton.

MS COMERTON: Yes. Mr Chairman, the next witness is Joanne Sharratt.

MRS JOANNE SHARRATT (sworn)

SECRETARY TO THE INQUIRY: Could you please state your full name?

A. Joanne Sharratt.

THE CHAIRMAN: Have a seat, please.

QUESTIONED BY INQUIRY COUNSEL

MS COMERTON: Mr Chairman, just to assist the witness, she has recently had surgery, so she may need to get up and move around a little, but hopefully we will not detain her for too long.

THE CHAIRMAN: We are agreed on that. Yes?

MS COMERTON: Mrs Sharratt, I wanted to clarify something first. You were the Paediatric Renal Nurse Coordinator at the Royal Children's Hospital in 1995. Isn't that right?

A. That's correct, yes.

Q. Did you have any role at all in relation to organising the transplants and offers of kidneys?

A. No, I had very little to do with transplants. It would have been more a role of support and maybe follow-up care when the patients had been successfully transplanted.

Q. Thank you. You had started in that role as the Paediatric Renal Nurse Coordinator in November '91. Is that right?

A. I think it might be November 1992.

Q. '92. I beg your pardon.

A. No, I think that's down wrong.

Q. Were you the sole Paediatric Renal Nurse Coordinator at the Children's Hospital at that time?

A. At that stage.

Q. And in '95 were you the sole one as well?

A. In 1995 there was another post. It was either just about to be filled or had been filled.

Q. Okay. You mention in your statement a Joyce Gardener. Was that the person who filled the post?

A. Is currently deceased.
Q. Okay. Thank you. Just in relation to the contact you would have had with Adam between November '91 and November '95 if we could go to your police statement, please, at 093-017-050, and it's about two-thirds of the way down, you say:

"I had frequent contact with Adam both pre-dialysis and after he needed dialysis and also in education regarding transplant."

In your role as the Paediatric Renal Nurse Coordinator would you have been working closely with Adam and his mother both while he was in hospital and also when he was getting dialysis at home?
A. My main role with Adam would have been preparing him for peritoneal dialysis.
Q. Could you possibly speak up a bit, please? Your voice is very soft.
A. My main role was preparing him for peritoneal dialysis and teaching his mum to carry out the dialysis, going out on home visits and getting the house organised by checking that if we needed a sink in the bedroom with mixer taps and going to occupational therapist and all those things. So there would have been visits to and fro the home -- from the home.
Q. So he went on to dialysis -- there was education about

dialysis from about September '94. Isn't that right?
A. If I remember correctly, yes.
Q. Would you have assisted with educating Adam's mother about that before he started on dialysis?
A. Yes. There would have been other issues as well, things maybe like injections of erythropoietin and different things that would have come up, and I would have done home visits, and also at clinic visits alongside Professor Savage.
Q. Yes. So would you have been present during Adam's consultation with Professor Savage at the renal dialysis clinics?
A. Not necessarily, but I could have been. I remember occasions -- not a very strong recollection -- but when Dr Savage would have spoken to Debbie about educating on certain issues, you know, but I can't remember the exact content of anything.
Q. And would you have been checking the dialysis records kept by Adam's mother or was that for the other nurses?
A. Those would have been brought to the outpatient clinic and Dr Savage would have been checking them. I would have looked at them as well, and then if there had been any changes -- because obviously you had to allow for increase in weight, and we had to establish a dry weight, and in that booklet then we would have a record

of sets.

Q. Yes.

A. So if his weight had gone up, for example -- this might not be exactly precise in his situation -- but if had gone up by 1 kilo, you would have used so many 136 bags and a 227 bag, that sort of thing. So that was always documented in the book provided by Baxter along with a pre-dialysis weight and a post-dialysis weight and exit site care.

Q. In any event Adam had been in and out of hospital quite frequently between '91 and November '95. So would it be fair to say you would have seen him regularly both at outpatients clinics and also whilst he was in the hospital?

A. Mostly I would have seen him at the outpatient clinics or home visits. Although I had a certain amount of role on the ward, there was a renal sister on the ward. Obviously because there was only myself and we had a lot of home dialysis, but we also had haemodialysis, which was very time-consuming, so I might have seen him to say "Hello", but I maybe hadn't a lot of direct care, but I think I remember correctly training his mum for the dialysis machine.

Q. Yes. If I go back to that police statement, just above the highlighted area you say:

"I can recall Adam Strain as an individual patient. I remember him as a lovely bubbly boy, who was well looked after by his mum and who [also] was a sick wee boy at times."

From your description one may say that there was a degree of affection reflected in the terms in which you describe Adam. Would that be a fair comment?

A. I think with all of these patients we were like one family and everybody got to know everybody else very well, and Deborah's care was exceptional and she just lived for her son.

Q. Okay. Now if we stick with that statement, you say towards the last four lines of it:

"I think I can remember Adam arriving on the ward on 26th November '95 in relation to a possible transplant the following day. I would not have been responsible for any nursing care and therefore would not have made any entries in his notes. I think Adam arrived on the ward at about 8.00 or 8.30 am. To my recollection" -- could we possibly put the next page up, please -- "when I came on duty the following day, Adam had gone to theatre."

Were you on duty when Adam was admitted on the evening of 26th November?

A. No, I don't think I was. When I say I think I remember

Adam, I would actually need to ask Debbie, because I generally worked Monday to Friday, and that was a Sunday --

Q. Yes.

A. -- and quite frequently the parents would have phoned me at home just to say, "Adam has been called for query a transplant", or Professor Savage might have phoned me, but I have no clear recollection, but when I made that statement, maybe something was clearer, and somebody has obviously contacted me at some stage to let me know.

Q. To let you know?

A. Yes. That's what I think.

Q. Okay. If you were on duty on the Monday then, would you normally have come in at about 8 o'clock when the nursing shifts would have begun?

A. I think our shifts started around 7.45 to 8.00. That's another reason why I feel I have been informed, because I think I went in early to see if I could see him before he would go to theatre. Again Debbie probably could tell us if I had been there or not.

Q. Yes. If we go to that part of your witness statement, it is witness statement 102/1, page 3, starting:

"To the best of my knowledge ..."

It is 3(a):

"To the best of my knowledge I was due to start work

at 7.45 am on 27th November, but I came in around 7.30 thinking Adam might still be on the ward, but he had already gone to theatre. I will have been on day duty on 27th and 28th November '96."

A. '95.

Q. So, in other words, you had come in especially early in order to see him before he went off for his big operation?

A. That's what I can vaguely recall.

Q. You had mentioned that you were responsible for a child who was on haemodialysis. You have been responsible for that. That was the other part of your duties. If we go to 2(b), which is just above that highlighted area, you say:

"Explain the basis of your assertion that you 'would not have been responsible for any nursing care'."

Your answer was:

"I would not have been responsible for any nursing care on 26th November '95 and on 27th November '95. I was caring for a child receiving haemodialysis."

Was that care you were administering in Musgrave Ward?

A. In the dialysis room in Musgrave Ward.

Q. In the dialysis room?

A. Yes, in the dialysis room in Musgrave Ward.

Q. And does -- when a child is receiving haemodialysis, do you have to remain with the child while they are having that treatment?
A. Yes, you have to remain with them, yes.
Q. You say you were on duty during the day. So during the day on 27th November you would have been in the dialysis room with that child?
A. To the best of my knowledge.
Q. I take it, Mrs Sharratt, you would have got breaks during the day?
A. For haemodialysis very unlikely. It might have been a two and a half hour period of time, yes.
Q. Do you recall the period of time that the haemodialysis lasted on 27th?
A. I really can't remember.
THE CHAIRMAN: Do you know when it started?
A. It wouldn't have started before 8.30 to 9.00. That would have probably been the earliest, because you were waiting on the children coming in from the community, you know, from home to ...
MS COMERTON: Were they usually in set periods of two and a half hours?
A. It could have -- I can't remember who I was dialysing. We did -- generally sort of Mondays, Wednesdays and Fridays might have been the dialysis days. They need it

three times a week. Maybe -- I don't know, but in my mind it could have been a youngish child who was on dialysis, because we tried to fit in with school as well with older children, and it would have probably been a shortish time, around two and a half hours, but that's speculative.

Q. Yes. Have you any recollection of it at all?

A. I have recollection of carrying out haemodialysis, yes.

Q. But you just don't know for how long?

A. Yes, and I don't know of whom.

Q. While -- during those two and a half hour periods if for any reason you needed to go anywhere for a few minutes, could another nurse have come in and sat in while you stepped out momentarily?

A. Yes, but it would have to have been a person who was trained in haemodialysis, and there weren't very many of us. I can't remember at that stage who would have been -- Joyce, if Joyce had been there, if she was on duty that day, or -- I can't even remember. There might have been another person who could have done that.

Q. So it is possible you may have left the room, but only if there'd been cover?

A. And generally speaking, you know, Joyce might not necessarily have been in the ward. She could have been out in the community that day.

Q. Yes. I understand that you can't give us the details.
A. Yes.
Q. Now if we go back to the police statement then, please, at two pages, 093-017-050 and 093-017-051, you have said:

"To my recollection" -- that's at the bottom of 050 -- "when I came on duty the following day, Adam had gone to theatre. During the operation it would not have been my role to liaise with theatre, nor would theatre have liaised with me."

So you are clearly saying you had no formal duty to liaise with theatre about Adam in your role as Paediatric Renal Nurse Coordinator. Is that right?

A. That's right.
Q. While Adam was in theatre do you remember Adam's mother waiting in Musgrave Ward?
A. I have a vague recollection. Debbie could well have come into the dialysis room to speak to me, so she could have, but I don't have any clear recollection.
Q. Could we perhaps refer to witness statement 001/2, page 12? It is question 66:

"Where did you wait during the surgery and who was with you?

Musgrave Ward, my sister Glenda Thompson."

Was there a parents' room in Musgrave Ward for

situations like this where parents were having to wait for a while?

A. Sorry. Where?

THE CHAIRMAN: If you look question 66, this is Deborah Slavin's statement.

A. Right. Sorry. Uh-huh. Yes.

THE CHAIRMAN: She is saying that during the surgery she waited with her sister at Musgrave Ward, and Ms Comerton was asking you: is there a waiting area there for parents?

MS COMERTON: Is there a parents' room or --

A. To my knowledge, yes, round in the main ward then you will go to the parents' accommodation. There were bedrooms and things, but quite frequently when some of our children were going to theatre, they would have come in if they were nervous and anxious and talked to us, you know.

Q. Because they had a working relationship with you --

A. Yes.

Q. -- and it might have reassured them?

A. Yes.

Q. Do you recall if Adam's mother did come in to speak to you?

A. I can't, but I think she could have, you know. She could have come in just for a bit of reassurance,

because we had a good relationship.

THE CHAIRMAN: It would have been a natural thing for her to do, but you can't remember whether she did or not?

A. Yes.

MS COMERTON: Do you recall whether you tried to find out how the surgery was going during Adam's transplant that morning?

A. No, I have no recollection of that at all.

Q. Okay. You obviously would have been interested to know how the surgery was proceeding. Would that be fair?

A. Yes, I would have been interested, but you have to remember if you're dialysing in a small room with patients on the haemodialysis and their parents and anybody else who fancied coming in, you would be very careful about what you would be phoning about. So you are better actually not having any knowledge. Plus you would be very busy looking after that child. So ...

Q. Would it be possible to phone from the haemodialysis room to theatre or near to theatre?

A. We would have had a phone in the dialysis room.

Q. Sorry?

A. We would have had a phone in the dialysis room.

Q. Yes, but could you have telephoned -- I am not sure what the telephone arrangements are in the theatre that Adam was in.

A. I don't know. I don't know. I had a phone. I had access to a phone.

THE CHAIRMAN: But you wouldn't naturally ring the theatre to see how it's going?

A. No. She asked me if I could.

THE CHAIRMAN: You could.

A. I could, but I -- you know, and I certainly have no recollection of doing that, and I think it would have been very silly to have done that at that time, because if you did hear any news or something, you know, then -- that it was taking longer even, something as simple as the operation taking longer -- it's like anything. If a child -- if a parent has been told it is maybe going to take two hours and it is over that by five minutes, of course they are going to be anxious. So, no, I have no recollection of phoning theatre.

MS COMERTON: Did you hear from any other person about how the surgery was going that morning?

A. No, I have no recollection of hearing anything.

Q. When you say you have no recollection, is it possible -- are you saying, "I don't remember, but it is possible that I may have"?

A. No, I have no recollection of anybody telling me anything, and I am sure that they would not have been telling me anything in the dialysis room, and it would

not have happened.

Q. Okay. If we go back then to the police statements that we had up, 093-017-051 and also 093-016-049 -- sorry. That's Joanne Sharratt's one. I was looking for Eleanor Donaghy's. Sorry. 093-015-047 and 093-016-049.

THE CHAIRMAN: Is it really page 48 that you want?

MS COMERTON: Sorry. It is page 048.

THE CHAIRMAN: On the left-hand side of the screen could you replace page 47 with page 48, please? Thank you very much.

MS COMERTON: Okay.

THE CHAIRMAN: You might have seen these, but just to tell you these are Miss Donaghy's statements.

A. Page 37 is up here.

THE CHAIRMAN: On the left-hand side you should have page 48. Sorry. On the right-hand side should have page 49 I think, Ms Comerton. Is that what you want?

MS COMERTON: No, it is a different reference. 093-016-049 on the right-hand side, if possible, please.

THE CHAIRMAN: The first number should be 093, should it not, 093-016-049?

MS COMERTON: Yes. Thank you. That's it.

THE CHAIRMAN: Now we have lost -- I am sorry. Just give us a moment. On the left-hand side instead of giving us page 47 could you give us page 48, 093-015-048?

MS COMERTON: That's the second one. We can start with it, 093-015-048. If we could have both.

THE CHAIRMAN: That's great. Thank you very much.

MS COMERTON: Just to explain, Mrs Sharratt, the page on the left-hand side is from the first witness statement of Mrs Boyce and the page on the right-hand side is the second police statement from Mrs Boyce, and there's a few things that I would like to put to you in those.

If we take the first statement on the left, it's the following excerpt from it:

"I remember the day of Adam's operation. I went over to the Children's Hospital with the purpose of seeing Adam's parents",

and this is the specific bit that refers to you:

"I recall meeting Staff Nurse Joanne Clinghan, who informed me that Adam might be brain stem dead and was still in theatre."

Then the relevant portion -- if we keep that highlighted -- on the right-hand side, if we start in the second line:

"Detective Constable Monaghan has asked me if I remember where I met and spoke with Staff Nurse Clinghan. It was in the corridor outside theatre."

THE CHAIRMAN: Now you understand -- what -- do you have any comment on that?

A. I did not meet Eleanor Donaghy outside, or I have no recollection of meeting Eleanor Donaghy outside theatres. At any time I have no recollection of meeting Eleanor, and I couldn't have met her with that information, because I can categorically say I didn't know that information. The first I knew of Adam -- anything being wrong with Adam was probably -- I think there's a record of notes in Intensive Care, and when I would have heard -- you have to remember we knew this child very well. He was like a nephew to me, you know. He was very close to us. So I was going to be distraught, absolutely distraught, and so distraught for his mum, because she cared for him so well, that I would have wanted to see her to comfort her, because I would have known her so well. So -- and I wouldn't have been able to get those words out to Eleanor. I wouldn't -- I didn't know them, but I wouldn't have been able to tell her the way she said it.

THE CHAIRMAN: As best you can recall when did you -- how did you first find out that something had gone so terribly wrong?

A. I have no clear recollection, but in my mind it was Dr Savage that told me, and it probably would have been shortly after then I would have gone to Intensive Care to see his mum, because Dr Savage was upset, I was upset

--

THE CHAIRMAN: Yes.

A. -- everybody was upset.

THE CHAIRMAN: Do you remember going to see his mum in Intensive Care?

A. I haven't a very clear recollection, but I have a very vague going in and it all being very sad and, you know, obviously it's the worst possible thing that any mother could have, especially when you know how well she looked after him.

THE CHAIRMAN: Sure.

MS COMERTON: I want to put to you specifically what Mrs Boyce said this morning. She said that she met you in the corridor and that she asked you first of all, "Is Adam out of theatre?" when she met you. She was coming in from the front door down the corridor. You answered, "No, and he might be brain stem dead". That's her recollection of that conversation. You have no recollection of that at all?

A. Absolutely none.

Q. Is it possible, Mrs Sharratt, that did occur but you have -- you don't -- you are not remembering it?

A. I think that I would have remembered when I would have -- you know, what would have happened with -- if I was running down, I would have remembered what I would

have said to Eleanor if I'd met her, because I would have been so distraught, but I have no ever -- I can never remember meeting Eleanor, but when the police first questioned me about this, I hadn't a clue what they were talking about, because I hadn't met anybody. Not to say I didn't meet someone in the afternoon after Adam had been in Intensive Care, but certainly prior to that I had no knowledge of this.

Q. I was going to ask you: did you meet Mrs Boyce later in the day?

A. I have no recollection of meeting Eleanor.

Q. Is it possible, though, you might have been outside of the dialysis room and in that corridor that morning?

A. I would very much doubt it.

THE CHAIRMAN: And even then that wouldn't be the same corridor -- even if you were outside the dialysis room, the dialysis room is part of Musgrave Ward, is it?

A. Yes.

THE CHAIRMAN: So that would be some distance from the theatre?

A. Yes.

MS COMERTON: I could perhaps refer to the drawing that I pulled up before for Mrs Boyce. It is 300-005-005. This is a plan of the floor, Mrs Sharratt. You will see that the pink square in the middle of that with the X

through it was the theatre in which Adam's surgery was occurring, and then the solid line -- the pink line is the route from theatre to Musgrave Ward, and it was the orange dotted line running from the front door down that corridor that Mrs Boyce is saying that was the corridor in which she met you, and it was close to a door that led into the theatre or the theatre complex she put it.

A. No, I wasn't there.

Q. Would you have had any reason to be down in that vicinity on that morning?

A. No, I had no reason to be there.

THE CHAIRMAN: What you say is not only had you no reason to be there, but you had very good reason not to be there?

A. Yes, and when -- Professor Savage and Dr O'Connor would have looked after all the transplants and they would have liaised with staff.

MS COMERTON: I don't think it is being suggested you were doing this in a formal capacity. I think --

A. No, I wasn't doing it.

Q. Okay.

THE CHAIRMAN: I mean, memories play tricks on all of us. Right? You are not saying, "My memory is perfect" and Mrs Boyce wouldn't say her memory is perfect, but really her story doesn't make sense to you, does it?

A. No, it doesn't make sense. You do mull things over in

your mind, and the only thing is if I had met her in the afternoon after I had been to Intensive Care, because to me in -- my knowledge, you know, of theatre would have been very limited. It is not even words I would have used, "brain stem dead". It is not something I would have come up with. That's more medical terms, you know. I would have said, "Adam's not very well. He's unwell. Something has happened", you know.

MS COMERTON: You said that Dr Savage you think was the person who told you about Adam first. Can you recall the terms in which you heard that news?

A. I can't even remember for definite Dr Savage telling me, if I'm being honest, 100% honest.

THE CHAIRMAN: Do you think that -- I mean, I am trying to work out how this might have happened. Do you think he would have made it his business to tell you personally, because he knew of your involvement with the family and he knew that you were going to be upset? Therefore he would take the trouble to tell you personally?

A. That would be Dr Savage, okay, yes.

THE CHAIRMAN: And doing that, if that's what did happen, can I assume that he would also probably take you aside somewhere to do it? He wouldn't tell you in front of another patient in the dialysis room or on the ward or something?

A. No. After the dialysis session is over and the patient goes home then at that point in time you can clear and close the door and have a private room --

THE CHAIRMAN: Okay. Thank you.

A. -- at that time.

MS COMERTON: Could I refer you to -- could I refer you -- move on from that and refer you to an issue about record-keeping for dialysis? If we go to your witness statement, 102/2, page 2, it is the answer to question 1:

"I would have expected the accurate record-keeping in regard to fluid removal during dialysis" -- this is your witness statement, Mrs Sharratt -- "and Adam's weight (that was to be taken pre and post dialysis) to have continued on the ward when Adam was admitted.

Parents who were trained and competent on undertaking their child's dialysis frequently continued their own child's care when their child was admitted to hospital. This care would have been included the child's weight pre and post dialysis and would have been recorded along with the amount of fluid removed in the parent-held booklet provided by Baxter."

Do you know whether or not Mrs -- Adam's mother had the Baxter booklet?

A. On that day?

Q. Generally.
A. Generally speaking, yes, when they were -- when Debbie would have been doing the dialysis at home, she was methodical and meticulous in recording all of that data in that booklet and would have brought it then to the clinics for us to look at.
Q. Do you know whether she had the Baxter booklet or whether she used her own notes or books or whatever?
A. I would have thought the Baxter booklet, but I really couldn't be sure.
Q. You are not sure?
A. I really couldn't be sure.
Q. And that -- whichever booklet it was, the details that were recorded would have been fluid removal during dialysis, pre and post dialysis weight and --
A. Exit site care and probably what bags she had used, if it was all 136, which -- generally speaking, I think all the time with Adam it was all 136 bags.
Q. Yes. Were you aware of any records being kept in the hospital in relation to the dialysis details in 1995 for Adam?
A. On that day?
Q. No, as a matter of routine, or was the practice that it was the parent-held booklet that was the only record?
A. Generally speaking, you know, especially when I had

a parent who was so competent and that, they liked to continue the care and they liked to keep the record, and I would have thought -- I accept we have been told that Debbie might not have had that booklet. So she was very good at keeping it, and I suppose in hindsight, although, to be fair, it's a very tricky situation, because Staff Nurse Murphy was also a very excellent nurse, and she would have recorded that, and the only thing I can come up with is that something has been mislaid or lost.

Q. Okay. If the hospital relies on the parent always to bring the booklet and always to put the details in the booklet, what happens if the parent doesn't bring the booklet when the child is coming in for dialysis in hospital?

A. I can't -- my memory doesn't go back as far as there. I can't remember. We had another sheet, dialysis sheet, but I don't know if that was after this event or before the event, if I'm being honest.

The one thing is I think we probably had something that we did use, but I would have to look at other notes, because I had trained in the City Hospital and had brought quite a lot of stuff with me from there and then we had adapted it through Policies and Procedures Committee.

Q. Would you agree that if the parent-held diary or booklet was not brought to the hospital, then another record -- it would be certainly prudent for another record to be made?

A. I definitely feel, knowing Debbie as the exceptional mum she was and Staff Nurse Murphy as the exceptional nurse she was, that there would have been a record.

Q. Nothing further.

THE CHAIRMAN: Thank you. Mr McBrien, Mr Hunter?

MR McBRIEN: Nothing for this witness, sir. Thank you.

THE CHAIRMAN: Okay. I will come to you last, Mr McAlinden. Have the other counsel representatives ...? No. Mr McAlinden?

MR McALINDEN: I have no questions.

THE CHAIRMAN: Mrs Sharratt, thank you very much for your time.

A. Thank you very much.

THE CHAIRMAN: Thank you.

(Witness withdrew)

MENTION RE TIMETABLE

THE CHAIRMAN: Ladies and gentlemen, that brings us to an end for today. I think a witness programme has been given to you for next week. You have -- we start on Monday with three nurses and then you will see the programme for the week going on. I also understand from

discussions at lunch time today that there is an outline of how we will deal with and get through these various expert witnesses on a day by day basis.

Unless anybody else -- unless anybody has any particular point that they need to raise I intend to rise now and we will resume on Monday morning. We will resume at -- I know there is conflicting views about 9.30 and 10 o'clock. As a miserable compromise we will start at 9.45. Is there any particular point that needs to be made before then? Okay. Thank you very much for your time and we will see you on Monday.

(2.27 pm)

(Hearing adjourned)

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I N D E X

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