Tuesday, 15 May 2012

(10.00 am)

THE CHAIRMAN: Good morning.

Housekeeping

MS COMERTON: There is just one housekeeping matter I would like to go back to that arose on Friday. During Dr Montague's evidence, you may recall Dr Montague suggested that a printout of the CVP record may have been signed and put on to Adam's notes instead of completing the CVP row in the anaesthetic record.

THE CHAIRMAN: That's the empty row?

MS COMERTON: Yes. So we were able to go back and look at the original medical notes. There are two pages that I would wish to draw to your attention. First of all, reference 058-008-023. The second one is 058-008-024. Let's refer to this one first.

You'll see at the bottom of the document, that's the CVP compressed trace that we had been referring to.

THE CHAIRMAN: Yes.

MS COMERTON: The difficulty with the copy documents was that there was obviously handwriting at the top of the document that hadn't been fully copied. So when we go to the original, there appears to be the signature of Dr Taylor and a handwritten note that is not included in the copy document, which reads:

"This is a true record of operation."

So that's in relation to the CVP.

If we go to the next document, which is 058-008-024, if you turn that round, again this is a better copy. So the same note is made:

"This is a true record of the operation."

And Dr Taylor's signature. So both that document, the original printout of that, and the CVP printout on the earlier document are both on the file with those handwritten entries by Dr Taylor.

THE CHAIRMAN: As an alternative to completing the CVP line hour by hour?

MS COMERTON: That's the point made by Dr Montague. All I can say is that they are on the file and he's obviously written that note and signed it. It's worth looking at the originals. Thank you.

Our first witness this morning is Dr O'Neill.

DR DONAGH O'NEILL (called)

Questions from MS COMERTON

MS COMERTON: Good morning, Dr O'Neill. First of all, I would like to just verify with you the witness statements that you have provided to the inquiry to date. We have three witness statements. The first inquiry witness statement is dated 25 August 2005. The second one is dated 17 April 2011. And the third one is

4 August 2011. Does that sound right to you?
A. Yes.
Q. Thank you. I would like to ask you first about your experience and your role on 27 November and 26 November 1995. First of all, you're currently a consultant psychiatrist in Sligo Mental Health Service.
A. I am.
Q. How long have you held that post?
A. Nine-and-a-half years.
Q. On 26 November 1995, you were an SHO in the Children's Hospital in Belfast.
A. That's right. Paediatrics.
Q. You started your SHO post in August 1995.
A. Mm-hm.
Q. So by the time of Adam's surgery on 27 November, you had had about four months' experience in that post?
A. Yes.
Q. And in your witness statements, you describe your job title as "a basic grade SHO". What exactly do you mean by that?
A. Well, I suppose I was trying to remember what the actual post was called. This was the reason I described it as "basic grade SHO" because you're always nearly that of an intern, in that there were no interns in paediatrics,

so you were basically -- my role was primarily to carry out the admissions under the instruction of the other paediatric team members.

Q. How many grades of SHO were there is at that time?

A. I don't remember whether there was one or two.

Q. Okay. Maybe I could refer you to a document that might assist. It's reference 303-003-048. This is a document that has been drawn up for the inquiry to help people understand the grading of doctors in 1995.

A. Yes.

Q. There's two particular job titles I want to refer you to. The first one is the pre-registration house officer. You'll see if you look at the second paragraph:

"Immediately after obtaining a medical degree ..."

That's the post that medical students are appointed to.

A. That's right.

Q. It's usually for six months and they're not fully registered with the GMC, so they can't practice any form of medicine outside the post to which they're appointed and they're the first on call in the hospital team.

A. Yes.

Q. And they're supervised closely by the senior members of the team.

The second post I would like it draw your attention to is then is senior house officer. That is the post that you can be appointed to after 12 months as a pre-registration house officer.

A. Yes.

Q. And you do register with the GMC and usually your posting is for 12 months, but sometimes six. That SHO might have a pre-registration house officer working with them --

A. Right.

Q. -- in certain hospitals. But in district hospitals, they will often be the first on call and answerable to a registrar.

A. Yes.

Q. Do you understand those two terms?

A. Mm-hm, mm-hm.

Q. Which category would you --

A. Number 2, the SHO.

Q. You were an SHO?

A. Yes.

Q. Thank you, that's helpful. Your evidence is that you were on call --

MR FORTUNE: Forgive me for interrupting. I am not sure I understand what the term "intern" means in these circumstances then. Perhaps Dr O'Neill could tell us

when he graduated and when he was first registered with the GMC and then what the term "intern" means.

MS COMERTON: Yes. Dr O'Neill?

A. The term "intern" means pre-registration house officer. I graduated 1989.

Q. When were you first registered with the GMC?

A. 1989, yes; when I graduated.

Q. Did you have a year or six months as a pre-registration house officer?

A. Yes, yes.

Q. And that all occurred within the one year?

A. Mm-hm.

MR FORTUNE: If I heard 1989 and we're talking about 1995, what was Dr O'Neill doing in the intervening period?

A. Um, yes. Well, I actually graduated PCD and then I went to Liverpool to do my intern, my pre-registration house officer year. Then I entered a rotation in psychiatry around the Merseyside region and I was in that, in the rotation, for four-and-a-half years, and achieved the membership of the Royal College of Psychiatrists. Then I decided to return to do three years training to do GP training. So I returned to Belfast and I worked originally in Accident & Emergency at the City Hospital and then I began as an SHO in paediatrics at the Royal.

THE CHAIRMAN: Thank you.

MS COMERTON: I had asked you, Dr O'Neill, that during 26 and 27 November 1995, you were on call in the Children's Hospital.

A. Yes.

Q. And your recollection is that you were on duty from about 9 o'clock in the morning on 26 November through to 27 November 1995.

A. Yes.

Q. But you can't recall whether you came off duty at 9 o'clock in the morning or at 1 o'clock in the afternoon on the 27th.

A. That's right.

Q. What would have determined the end time of your shift on the 27th?

A. From memory, it would have been prearranged.

Q. Was it normally 9 o'clock or was it normally 1? What would affect whether you were going to finish in the morning or at lunchtime?

A. It would have been agreed in advance. I just can't recall whether it was --

Q. If we could now go to witness statement 004/2, page 2. That's question 1(b). Can we bring up page 3 as well? Thank you.

So at the top of page 3, this is your second witness statement, Dr O'Neill, from the inquiry. The top of

page 3, if you look at the second line you have said:

"Whilst on call, my duties as a basic grade SHO in the hospital would have included admitting patients to the renal ward and carrying out basic duties and instructions under the supervision of the renal ward staff and more senior staff. Apart from these on call duties, I do not recall having any other duties or involvement with the renal ward during my time working as a basic grade SHO."

Musgrave Ward was the renal ward in 1995; isn't that right?

A. Yes.

Q. And while you were on call on 26 and 27 November, were you assigned as an SHO to Musgrave Ward?

A. I believe I was. From -- my memory of it wouldn't be very clear.

Q. Were you responsible or assigned to any other wards?

A. I just can't remember whether we also had responsibilities for other wards or not.

Q. Okay. Did your responsibilities change at particular times? For example, would your responsibilities during the day on the Sunday have been different from the responsibilities you had overnight?

A. At the weekends, I don't believe there would have been a change of responsibility.

Q. Dr Cartmill has made a witness statement and she was an SHO on duty on the evening of 26 November 1995 as well. She has suggested that the SHO on duty changed over at 10 o'clock. If we could go to that, it's witness statement 003/2, page 3.

Question 1(b). The second sentence:

"It is my recollection that according to the on call rota in operation at this time, the SHO on duty changed over at 10 pm."

A. Right.

Q. Is that correct?

A. I presume so.

Q. Can you remember?

A. No, I don't have the recall of it.

Q. Okay.

THE CHAIRMAN: Sorry, doctor, your original memory was that you started working on the Sunday morning at 9 am; is that right?

A. Yes. That was my original memory.

THE CHAIRMAN: And you worked through either 24 hours or for 28 hours?

A. Yes. That might have been inaccurate.

THE CHAIRMAN: Does it sound right that you would have worked a 24 or 28-hour shift?

A. It did happen on occasions, but maybe not at the Royal.

It would have happened maybe at other hospitals that I worked in.

THE CHAIRMAN: If that happened, would it be unusual rather than the regular shift? As an SHO, would you be assigned a 24-hour shift or, even more, a 28-hour shift?

A. I can't recall, really.

THE CHAIRMAN: Thank you.

MS COMERTON: Dr O'Neill, on weekends at this time, was there one SHO assigned to each ward or was there more than one SHO looking after a ward?

A. I can't actually recall, but if you're -- it's very hard for me to remember, but I think there was a -- one SHO for each ward.

Q. Okay. Dr Cartmill has referred to the case notes, for example the document in front of you. She said below the highlighted area:

"I note that my entry in the case notes indicates that I took blood from Adam at 9.30."

So if she was looking after Adam at 9.30, were you also dealing with Musgrave Ward at that time or how would that have affected your duties?

A. I think maybe now that she has indicated that, it brings back a memory maybe that I began work after her, possibly.

THE CHAIRMAN: Well, just be careful because it is a long

time ago --

A. It is.

THE CHAIRMAN: -- and I think you were not approached for a long time after Adam's death. When you say "it brings back a memory", does it actually bring back a memory or are you trying to put two different pieces together?

A. I'm trying to piece it together.

THE CHAIRMAN: Okay. If Dr Cartmill says that is her recollection, you think she might be right.

A. She may be right.

THE CHAIRMAN: But that's not because you remember her being right?

A. Exactly.

MS COMERTON: If you did come on to Musgrave Ward later, Dr O'Neill, would you normally have had a handover about the patients on the ward?

A. Um ... Again, it is hard to recall, but you would normally -- in my distant memory, you would have met the SHO who was on previously and you would have discussed any patients that needed to be discussed.

Q. Okay. But you don't have a specific recollection of that in relation to 26 and 27 November?

A. No.

Q. Do you recall being involved in Adam's care before those dates?

A. No.
Q. And given the fact that Adam had been admitted for a possible paediatric renal transplant and he had a condition that was not uncomplicated, is that the type of child you would have expected to be mentioned in a handover?
A. If there was ... If there was duty to be done, yes.
Q. Whilst you were on call as SHO --
MR FORTUNE: Sir, forgive me for interrupting. I rise to assist because I have just spoken to Professor Savage. Our understanding is that, at the time, there were three wards to be covered and there is the possibility -- and perhaps Dr O'Neill might be able to assist -- as to whether there were two SHOs on duty at any one time.
THE CHAIRMAN: Covering three wards?
MR FORTUNE: Covering three wards. One was obviously Musgrave Ward, the other was a general ward, and the third was a cardiac ward. Therefore, it would be unlikely that one SHO could cover all three wards and it might be -- and I put it no higher -- that there was a staggered handover or changeover during the course of the night. In any event, it is not quite clear to us from the evidence so far as to whether there was physically on site a registrar or a senior registrar. There was obviously consultant cover -- we know about

Professor Savage -- but certainly, Professor Savage would have been in the hospital at some times, but if anything happened earlier, then consultant cover was available. I don't know whether that assists, sir.

THE CHAIRMAN: Let's see. Thank you. Be wary about bells ringing, but it's now suggested that instead of you just being responsible for one ward, you may have been one of two SHOs responsible for three.

A. It may be the case. My memory, which isn't very clear, was that I was covering the surgical end of the hospital and there may have been another SHO working on call, the medical ... I'm not sure, I haven't really -- I can't really recall.

MS COMERTON: Musgrave Ward would fall within the surgical --

A. I think, yes.

Q. When you say "the other SHO on call may have covered medical", would that have then been the general ward if Professor Savage or Mr Fortune?

A. Medical ward, which I assume is the general ward.

Q. And where would cardiac have fallen then; was that surgical or medical?

A. I think in my distant memory that would have been -- it's medical.

THE CHAIRMAN: Well, we obviously can't push this very far.

The doctor's recollection is, perhaps understandably, very limited.

MS COMERTON: Dr O'Neill, you have indicated in your statements that you were under the instruction and supervision of senior staff in November 1995. To whom were you referring specifically?

A. Again, it is hard to remember, but I think it would have been ... The registrar and then the consultant.

Q. Do you recall a registrar being on call that evening of the 26th through to the morning of the 27th?

A. I don't recall who the registrar was.

Q. Do you recall one being present or about, although you may not remember their identity?

A. I don't have -- if you're asking me do I recall on that night, no, but I would be -- in general there would have been a registrar available for me to, you know, contact in the hospital.

THE CHAIRMAN: So if that night took its normal course, there would have been a registrar, but you have no recall specifically that there was or who that person was?

A. Yes.

THE CHAIRMAN: Okay.

MR FORTUNE: Sir, I rise again. There would have been a medical registrar on call in the hospital that

evening, so there was senior cover for the SHOs.

THE CHAIRMAN: Yes. Does that sound right to you, Dr O'Neill?

I don't think there's any dispute about this. I think the difficulty is the witness's recall is limited.

MR FORTUNE: I'm merely trying to assist.

THE CHAIRMAN: I understand.

MR FORTUNE: There's no suggestion that junior doctors were left to their own devices.

MS COMERTON: Some of the other witnesses in the inquiry -- and specifically Dr Montague -- had mentioned that there was a female doctor on duty that night. His evidence on Friday was that when he was phoned in the middle of the night, it was a woman who had called him to tell him that Adam's cannula had tissued. Do you recall there being a female doctor on duty?

A. No, I don't recall that.

Q. Okay, thank you.

Dr O'Neill, is it correct that you'd had no previous experience of preparing or caring for a child who was to go in for paediatric renal transplant surgery --

A. Yes.

Q. -- prior to 26 November?

A. Mm-hm.

Q. And you've been involved in no cases like that since?
A. No.
Q. So this was a one-off?
A. Mm-hm.
Q. You had indicated in your statement that apart from having your on-call duties, you didn't have any other involvement with Musgrave Ward. Why was that? Would you not have been involved as an SHO with Musgrave Ward generally?
A. Yes. Actually, I wouldn't have been involved with the renal ward, the renal patients.
Q. You wouldn't have been involved with the renal patients; why?
A. Only when I was on call. I think -- it is hard to recall again, so I apologise for maybe not being completely clear. I think that we would have been involved, the Musgrave Ward, the general surgical ward, when we were SHOs.
Q. So when you were not on call and you were acting as an SHO, why would you not have had contact with renal patients?
A. When we weren't on call?
Q. Yes, when you were coming in Monday to Friday during normal hours, would that work not have brought you into contact with patients, renal patients, on Musgrave Ward?

A. On Musgrave Ward, yes. Yes.
Q. If we go to witness statement 004/2, page 2, and also page 3 as well if that could be brought up. At the top of the page, this is your witness statement again, Dr O'Neill -- we've referred to this earlier -- you have said, the last sentence:

"Apart from these on call duties, I do not recall having any other duties or involvement with the renal ward during my time working as a basic grade SHO."

You have told me the renal ward was Musgrave Ward.
A. What I meant there was the renal part of Musgrave Ward.
Q. If we deal with the renal patients, perhaps. I have just asked you: when you were not on call during the normal working hours as an SHO, surely you would have had some contact with renal patients in the Children's Hospital as part of your day-to-day work?
A. Part of my day-to-day work, but I don't think it was my main responsibility --
Q. Yes, but you --
A. -- looking after renal patients.
Q. Certainly. But I'm suggesting you might have had some experience or come into contact with them while you were an SHO at the Children's Hospital.
A. Okay, yes.
Q. Thank you. If I could ask you then about the protocol

for renal transplantation in small children. In 1995, November 1995, you were aware that there was a renal transplant protocol, Dr O'Neill; is that right?

A. I need to look at my evidence to see --

Q. I'll go to your witness statement to assist you.

A. If you don't mind.

Q. Witness statement 004/3, page 3, question 4. This is all about the protocol. So at 4(a) -- this is your witness statement again -- you say:

"I was aware that a renal transplant protocol existed. I can't recall its contents. I cannot recall how I learned of its existence."

A. Yes.

Q. "I cannot recall receiving a copy of it. I cannot recall discussing the protocol with anyone."

Were you familiar with the content of it in November 1995?

A. Well, as I have written down in my evidence, I can't recall the actual content.

Q. But you have indicated you were aware that there was one in existence.

A. Mm.

Q. You may not be able to remember what exactly it was, but do you remember being familiar with the contents of it in November 1995?

A. I just can't recall.
Q. Do you ever remember seeing it on 26 or 27 November?
A. I can't recall, but I did unearth my paediatric prescriber in the bottom of the wardrobe. Amazingly, I have held on to it --
Q. What is that, Dr O'Neill?
A. -- and I submitted it as evidence to the inquiry when I unearthed it. It's a paediatric prescriber for the hospital and there is a little piece in it on renal transplant.
Q. Did you have that in November 1995?
A. I would have had that with me all the time.
Q. And was that a reference book for you?
A. Yes.
THE CHAIRMAN: Could I see it for a moment, doctor?
A. I think I've submitted it already.
THE CHAIRMAN: I'd like to see the original, if you wouldn't mind.
A. I've got my own notes in it, just to let you know. (Handed).
THE CHAIRMAN: Thank you. (Pause). There's a page at 125 of this document. It's a half-page headed "Renal transplantation". It says:
"A full immunosuppressive protocol is held in Musgrave Ward, RBHSC."

Then it describes what the initial immunosuppression is with drugs, doses and notes about the administration of those drugs. That's it (indicating)?

A. Yes.

THE CHAIRMAN: Okay. Do you want to look at that?

MS COMERTON: Please. I'd be very grateful. (Handed).

MR FORTUNE: Sir, may I see it please?

THE CHAIRMAN: Of course. (Handed).

MS COMERTON: We can make copies available to you later on.

THE CHAIRMAN: I think somehow it has been separated from the witness statement exhibits, hasn't it?

MS COMERTON: Yes.

THE CHAIRMAN: Can you remember, doctor, when you sent it in to us? We have a number of documents attached to your witness statements, but we don't seem to have that particular one.

MR McALINDEN: Mr Chairman, in relation to that issue, there was a consultation in the DLS with Dr O'Neill, which I was present at and subsequent to that consultation, I directed that the DLS should write to the inquiry with a copy of the relevant pages, and I presume that was done.

THE CHAIRMAN: I'm not saying, Mr McAlinden, that it wasn't done, but I think if it was done, we've lost track of it internally.

MR McALINDEN: I will try and uncover the precise date of the correspondence.

THE CHAIRMAN: Okay.

MS COMERTON: In any event, Dr O'Neill, there is nothing in that prescriber to inform you as to what an SHO should be doing when a child's coming in for a possible paediatric renal transplant?

A. Okay.

Q. Sorry?

A. Okay, yes.

Q. Do you agree?

A. Yes.

Q. If we could refer to the transplant protocol, please. It's witness statement 002/2, page 52. This is the first page of the protocol, Dr O'Neill. Do you recall seeing that on 26 or 27 November?

A. No.

Q. Do you recall there being a copy of it in Adam's medical notes?

A. I just have no recall of it.

Q. At all?

A. No, I'm sorry.

Q. And do you recall anyone mentioning it to you when you were on call that day or night?

A. I have no recall of it.

Q. Okay. One matter I would like to draw to your attention, when we have this document before us, is you'll see "Investigations on admission", and you'll see, five lines down, "CXR". So one of the investigations that is in the protocol is the chest X-ray, and I'll come back to that later.

MR FORTUNE: Before we pass from the paediatric prescriber, this is clearly a booklet aimed at junior doctors because it covers a variety of topics.

THE CHAIRMAN: Yes.

MR FORTUNE: And one of the topics is nephrology and then it lists various sub-headings. So it's not just related to renal transplants, but to the topic of nephrology generally. And I suspect, in other terms, this might be seen as something that a junior doctor would have to hand at any time to find out headline material. It's not designed specifically to be a protocol, a set of guidelines or, indeed, an aide-memoire.

THE CHAIRMAN: Absolutely not, but it confirms that there is something which is disseminated to the junior doctors to cover a whole range of the issues which they will come across during their three or six months as SHOs.

I think it must go up to about 150-odd pages, but there's one single page at page 125 about renal transplant; isn't that right?

MR FORTUNE: That's correct, but under the heading of "Nephrology", it starts at page 116 with the topic of hyperkalaemia, and runs to page 124 or 125, depending on ... 125, "Renal transplantation".

THE CHAIRMAN: Yes.

MR FORTUNE: Thank you, sir.

THE CHAIRMAN: If we can make that generally available. Doctor, I might ask you if you could leave that with us when your evidence --

A. I think I've already left it. I'd prefer to keep it.

THE CHAIRMAN: I understand.

MS COMERTON: Just in relation to the transplant protocol, Dr O'Neill, it was mentioned by Professor Savage in his evidence -- and if we could go to the transcript of 17 April, page 25. It's lines 13 to 23, where Dr Savage talks about the purpose of the protocol. This is his oral evidence to the inquiry. At 11, he's asked:

"Question: Am I right in saying that you devised that protocol?

"Answer: Yes.

"Question: When you did, what was your purpose in doing so?

"Answer: 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. And it also lays down, for instance, to the junior doctor, what bloods they need to take."

And he goes on in that vein. So do you accept that?

A. Yes.

Q. That you were aware of its existence and that was why it was there at the time?

A. Yes.

Q. If we could move on then to page 41 of the transcript. Professor Savage is describing what's done with the protocol. It's lines 1 to 12:

"Question: Was a copy of it placed on Adam's file?

"Answer: Yes.

"Question: When would that have happened?

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

"Question: So it's not when he goes on to the register and you know, hopefully, at some time in due course --

"Answer: No, no, no. In the ward we would have a renal file and in it would be a transplant protocol."

Do you recall the renal file on the ward, Dr O'Neill?

A. I don't have the actual memory of the file.

Q. Okay.

THE CHAIRMAN: Can I ask you, doctor -- this might make it a little more straightforward. Do you remember anything directly about Adam apart from what you've read about him in documents?

A. No.

THE CHAIRMAN: You don't remember Adam coming in on the evening of 26 November.

A. No.

THE CHAIRMAN: Or being on Musgrave Ward or then going down for a transplant?

A. No.

THE CHAIRMAN: So whatever evidence you can give to the inquiry is all based on what you have read in various places about the inquiry --

A. Yes.

THE CHAIRMAN: -- or documents which have been to you sent or so on --

A. Yes.

THE CHAIRMAN: -- but no direct recall?

A. No.
MS COMERTON: Thank you, Mr Chairman.
Well, then if I could summarise what I was going to put to you --
MR FORTUNE: Sorry, sir, forgive me. Could we establish from Dr O'Neill whether he was, on that night, attached specifically to Musgrave Ward or whether in fact he was just covering the ward as the on-call SHO? Because that may assist you as to his recollection. It's quite clear, in answer to your question, that he has no specific recollection, but you might like to find out whether he was covering wards --
THE CHAIRMAN: I think what the doctor was recalling, as best he could, earlier that he was working on Musgrave and then you suggested, in fact, from Professor Savage's information, that that might not be quite right, that he might have been one of two SHOs covering three wards and the doctor --
MR FORTUNE: But was he attached specifically to Musgrave Ward or just a general cover?
THE CHAIRMAN: Right. Do you recall that?
A. I don't really recall.
THE CHAIRMAN: Okay. Do you remember knowing over the next day or two that Adam or a child had died during a transplant?

A. No.
THE CHAIRMAN: So you don't even remember that event from November 1995?
A. I would have heard about it, I think, when I returned to work, I think. I can't recall.
THE CHAIRMAN: But even that doesn't stick in your memory from November 1995? You're assuming you would have heard about it, but you can't specifically recall?
A. I can't specifically recall it.
THE CHAIRMAN: And when were you first approached by anyone in the Royal or outside the Royal to make a statement or give any information about Adam's treatment?
A. I think when I gave my statements.
THE CHAIRMAN: To the inquiry?
A. Yes.
THE CHAIRMAN: Do you remember being asked -- I don't think you were approached by the police; is that right?
A. I don't think so.
THE CHAIRMAN: Were you approached internally in the Royal after Adam's death for any recollections or any information you had?
A. I don't recall that.
THE CHAIRMAN: Okay, thank you.
MS COMERTON: Mr Chairman, just on that point raised by Mr Fortune. If we could go to witness statement 004/2,

page 2, and page 3 as well. I had drawn attention to this, but it's because, Dr O'Neill, you're so specific in your witness statement:

"Whilst on call [this is the top of page 3 and this is your second witness statement to the inquiry], my duties as a basic grade SHO in the hospital would have included admitting patients to the renal ward, carrying out basic duties and instructions under the supervision of the renal ward staff and more senior staff."

From that statement, one may interpret that as meaning that you were dealing with the patients on the renal ward that night. Can you assist in any way in recalling exactly what your responsibilities were?

A. I really can't recall. I'm sorry.

THE CHAIRMAN: I presume that when you were providing your statement to the inquiry, you were doing the best to be as helpful as you could.

A. Yes.

THE CHAIRMAN: Are you entirely comfortable about standing over what you've written there, which is highlighted, that your duties on call would have included admitting patients to the renal ward?

A. Yes.

THE CHAIRMAN: Does that not therefore suggest that you were in some way attached or more focused on Musgrave Ward?

A. I think when I was on call, yes, I was involved on the ward. I had a duty on the ward when I was on call.

THE CHAIRMAN: If there was another SHO with you and there were two of you covering three wards, do you remember having any more particular responsibility for Musgrave Ward than the other SHOs?

A. No.

THE CHAIRMAN: So when you say:

"My duties would have included admitting patients to the renal ward."

It would be:

"My duties and the duties of the other SHO would have included admitting patients"?

A. Possibly, yes. I just don't recall it.

THE CHAIRMAN: Okay.

MS COMERTON: Does that mean, doctor, that whenever something needed to be done on Musgrave Ward it just depended on which of the SHOs was available, whether you went or the other SHO went?

A. I'm not sure. I just can't recall.

THE CHAIRMAN: And that's actually assuming that the other --

MS COMERTON: That there was another SHO.

THE CHAIRMAN: That Mr Fortune's is correct. Mr Fortune?

MR FORTUNE: Sir, the questions you have just asked lead on

to the possibility, and you'll no doubt want to investigate this, that other than what has been written in the notes by Dr O'Neill -- and we'll come to that -- he has no recollection, certainly a recollection independent of the notes, of his examination of Adam at all that evening.

THE CHAIRMAN: Well, I think he's indicated that he really doesn't remember Adam at all.

MR FORTUNE: So I'm beginning to wonder how you're going to be assisted by detailed questions about what he might or might not be able to recall.

THE CHAIRMAN: Well, we'll see if we go on to any more specific notes or documents, which carry his signature, whether that assists. But I accept your caution that, while the doctor is doing his best, the extent to which he can advance the inquiry may turn out to be more limited than we had expected.

MR FORTUNE: Bearing in mind he wasn't asked for ten years to recall events --

THE CHAIRMAN: That leads on to other issues, but I accept your point.

MR FORTUNE: Thank you, sir.

MS COMERTON: One document I would like to refer you to, Dr O'Neill, is 058-002-002. This is a document you may not have seen before. It's a note referred to by

Professor Savage of various things that needed to be done to prepare for possible paediatric renal transplant surgery. "Jackie" is written on the top. The evidence has been that that was referring to Dr Jacqueline Cartmill, who was the other SHO. She says she was on duty earlier up until 10 o'clock. Do you recall ever seeing that document?

A. No.

Q. It's almost like a shopping list of things that have to be done.

A. Yes.

Q. And then they're ticked off. That doesn't trigger any memory for you?

A. No, I have no recall of it, sorry.

THE CHAIRMAN: Do you remember Dr Cartmill?

A. Yes. Only just now. I haven't met her for years.

MS COMERTON: I'd like to ask you now about the plan for Adam's preoperative management and care. If we could refer to witness statement 004/3, page 4. You have said at the very top of that page -- this is your witness statement to the inquiry:

"As an SHO, it would have been my practice to have had a preoperative discussion with the responsible consultant, registrar and nursing staff."

Do you have any recollection at all of having that

kind of discussion on 26 or 27 November?
A. No, no recall of it.
Q. Would you normally have made a note of that sort of discussion --
A. Would I make notes of the discussion? I'm not sure.
Q. -- in the medical notes?
A. You wouldn't make notes of every discussion.
Q. I appreciate that.
THE CHAIRMAN: What discussion might you make a note of?
A. You would make a note of an admission of a patient, you would make a note of results of blood tests, possibly. You would make a note of medications, possibly. You might make a note of investigations that have to be done.
MS COMERTON: Perhaps if we go to some of these notes. It's reference 058-035-131 and 132 if they could be brought up together, please.
THE CHAIRMAN: I take it you do remember Dr Savage?
A. Yes.
THE CHAIRMAN: Okay.
MS COMERTON: Dr O'Neill, that's your signature on the right-hand page; is that right?
A. Yes.
Q. Is this your admission note for Adam Strain?
A. It is.

Q. The date is 26 November and the time is 11.30. Did you make the note at 11.30?
A. Yes.
Q. And that would have been your practice to record real time entry in the margin?
A. Yes.
Q. Dr Cartmill refers to this as you clerking Adam into the ward.
A. Right.
Q. Is that how you would have termed it at that time?
A. Yes. Mm-hm.
Q. So from the note, it appears that you took a history.
A. Okay.
Q. Is that right?
A. Yes.
Q. You've noted:

"Medicines as in past."

Halfway down the page on the left-hand side.

A. Yes.
Q. And then you have a brief note of how Adam was on examination.
A. Yes.
Q. Would you have been supervised when you were admitting Adam to the ward?
A. No.

MR FORTUNE: What does my learned friend mean by the term "supervised"? It has a specific meaning so far as the General Medical Council is concerned.

MS COMERTON: Perhaps we could refer to Dr O'Neill's witness statement at 004/2, page 6. It's question 8:

"I conducted a medical history and examination at 2330 hours on 26 November 1995 at the request of the renal team and under more senior supervision."

What does that mean, Dr O'Neill?

A. It means that you always have a registrar and a consultant for me to access for supervision as required. I suppose when I answered that previous question of yours, "Was I under supervision?", what I kind of -- I kind of had this image in my head of another person behind me supervising me while I was admitting the actual patient, which is not the case.

Q. You wouldn't normally have had anyone else present when you were clerking in the patient; is that right?

A. That's right, yes.

Q. Thank you.

THE CHAIRMAN: But this confirms the point that you're doing the admission as the SHO, but there is probably a registrar available to you or a consultant available to you --

A. Yes.

THE CHAIRMAN: -- if required?
A. Absolutely, yes.
MS COMERTON: If I could move on then and ask you about the plan for Adam's care on the ward that evening.
Would you have discussed with either the registrar or the consultant what the plan was for the management of Adam while he was on Musgrave Ward?
A. I have no recall of that at all.
Q. If we could refer to the nursing note at 057-014-019. This is a note of Nurse Murphy, Staff Nurse Murphy, and it is dated 26 November 1995 and the time recorded is 10 pm. So this is roughly around the time that the changeover may have occurred, if it occurred.
A. Yes.
Q. Nurse Murphy's agreed that she has written this.
A. Okay.
Q. So the state of knowledge at 10 o'clock was:
"Admitted for query renal transplant. Clear fluids via gastrostomy at 180 ml an hour. IV fluids at 20 ml an hour. Normal PAC-X [which is the peritoneal dialysis] until 6 am."
A. Okay.
Q. Do you recall if you were on the ward at that time, Dr O'Neill?
A. What time, sorry?

Q. At 10 o'clock, around 10 o'clock.
A. I have no recall of that at all.
Q. As the SHO on call, would you have been aware or ought you have been aware of what feed, gastrostomy feed, Adam was due to get overnight?
MR FORTUNE: Sir, there are two questions there.
MS COMERTON: I will split them up for you.
Were you aware of the gastrostomy feed that Adam was due to receive overnight on 26 --
A. I have no recall of that at all.
Q. Is that something you believe you ought to have been aware of as an SHO in November 1995?
A. I have no recall, I'm sorry.
THE CHAIRMAN: Does that depend in part whether there was a registrar or consultant around? Let's look at it a slightly different way. You don't actually recall this at all?
A. No.
THE CHAIRMAN: Okay. But put yourself in a position that you were the admitting SHO on the ward. Adam comes in, at this stage it's not certain, but it's at least possible that he's going to have a renal transplant.
A. Yes.
THE CHAIRMAN: So you know that that's why he's coming in and that he has to be given certain care through the

night because at some time the following morning he's going to be operated on.

A. Yes.

THE CHAIRMAN: What is your role in looking after Adam through the night?

A. I think my role was to admit Adam.

THE CHAIRMAN: And having done that? We've got your admission note. Having admitted him, what then is your role?

A. I think it's to basically carry out instructions given by the renal staff.

THE CHAIRMAN: When you talk about renal staff, who are you talking about?

A. The consultant, the registrar.

MS COMERTON: If you regard this note as the plan for Adam's care, would organising Adam's gastrostomy feed be part of the SHO's role or would someone else be dealing with that?

A. There'd be another person dealing with that.

Q. Who? Would it be a clinical or a nursing member of staff?

A. I just can't recall.

Q. If we move on then, the next line is:

"IV fluids at 20 ml an hour."

As an SHO, your role in that it would be write

a prescription for that; is that right?
A. It may be, yes. I don't think I would have written a prescription on this occasion.
Q. You don't think you did?
A. I don't think so.
Q. Would you accept that for any intravenous fluids to be administered to a child, there ought to be a prescription?
A. Yes.
Q. Regardless of who was to write it?
A. Yes.
Q. But it would be the nurse who would normally erect the intravenous fluids; is that right?
A. I can't recall, really, what happened at that time.
Q. As a matter of practice at that time in November 1995, do you accept that nurses would normally have been the people to erect intravenous fluids rather than doctors?
A. I can't recall. I'm sorry.
MR FORTUNE: Sir, forgive me. I'm concerned about this line of questioning.
Here was, with due respect to Dr O'Neill, a very junior doctor and into Musgrave Ward came Adam, who was clearly very sick, who in terms of needing a possible renal transplant -- and I put it in that way -- because at the time with which we are concerned -- and

Dr O'Neill's notes are at 11 o'clock and 11.30 -- the cross-match procedure is underway. Professor Savage is on site and therefore it is Professor Savage who bears the ultimate clinical responsibility. There are very experienced renal nurses around. There is, no doubt, a registrar whose name we've yet to learn in the course of this inquiry, and here is a junior doctor who, if he's told anything, is merely somebody not exercising any professional discretion -- and I hope Dr O'Neill will forgive me -- but doing what he's told.

THE CHAIRMAN: That's right. He said: post admission, I do whatever is required by the consultant or registrar.

MR FORTUNE: And whilst we can look at Dr O'Neill's note -- and I'm sure we can all pick holes in the adequacy of the note, and I don't say that lightly -- there is a complementary note made by a nurse as to the plan that has no doubt been discussed with her. And what I am anxious to avoid is Dr O'Neill feeling that he is being criticised for not being an immediate party to a plan that, in fact, starts with and ends with Professor Savage.

THE CHAIRMAN: I understand. I think what we're trying to establish is Dr O'Neill's contribution to Adam's care over those few hours. There seems to be something of a limit to what we can establish through the notes and

through Dr O'Neill's record. But we'll get on through it. I note your reservations about how far this can go.

MR FORTUNE: It's merely so that Dr O'Neill doesn't feel he is being criticised for being inadequate in any way when he was a very junior doctor.

MS COMERTON: If we could go back to your note, Dr O'Neill, at 058-035-131 and 132. This was recorded at 11.30, Dr O'Neill, you have said. Was there any reason why the plan outlined in the nursing note wasn't included in the medical notes?

A. I don't have a recall, sorry.

Q. Okay, thank you.

The oral evidence has been that when Adam was admitted to Musgrave Ward, at that point cross-matching tests had to be carried out and the results wouldn't have been available until the early hours of the morning of 27 November. And in terms of the plan for starting surgery time, there may have been, provisionally, an idea that surgery could have started soon after receipt of those results. But eventually, a note was made that surgery would start at 6 am and then it was changed to 7 am.

Do you have any recollection at all of when you were aware surgery was due to start?

A. I have no recall, sorry.

Q. If we could then go to your note in relation to the blood results. It's 058-035-144. On the lower half of the page there's a note on 26 November at 11 pm; is that your signature, Dr O'Neill?
A. It is.
Q. And are these the results then that you noted down in Adam's medical notes?
A. Yes.
Q. Did you record that note at 11 o'clock?
A. Yes.
Q. How did you learn of those results?
A. I have no recall, sorry.
Q. Dr Cartmill has stated in her witness statements that she took a blood sample about 9.30 that evening.
A. Okay.
Q. So if a sample had been taken at 9.30, how would results normally have been conveyed to the ward at that time?
A. I can't remember, sorry.
Q. If they were telephoned through to the ward, which may have happened, is that a call that the SHO would have taken or the nursing staff?
A. Again, I have no recall, sorry.
Q. And would you accept that there would normally be a printed laboratory report of those results in time?
A. Yes.

Q. If we could refer then to reference 301-081-547. This is a printed laboratory result, but it's not the one relating to the results that you recorded in the notes because the figures are different. Different values. Although it's not very clear, at the lower part of the page you'll see it's:

"Date of specimen, 26 November 1995. Date of report, 27 November 1995."

You'll see, on the top right-hand side, it results to Adam Strain under Dr Savage at that time.

So it appears that a second sample was sent to the laboratory on 26 November and the laboratory report then was received on the 27th. Do you have any recollection of taking a blood sample from Adam on the evening of the 26th?

A. No, sorry.

Q. Is it possible that you may have?

A. I have no recall, sorry.

Q. There is a handwritten initial on this part of the report down the lower right-hand side. Is that your initial?

A. No.

Q. Do you recognise whose it was?

A. Sorry, no.

Q. What does initialling the report mean, Dr O'Neill?

A. What does initialling a report mean?
Q. Yes, what is the significance of someone initialling a laboratory report like that?
A. I guess ...
MR FORTUNE: Sir, we're getting into very dangerous territory here with "I guess".
THE CHAIRMAN: No, let me ask it this way. Does that indicate to you that that signature confirms that the result has been received back on the ward? Or is it the signature of somebody who's sending it up, or what?
A. I think I ... I can't really, you know, comment on a signature that's not my own.
THE CHAIRMAN: Okay.
A. Sorry.
MS COMERTON: Perhaps we could go to 057-010-013. This is the fluid balance IV prescription sheet for Adam on 26 November 1995. Dr O'Neill, if you take a look at it, you'll see there are two columns that have been completed and Nurse Murphy has accepted she was on duty and she completed these. If you deal with the left-hand column, you'll see it's under the "intravenous" heading and that, at 11 o'clock, there's an entry for "fifth normal at 20 ml an hour". Her evidence was that the IV fluids would have started at about 11, as recorded on that sheet.

You made a note in Adam's medical notes at about 11 o'clock, so you were on the ward at that time, isn't that right?

A. Mm-hm.

Q. If an intravenous cannula had to be inserted into one of the patients, that would have been one of the jobs an SHO would do; is that right?

A. Yes.

Q. Do you recall inserting a cannula into Adam at that time?

A. I have no recall, sorry.

Q. But would you say it probably would be you because you were on the ward?

A. It might have been me.

Q. Right.

MR FORTUNE: Sir, my learned friend effectively led the evidence that a cannula would have been sited. If you go back to the note made by Dr Cartmill that we will obviously see again, it precedes Dr O'Neill's note at 11 o'clock with the blood results. Would the taking of blood for the full blood picture have involved placing a cannula, as far as Dr O'Neill is concerned, or would it just have been a needle straight into the elbow?

A. Either. You could take a blood test with a needle on its own or you could take blood out of ...

MR FORTUNE: You need the microphone.
A. You could take a blood test on its own with a needle, but if you were putting in a cannula, you could extract blood at that point before the IV fluids begin.
THE CHAIRMAN: That's if you can actually insert a cannula?
A. If you can insert a cannula.
THE CHAIRMAN: And if you can't insert the cannula --
A. No blood.
THE CHAIRMAN: -- then you won't get the blood?
A. No.
MS COMERTON: If it's of assistance, could we refer to witness statement 003/3, page 4. It's question 6(a). This is Dr Cartmill's statement where she says:

"I took blood from Adam at 9.30 for potential renal transplant."

So she doesn't say she inserted a cannula:

"I finished my shift at 10 pm. It appears the decision to proceed with surgery was made after I had finished work. The IV fluids would only have been required once the final decision to proceed with Adam's surgery had been made."

So we can perhaps address that with Dr Cartmill later in the week.

Dr O'Neill, I had referred you to the printed laboratory report of electrolyte results for Adam,

arising from a blood sample that was taken on 26 November, and then the printed report came through on the 27th. Is it correct that those electrolyte results would normally be recorded in the patient's notes in the way that the first set of electrolyte results had been recorded?

A. Um ... I mean, I --

Q. Do you understand what I'm asking you?

A. Not really, no, sorry.

Q. If we can go back to the notes, the note that you made of the electrolyte result, which was 058-035-144. The lower half of the page, there are -- in the second column you have written in handwriting the various results from the blood test.

A. Yes.

Q. Can you explain why there's no similar handwritten note in relation to the second set of electrolyte results?

A. Sorry, I can't explain that.

Q. If we could go to witness statement 002/2, page --

MR FORTUNE: Before we move on from that, so there is no misunderstanding, is my learned friend saying each of the three columns represents electrolytes?

MS COMERTON: No, I'm saying the second column relates to electrolytes. The first column relates to blood count.

MR FORTUNE: And the third to coagulation?

MS COMERTON: That's right. I'm only referring to the second column and the printed lab report for the electrolytes.

If we could go to 002/2, pages 18 to 19. This is Professor Savage's witness statement to the inquiry, Dr O'Neill. It's question 11(c) that I want to refer you to, the bottom of page 18. If you see the second last line:

"It was planned to correlate with Adam's overnight intake volume of fluid to most of that which he would normally have received, ie 1.5 litres. This was the basis for the calculation of the intravenous fluids at 75 ml per hour after the tube feeds were discontinued. Calculating retrospectively as follows, clear fluids by gastrostomy feed for approximately 6 hours at 180 ml would give 1080 ml. Intravenous fluids at 25 ml per hour for 6 hours would give 150 ml. When the tube feeds were finished, two hours of intravenous fluids at 75 ml per hour would give another 150 ml. Thus, over a 6-hour period, Adam would have received 1380 ml total fluid."

So this is Professor Savage outlining the plan for Adam's fluid management before he went to theatre. As an SHO, would you be involved in writing prescriptions for any intravenous fluids?

A. I have no recall, sorry, of writing prescriptions.

Q. You have no recall in relation to the events on 26 and 27 November?
A. Yes.
Q. Well, as a matter of usual practice, as an SHO, do you recall what the usual practise was?
MR FORTUNE: Sir, I rise again because this is a potential paediatric renal transplant. It is not a usual occurrence, certainly so far as a junior doctor is concerned, and what might have been the normal practice in other circumstances should not be translated or translated easily --
THE CHAIRMAN: No, but that means there's three lines to it: one, does he remember doing it; secondly, would it be the normal practice that he might do it; and, thirdly, would that normal practice vary in the event of such a significant operation, particularly if Professor Savage is around? So I think we're at stage 2 of three stages.
MS COMERTON: Yes.
THE CHAIRMAN: So if we go back to the question you were asked: would it have been the normal practice for you to write prescriptions as the SHO?
A. You would write prescriptions under instruction, yes.
THE CHAIRMAN: Right. So in a normal scenario, it may be you, but not necessarily you; is that right?

A. Yes.
THE CHAIRMAN: In the event of a major operation, a potential major operation such as renal transplant, would you expect it to be you rather than Professor Savage or might that be something he leaves for you? Can you help us at all?
A. You'd be doing it under instruction. You wouldn't be making decisions like that on your own.
THE CHAIRMAN: If the instruction was given -- just help me with this -- would you expect Professor Savage to get you to write the prescription or might he himself write it, or a registrar, or are all those options open?
A. I would say all those options are open.
THE CHAIRMAN: Okay.
MS COMERTON: Are you saying that you wouldn't have written a prescription for intravenous fluids that evening unless you were specifically told to do so?
A. Yes.
Q. Right. Do you accept that when you would have written a prescription for intravenous fluids, that would normally include a start and finish time?
A. Under instruction. You'd be writing a prescription under instruction and there would be an instruction as to how much fluid per hour, for instance.
Q. If you could just allow me a moment, I want to refer you

to a document. For example, if we go to 057-010-014, this is an intravenous fluid prescription chart for Adam on 26 November 1995. So you'll see at the top half of the page there's the amount, type of fluid, the rate. There's a box for start and finish time and then, "prescribed by J Cartmill", and then, finally, "erected by".

So if you were writing a prescription for intravenous fluid, would you normally put in the start and finish time in the chart?

MR FORTUNE: Sir, I rise again. This line of questioning -- firstly, Dr O'Neill cannot answer for Dr Cartmill, and secondly, he's made it clear on more than one occasion he would be writing a prescription under instruction. It beggars --

THE CHAIRMAN: Sorry, Mr Fortune, there's a specific box in this chart for start and finish time.

MR FORTUNE: Yes, and Dr Cartmill can answer for that.

THE CHAIRMAN: It wasn't completed and there has been some, I think, fairly mild comment that it would obviously have been better if it had been completed because that's what the records provide for and it didn't happen.

MR FORTUNE: Yes, of course.

THE CHAIRMAN: It's not central to the inquiry by any means but if you were completing a chart like this,

Dr O'Neill, or the prescription chart, would it the norm to put in a start and finish time?

A. I haven't had to write a prescription chart for over 12 years like this so it's very hard for me to recall.

THE CHAIRMAN: Help me with this: what's the point of having a start and finish time on the box unless it's completed?

A. That is a good point.

THE CHAIRMAN: Thank you, that's all.

MS COMERTON: I wonder if we could go to the nursing note again briefly, at 057-014-019. I would like to draw your attention, Dr O'Neill, to the entry at 1.30 am. This is the nursing note for Adam, where it says:

"IV cannula tissued. Dr O'Neill informed. Gastrostomy fluid increased to 200 ml an hour. Reinsertion of cannula at 5 am."

And if we go to the fluid balance chart at 057-010-013, please. You will see on the left-hand side, dealing with the intravenous fluids, that there's an entry at 1.30 of "tissued". Do you have any recollection of the cannula tissuing in the early hours of the morning on the 27th?

A. No, sorry.

Q. Or your attempting to gain intravenous access?

A. Sorry, I have no recall of that.

Q. Is that something that you would normally have recorded in the medical notes, Dr O'Neill?
MR FORTUNE: Recorded what?
MS COMERTON: That a cannula tissued and you re-attended.
A. I can't recall, really, what I would have ... Whether I would always have made that comment, made that note.
Q. Did you have any involvement, Dr O'Neill, in organising or following instructions to have Adam's vital signs recorded or his urine measured on the evening of 26 November or the morning of 27 November?
THE CHAIRMAN: I think the problem, Ms Comerton, is that --
MS COMERTON: I realise that.
THE CHAIRMAN: The doctor just doesn't remember Adam at all, I'm afraid. So asking whether he had any involvement really is unlikely to help us.
MS COMERTON: If we could go to the drug prescription form at 057-021-033. It's the lower half of the page Dr O'Neill. The first two lines of that prescription form, there's a signature on the right-hand side; is that your signature?
A. It is.
Q. And is this the prescription that you wrote for vancomycin and gentamicin on 26 November for Adam?
A. Yes.
Q. And you'll see under "time of administration" and

"method of administration", the entry looks like:

"Maintenance via PD cannula."

A. Yes.

Q. Who would have administered that medication via the cannula? Was that a nursing task or a clinician's task?

A. I have no recall, really.

Q. Do you accept that whoever administered it, ought to have filled in the last box given by initials on that form?

A. That's ...

THE CHAIRMAN: That's what it's there for, isn't it?

A. Yes, that's what it's there for.

MS COMERTON: If we could then go to 057-019-028 and 029. Dr O'Neill, is that your writing on the left-hand side page at reference 057on 019-028?

A. It looks like it, but I'd be happier if it had my signature -- oh yes, I can see it now.

Q. The copy isn't terribly good. Was this a request for a preoperative chest X-ray --

A. Yes.

Q. -- for Adam?

A. Mm-hm.

Q. Do you recall whether a chest X-ray was carried out?

A. I have no recall, sorry.

Q. Or whether you would have had any role in that X-ray

being organised or performed?
A. Sorry.
Q. No? If the chest X-ray had been carried out, would you have expected anyone to fill out the next, the adjacent page, where it's additional notes, "radiographer's remarks and signature"?
A. I mean ... That would have been the radiographer would have --
Q. Yes, but if an X-ray had been performed, would you expect that part of the form to be completed?
A. I'm not sure.
MR FORTUNE: Sir, is my learned friend asking whether Dr O'Neill performed the chest X-ray?
MS COMERTON: I'm not.
THE CHAIRMAN: No, she's not. She's certainly not asking that. She's asking, if the X-ray was done, would Dr O'Neill expect the second page, the right-hand page, page 29, to be completed by the radiographer, which, because it has boxes for number, date, remarks and signature. That's what she was asking.
MR FORTUNE: And the short answer would, no doubt, be "yes", but that's really a criticism of the radiographer.
THE CHAIRMAN: No, I'm sorry. There's nothing wrong with asking this question. We all know what this query is about, about what happened to the chest X-ray or was

there, in fact, an X-ray at all. Ms Comerton's question was: if an X-ray was done, would you expect the page on the right to be completed? You have just given the witness the answer, "Undoubtedly, yes", which isn't quite the answer he gave a few moments before, but --

MR FORTUNE: But if a chest X-ray had been performed, that form should have been completed.

THE CHAIRMAN: It should have been.

MR FORTUNE: We don't know, as far as the evidence is concerned, whether there was a chest X-ray taken.

THE CHAIRMAN: That's right, but Ms Comerton was asking: if a chest X-ray was done, would you expect the page on the right to be completed? I think the answer has to be yes, so do we infer from this that somehow this request got lost in transit or, somehow, that the X-ray was completed and that the form wasn't filled in in quite the way that this should have been, which wouldn't be unheard of and which is not necessarily a matter of significant criticism. It depends.

MS COMERTON: Thank you, Mr Chairman.

Dr O'Neill, if I could ask you this: do you recall having any communication at all with Adam's mother on 26 or 27 November?

A. No.

Q. And after the events of 26 and 27 November -- I know

you've spoken to the chairman about this a little -- do you recall when you first heard that Adam had died?

A. No. I have no recall, sorry.

Q. Do you accept that that was a fairly unusual occurrence at that time for a child to die in that way?

A. Absolutely.

Q. And a paediatric renal transplant in the Children's Hospital at that time was not a frequent occurrence either?

A. That's right.

Q. But you're saying you have no recollection of that at all? Is that not something that would have stuck in your mind?

A. Sorry?

Q. I have suggested to you that the fact that Adam was going in for this type of operation was unusual in itself.

A. Okay.

Q. You accept that?

A. Yes.

Q. You accept that for a child to die in the way that Adam did was unusual at that time in the Children's Hospital?

A. Absolutely.

Q. Would both of those events not combine to make your recollection of that, the events of 26 and 27 November,

clearer or more fixed in your mind?
A. Well, I think you've asked me: do I specifically remember when I heard the news? And the answer is no, sorry, I don't have a recall of when I actually heard that he died. I'm sorry.
Q. Were you on duties on the days following 27 November?
A. I can't recall.
Q. Do you recall any discussion about Adam or what happened to him in the hospital?
A. I have no recall, sorry.
THE CHAIRMAN: I think your best guess earlier was that you would most likely have heard about it over the next few days when you were back at work --
A. Yes.
THE CHAIRMAN: -- but you don't actually remember it.
A. Yes.
MS COMERTON: Thank you, Dr O'Neill.
THE CHAIRMAN: Are there any questions from anyone? No?
Doctor, thank you very much for coming. I know you want to take your paediatric prescriber with you. Would you allow us a few minutes to photocopy some pages from it?
MR McALINDEN: Mr Chairman, a letter was sent to the inquiry on 15 February, enclosing the entire booklet, which was copied. The letter is being faxed through and the

copies have been sent through, but because there's over 200 pages, it'll take some time. But you will have copies.

THE CHAIRMAN: I tell you what, let's not fax 200 pages through, if you can stop that. What I was going to say is: if he could have maybe the front cover, the index and the couple of pages which are specific to renal transplant, I really don't think we need a few hundred more pages about other matters which are drawn to the attention of SHOs and that's why, if we have the index, that should cover the point.

MR FORTUNE: Sir, at most, you might consider having the section relating to nephrology copied. The alternative is to give everyone the opportunity over the break to look at it and see whether it could be restricted just to the paediatric renal transplant. We are acutely aware that half of Brazil is disappearing.

THE CHAIRMAN: Doctor, would you allow us a few moments? Your evidence is finished, you're going to be free to go in the next few minutes, but if you'd allow the various lawyers to look at this, we can agree how little of it needs to be copied.

A. It's already been copied.

THE CHAIRMAN: If you let us look at it and you'll be able to go away in the next few minutes. We'll take a break

and take the evidence of Dr Hill after the break.

Thank you.

(11.28 am)

(A short break)

(11.52 am)

DR DAVID HILL (called)

Questions from MS COMERTON

MS COMERTON: Good morning, Dr Hill.

First of all, I would like to confirm the two documents that we have received from you. First of all, we had received a letter dated 1 September 2011 and also one witness statement, which is dated 12 October 2011.

A. That's correct.

Q. And if we go to the first page of that witness statement, 181/1, page 2.

A. I don't actually have it here in front of me.

Q. You'll see it on the screen.

A. Yes, that's the statement.

Q. You're currently a consultant anaesthetist and associate medical director of the South-Eastern Health and Services Community Trust; is that right?

A. That's correct.

Q. Are you based at the Ulster Hospital?

A. I'm based at the Ulster.

Q. You set out, at the top of that document, the various

panels and committees which you sit on.

A. Yes.

Q. Is there any further information that you would like to provide in relation to your current position or membership of panels or committees?

A. No. That's the full list.

Q. Thank you. In relation to events in November 1995, you were a senior registrar in anaesthetics at the Royal Group of Hospitals.

A. That's correct.

Q. And you have indicated -- if we go over to page 3 of that statement, please, at question 1 -- the background to this, where you say:

"I was employed by the Royal group of hospitals from August 1995 until July 1996."

A. That's correct.

Q. And then, during that period, you had a post of either 3 or 6 months in the Children's Hospital, but it included November 1995.

A. Yes, how it would have been, you worked in the Royal Maternity Hospital and Children's Hospital together.

Q. Yes.

A. So during the day, from August to November, I was in the Royal Maternity Hospital, but at night-time, I would have covered both. And then, from November to the end

of January, I was in the Children's Hospital during the day, but still covering both at night.

Q. Okay. Thank you. And at 2, you're asked about your previous experience and you have said:

"This was my last year of anaesthetic training and I was appointed the following year as a consultant anaesthetist in the Ulster Hospital in August."

So by November 1995, you had six years of anaesthetic training under your belt and you were just finishing your seventh year?

A. Yes.

Q. When did you qualify with your degree in medicine?

A. 1986. I then was a pre-registration house officer in the Royal Victoria Hospital for one year. Then I did a two-year medical rotation as a senior house officer and, following that, I entered anaesthetics for seven years.

Q. Thank you. If we could then go to events on 27 November 1995, Dr Hill. You have had a chance to look at the theatre log for the theatre list that morning --

A. Yes, I have.

Q. -- which I will come to. You say at question 4(a):

"I recollect working that day by reference to the events that occurred on the day you are now

investigating, but I don't recollect the exact start and finish times."

A. That's correct. I don't actually recollect that day in particular because, for me, it was just one of many days.

Q. A normal Monday?

A. Mm-hm.

Q. When you were a senior registrar in the Children's Hospital at that time, do you recall what time you normally would have started work at?

A. Normally half 8 to 9, depending on what list you're allocated to.

Q. And would the lists normally have started at 9?

A. Generally, but I was allocated to a day list, so the patients were coming in on the day, so if they weren't processed and ready, there could be a delay to the start of your list.

Q. Would you have been involved in anything other than attending theatre for the list, in other words, contact with patients prior to the start of the theatre list?

A. Yes, absolutely. You would do your own pre-op visits. If you were with a consultant, you'd normally agree between you who would do it, so it would be delegated. You wouldn't both do it because that's confusing for the patient. But one or other of you would do it.

Q. When you were coming on duty on 27 November, can you say whether you would have known what you were doing that morning or did you just turn up and then work was assigned?
A. Well, I've read Dr Montague's transcript and I note that he described that you were just allocated -- you chose what you did. I can't recall the exact system, but I would say that it's not likely that that is exactly how it would be.
Q. It's not likely?
A. No, it's more likely that you were allocated.
Q. Yes. Why is that?
A. Because you wouldn't have had the opportunity to do the pre-op visits if you didn't know which list you were on. And the other thing is -- my major interest was obstetric anaesthesia, so I used to do work in the Royal maternity on my own when consultants were on leave, so I needed to know what I was doing.
Q. To organise your commitments?
A. Mm-hm.
Q. Thank you. In any event, you've said at 4(b) that you recollect assisting a consultant anaesthetist doing the theatre list on the day in question.
A. That's correct.
Q. And the theatre log, which we will come to, shows that

Dr Rosalie Campbell was the anaesthetist recorded as being in theatre on that morning.

A. I don't recollect.

Q. Do you recollect who the anaesthetist was?

A. No. I don't recollect it was Rosalie, just that I read it in your theatre log.

Q. In fact, in your letter to the inquiry on 1 September you refer to the consultant anaesthetist as a "he".

A. Yes.

Q. So is that the reason why?

A. Yes, I just assumed it was a he because Rosalie was a locum. She wasn't one of the substantive consultants in Children's.

Q. Thank you. In relation to those procedures in the morning, Dr Hill, your name is not on the list; it's just Dr Campbell's. Is there any reason why your name is not recorded alongside hers?

A. No. In those days people weren't as particular as they are now about recording exactly who was there and it was up to the theatre sister, who was in charge of filling in that log, as to what information they put on it. Nowadays, I would always make sure that my name was there.

Q. Yes. Thank you. One issue that I wanted to check with you was -- perhaps we could pull up document

300-005-005. This is a plan of the Royal, the Children's Hospital, in 1995. We understood that, and had been informed, that the theatre in which Adam's surgery occurred was the one which is coloured pink with an X through the middle of it and that the theatre in which the other surgery list was taking place was the green theatre and that was the theatre that you were in, Dr Hill.

A. Yes.

Q. Do you recall which theatre you were in undertaking the morning list with Dr Campbell?

A. I don't. I only know by reading or looking at that diagram and what you've said, but I couldn't distinguish which theatre I was in.

Q. Do you recall which theatre Adam's surgery occurred in?

A. No, but I know that I was sitting here, the door was there (indicating). So looking at that diagram, it would appear that he was in the red one and I could have been in the green one.

Q. Okay. But you have no clear recollection of that?

A. No.

Q. Thank you. While you were in theatre that morning, do you recall leaving theatre at any particular time?

A. No, I don't. I don't recall actually doing that list, but it's likely that I would have left because doing

a day list, you have to go and see the patients and they don't all come at the same time.

Q. When you said you would have had to go to see the patients, do you mean the patients that were to come in after whoever was in theatre at that time?

A. Yes, so either Dr Campbell or myself would have had to see them.

THE CHAIRMAN: So you're in theatre for a while, then you're up on the ward to see the next patient or the patient next but one?

A. I think they have a day unit where they came in to. I'm almost sure.

THE CHAIRMAN: So there's a bit of toing and froing during a normal day?

A. Yes, but I was shown some of the documents this morning and Dr Campbell has signed the preoperative, so she appears to have gone to see them. So it's likely that I stayed in theatre the whole time.

THE CHAIRMAN: You were made a consultant in the following year; isn't that right?

A. That's correct.

THE CHAIRMAN: So as you're coming towards the end of your registrar's experience, are you taking on more and more work on your own?

A. Yes, that's correct. But I had only been there a few

weeks, as I started in November.

MS COMERTON: Thank you. If I could then turn to the events in theatre. What exactly do you recall occurring during that theatre list on 27 November, Dr Hill?

A. I don't recall any detail of what happened. The only recollection I have is that, at some point, the consultant with me left to go into the theatre next door. I don't actually recollect it specifically being Dr Campbell because there is a possibility that it could have been another consultant.

Q. And why do you say that?

A. Well, there would have been a consultant in intensive care.

Q. A consultant anaesthetist in intensive care?

A. Yes. And just say Dr Campbell had to go and do something or see something or look after a patient in recovery, they may have stepped in or they may have stepped in to let her go for coffee.

Q. Do you know who the consultant in intensive care was on 27 November?

A. No, I don't recall.

THE CHAIRMAN: This is paediatric intensive care?

A. Yes. There was always a consultant there.

MS COMERTON: Could we go to, first of all, witness statement 181/1, page 9? This is the first part of the

log for 27 November, Dr Hill. You'll see the date on the left. And the coloured section is the section which relates to you; is that right?

A. Yes, that's correct.

Q. So the theatre list ran for 9.10 to 12.50 and Dr Campbell was the anaesthetist listed for all of those operations.

A. Yes.

Q. Were you present for all five of those?

A. Well, I don't actually -- I can't recall, but I assume I was. I've seen my writing in quite a lot of the charts this morning.

Q. And would that suggest to you that you were present at some point for all of them?

A. I'm almost -- it's likely that I was there for all of them.

Q. Thank you. If we go then to the next page of the log, which is the same, 181/1, page 8. You'll see the first entry relates to Adam Strain, which was the other theatre.

A. Yes.

Q. And then if you see, from the second entry down to the highlighted area, it starts "Theatre time 2.00" and runs to "21.50".

A. Yes.

Q. So you'll see Dr Campbell is down for the first two surgeries.
A. Yes, I have read in some of the statements that Dr McBrien states that he was there in the afternoon. So I think it's likely I was somewhere else, probably Royal Maternity.
Q. What I want to draw to your attention is Dr McKaigue is the anaesthetist who's dealing or is at least recorded as being the anaesthetist between 2.15 and 5.10. So typically, if another anaesthetist came in to do an afternoon list, would that same anaesthetist normally be the person who was in intensive care in the morning? Is it hard to say?
A. I don't know. Not necessarily.
Q. Okay. Other than Dr Campbell --
A. In fact, it probably wasn't because that anaesthetist -- I think the intensive care anaesthetist is there all day.
Q. Would the intensive care anaesthetist change during the course of a weekday, from 1995?
A. Because I didn't work there, I don't know.
Q. You're not sure, thank you. In any event, you've indicated -- if we could pursue that point -- that Dr Campbell may have been in and out, seeing the patients that were yet to come into theatre, and when

she was doing that, would another consultant anaesthetist normally come into theatre to assist you or --

A. Not usually, no.

Q. No? Well, why would there have been another consultant anaesthetist in theatre with you if Dr Campbell was out?

A. I don't know. I've tried to think why -- who it was that went to help. I don't recall it being Rosalie, this is the problem I have in my mind.

Q. Yes, but you have given evidence you don't recall Rosalie Campbell being involved in this theatre list at all; isn't that right?

A. I don't specifically recall that list, but I have a recollection of somebody saying that the patient next door was slow to waken up and that whoever was with me left.

Q. Your evidence is that someone said the patient next door was slow to wake up.

A. Yes.

Q. Was that someone who was already in your operating theatre involved in the list or someone who came in?

A. I think someone came in.

Q. And can you remember whether it was a nurse or a clinician?

A. I don't, but I read on the transcript one of the nurses

almost quoted exactly what my recollection was.

Q. Can you tell us exactly, insofar as you can, what you recall being said?

A. They said something like, "The patient is slow to waken up and the pupils are fixed and dilated". So I think it's likely it was a nurse.

THE CHAIRMAN: Sorry, are you recalling the evidence which was given that there was an encounter and a nurse was reported to have said, "I'm concerned", or, "I think Adam's brainstem dead"; is that the exchange?

A. I don't recollect those words.

THE CHAIRMAN: Okay.

A. You wouldn't know that at that stage.

THE CHAIRMAN: That was her very point why she wouldn't have said it because it's not a term she would use.

A. You only know that in intensive care when you have had testing done.

THE CHAIRMAN: There's a difficulty, doctor, as you'll probably have picked up if you've been following the transcripts, about people actually remembering what happened as opposed to putting recollections together from papers and documents.

A. It's tempting to try and tie everything together.

THE CHAIRMAN: Right. That's why we want you to be very specific about what you can remember.

MS COMERTON: But your evidence is that someone came into theatre and said that there's a patient next door who's slow to waken and whose pupils are fixed and dilated?
A. That's correct.
Q. Do you recall whether it was a man or a woman who came in?
A. No, I can't.
Q. Was it someone you knew?
A. No, I don't know. I can't -- I would be speculating.
Q. Just to go back to this point: your evidence is that the anaesthetist with you then left your theatre to go into the other theatre?
A. Mm-hm.
Q. But you don't know who that was?
A. No. I can't be certain that it was Dr Campbell.
Q. Are you saying you don't know whether it was or was not Dr Campbell?
A. I don't know whether it was her or not. I just know that it was someone.
THE CHAIRMAN: So far as we know, she was the --
A. Anaesthetist with me, and that's why I said in my statement "who I now know to be Dr Campbell" because that's -- when you look at the records, that is who I was with.
MS COMERTON: Yes. You have also made the suggestion it's

possible it was another consultant anaesthetist.

A. I am just saying there is the possibility that it could have been the one from intensive care. Just say she had said, "Oh, I have to go somewhere". I mean we all -- I don't know. She may have said, "I have to go and see a patient on the ward I did yesterday".

THE CHAIRMAN: If the operation you're doing is going fine, she might leave and say, "Look, I'll leave you to handle that and I'll go up and see --

A. Absolutely [OVERSPEAKING] within the first few weeks of us starting there, another one may have come in.

THE CHAIRMAN: I thought there was a shortage of consultants at the time.

A. Yes, but there's always one in intensive care.

THE CHAIRMAN: Right. Unless somebody happened to be doing nothing in intensive care, you wouldn't --

A. Intensive care isn't the same as the theatre. The consultant doesn't have to be continuously present all the time.

THE CHAIRMAN: Okay.

MS COMERTON: So the circumstances in which another consultant anaesthetist might have come into theatre would have been if Dr Campbell might have asked them; is that right?

A. Yes, or they may have called in. Other consultants

sometimes call in to chat and when they come in, they say, "Why don't you go for coffee?" I do that for my colleagues.

Q. Would there be a record kept of any other consultants who came into theatre and stayed?

A. No, there would now, but not then.

Q. Can you assist us in any way, Dr Hill, in relation to the time at which the consultant anaesthetist with you in theatre left to go into the other theatre?

A. I can't tell you what time it was.

Q. Or even the stage --

A. My recollection is it was somewhere near the end of the list. It certainly wasn't the beginning. But I would only be speculating as to the time.

Q. You don't recall which procedure you were doing at that particular time?

A. No.

Q. Or which number on the list you were on?

A. No, sorry.

Q. Do you recall for how long the consultant anaesthetist left theatre?

A. I think it was just for a few minutes.

THE CHAIRMAN: Can you remember what was said when that consultant returned?

A. No, I can't.

THE CHAIRMAN: If it was something catastrophic like a child --

A. I know. You'd expect them -- it may have been them that said the child was slow to waken up and had fixed and dilated pupils. It could have been.

THE CHAIRMAN: I'm not trying to read too much into this, but that doesn't really make sense. If the consultant left your theatre to go into the other theatre, you thought it was because somebody had said that a child was slow to waken. But when they returned --

A. I don't recall a conversation with me anyway.

MS COMERTON: In any event, Dr Hill, whenever that consultant anaesthetist left theatre, you just carried on with the list?

A. Yes.

Q. And the theatre log shows that Mr Brown -- if we could go back to page 9, please -- is listed as the surgeon for the last procedure which was --

A. I don't have a recollection of Mr Brown being there, so I can't say whether he was there for all or some or just one.

Q. I think his evidence has been that he came out and carried out the last procedure, that he continued with his daily duties.

A. Yes. I can't confirm or refute that. I don't know.

Q. Do you recall any other conversation with anyone else in theatre after the consultant anaesthetist left?
A. No, the only other recollection I have is a few days later with other trainee anaesthetists.
Q. Yes. And what do you recall about that?
A. I recall that we had heard that a child had died in intensive care that had been in theatre and we just wanted to know had any of us been there to know what had happened.
Q. Do you recall which trainee anaesthetists you discussed this with?
A. No, unfortunately not, but it wouldn't have been all of us because the one from the night before would have been off and the one coming on to do it that night wouldn't have been there. But whoever was there said everyone's consensus was that there hadn't been anyone.
Q. There hadn't been anyone where?
A. With Dr Taylor.
Q. In other words, he didn't have a trainee anaesthetist?
A. Yes. But I can see that that's not totally factually correct because Dr Montague patently was there, but in this conversation everyone concluded that there was no one.
THE CHAIRMAN: When did you remember that?
A. I've always remembered that. I'm quite clear that that

conversation happened. I just do not know who was there. There's only ever two of us there anyway.

MS COMERTON: Only ever two trainee anaesthetists?

A. Yes.

Q. In the Children's Hospital?

A. In the theatres.

Q. Is that because there were normally two theatres running?

A. Two theatres running and two people would have been off: one from the night before and one due to do the night in question.

Q. The forthcoming night?

A. Yes. And if someone was on holiday, there may only have been one.

Q. Maybe I could refer you to a letter, please, reference 301-124-684. This is a letter from the Directorate of Legal Services, Dr Hill, and it's about the operating list on the morning of the 27th November 1995.

A. Mm-hm.

Q. And it really focused on Mr Brown and the suggestion was that on Monday mornings -- we'll start at the top of the page -- Mr Brown had an operating list. They go through the various dates. Mr Brown was one of the surgeons involved in Adam's transplant surgery.

A. Okay.

Q. This is the first paragraph:

"The trust believes that the primary reason Mr Brown was in theatre on the morning of 27 November was to perform his routine operating list which, in order to assist Mr Keane, he delegated to his surgical trainee and he performed only the last operation on his own list at 12.15."

But it's the next paragraph that I want to speak to you about. First of all they are saying:

"There was only one operating list each Monday morning in November and December 1995, except for the day of Adam's operation when the extra operating list occurred for the transplant."

Do you accept that?

A. I don't recall that there was only one, but it's possible, likely, that it's true.

Q. Dr Montague had given evidence that at the time around this time, one of the consultant anaesthetists had retired and that they had two locum anaesthetists, Dr Campbell and Dr Rao, and at times the list was less frequent or --

A. That's true. Dr Kielty had retired.

Q. Yes. If we go on then:

"The anaesthetists involved on a Monday morning during November and December 1995 were the consultant,

Dr Campbell, and a trainee anaesthetist, Dr McBrien or Dr Montague or Dr Hill."

Do you recall whether you, Dr McBrien and Dr Montague were usually the trainees on duty on a Monday morning?

A. Yes. Myself, Dr McBrien and Dr Montague are the only other two trainees that I recall working with in that attachment.

Q. Do you recall working with a Dr Amit Bedi?

A. Not at this attachment, no. I'd worked with him the previous year in the City Hospital for a whole year, so I definitely would have known if he'd been with me then because this was the next job and I can almost say he wasn't.

Q. So the best of your recollection is there were only ever three of you on at that time?

A. Yes. There would be other people who were working in Royal Maternity, who would have done nights the way I had when I had done nights, but I can't remember who they were.

Q. Thank you. The letter goes on:

"There was therefore no requirement to roster a second trainee to theatre on Monday mornings as there was only routinely one operating list running."

And that would have been your list, Dr Hill?

A. Yes, and the list that Adam Strain would have been in wouldn't have been scheduled anyway, so no one would have been allocated.

Q. "If a second trainee anaesthetist had attended theatre at 9 am on Monday morning, 27 November 1995, to assist Dr Taylor, it would most likely have been by way of a special arrangement as he/she would otherwise have had no duties to perform there on a normal Monday morning."

Do you agree or disagree with that?

A. I agree with that. Dr Taylor would have had to have requested someone to come and assist him.

Q. The evidence has been that Dr Montague's evidence was that he been on call overnight on the night of the 26th and that he had gone in and assisted in the initial stages of the surgery, but his recollection was that he left at some point. He's not clear whether it was half 8, 9 o'clock or shortly thereafter. Do you recall seeing Dr Montague that morning at all?

A. I don't recall seeing him.

Q. Either before or after your list?

A. No. And normally, if he had been there when I had started, we normally would have spoken. As trainees, we have quite a camaraderie, so if there was one leaving, they would have come to tell you about their night on call and I don't recall that ever happening,

so --

Q. Do you recall Dr McBrien coming on duty on 27 November?

A. No, I don't, so I had probably already left.

Q. And what time would you normally leave if you'd been dealing with the morning theatre list?

A. Well, obviously not until it finishes.

Q. Yes.

A. So that's a variable feast, but your expectation is you'd be away by half one to start at 2 o'clock somewhere else.

Q. Okay. Dr McBrien has put in a witness statement. It's witness statement 194/1, page 2, question 1. We were trying to identify anyone who acted as a trainee anaesthetist in theatre with Dr Taylor for Adam's surgery. This is the initial question. He's asked whether he had acted to assist Dr Taylor during Adam's surgery. And he states:

"I have no recollection of having acted. I have inspected the relevant clinical notes and there is no record of my attendance at this case."

Then he goes on:

"In addition, the theatre log for 27 November shows that I anaesthetised two cases at 18.30 and 20.05. It is my recollection that on a weekday such as this, the trainee anaesthetist on call overnight came on duty at

1300 hours. This would indicate that I was not in the hospital that morning."

So if he was on duty at 1 pm, would you not have seen him before he left?

A. Not necessarily because he may have been going to see his patients to start at 2.

Q. Okay. Do you recall any other trainee anaesthetist coming in to work on the morning of the 27th November?

A. No. As far as I know, I was the only trainee anaesthetist there.

Q. Thank you. I would like to ask you about the anaesthetic record and who fills it in. You have no recollection of what happened on the 27th other than what you have told us?

A. Yes.

Q. But do you recall what would have been the usual practice in terms of who would have completed the anaesthetic record during theatre at that particular time?

A. Yes, it's a very variable thing.

Q. Yes.

A. It depends on the consultant.

Q. Yes.

A. So if -- some consultants want to fill in everything themselves and that's their practice and then they fill

in everything --

Q. Yes.

A. -- and, as a trainee, you don't fill in anything. Some consultants expect the trainee to do it in a subservient role and fill in everything and they don't do any of it. Then you get a mixture in between. It's better if the role is not shared because then things can be omitted.

Q. Do you recall what Dr Campbell's practice was at that time?

A. No, I don't.

Q. Could I refer you to a document at 301-133-002? This is a document that's been prepared by Dr Campbell and it's in relation to the theatre list that morning. You'll see she has the time on the left-hand side, the case number, which accords with the theatre list that morning, and then two columns, one "In theatre adjacent to AS" -- which must be Adam Strain -- and then "In recovery ward". You'll see that between 10.15 and 10.45, she says there were no handwritten notes of hers on the anaesthetic record and similarly, between 12.00 and 12.15, there are again no handwritten notes.

A. Yes. It's likely that I started doing the record, so then I completed it. Because, as I said, it normally is better not to share the role. So she did some, I did some.

Q. But do you recall in relation to that morning whether you also shared completion of the records?
A. Well, we could have because somebody had to sign the patient out of recovery and that may not have been the same person who did the anaesthetic record.
Q. Yes. Okay.
A. You can't connect then the presence of the person with who filled in the record.
Q. Why is that?
A. Because we could have both been there for all of them --
Q. Yes.
A. -- and yet only one of us completed the record or --
Q. Yes, but can you say if someone completed the record whether they definitely were in theatre at that time?
A. Yes.
Q. You can? Could we perhaps go to one of the anaesthetic records, maybe, to see if you could explain this to us? It'll be in a number of documents that I'll run through. If we got to 301-134-014. If you could perhaps assist us, Dr Hill, this is the first page of the anaesthetic record and includes the preoperative assessment.
A. Yes. That's the preoperative visit and it looks like Dr Campbell's signature.
Q. Yes. Is that usually carried out on the ward?
A. I think they have a day --

Q. The day unit. Yes. So that's before you get to theatre, obviously.
A. That's set at 8.30, so --
Q. Yes. If you then --
A. It says "8.30 pm", but that's obviously an error.
Q. If you go to the next page 015 --
A. Unless the patient wasn't a day case and had come in the night before. Yes, that's Dr Campbell's signature and also the post-operative instructions for the nurses.
Q. When is that normally filled in?
A. It is filled in on two occasions. It could be done at the time in theatre or sometimes you wait and do it in recovery when you see what the patient's requirements for pain relief are.
Q. Yes. If we then turn over to 016 --
A. That's Dr Campbell's signature at the bottom.
Q. And when is this part of the document filled in?
A. That looks like the discharge from recovery.
Q. There's no discharge time recorded. Would that normally be put into the record?
A. Nowadays it would, but I can see that -- oh, there is a discharge time box, but it's not filled in.
Q. Yes. And if we go to the next page, 017. This is recovery ward. So that's after leaving theatre; is that right?

A. Yes, that's the nurses who are filling that in.
Q. The nurse would complete this?
A. In most recovery units, the nurses do the discharge as well.
Q. Sorry, so the previous page, 016, you said was the discharge page; does the nurse fill that in?
A. Normally, in our hospital anyway, the nurse would complete that and discharge the -- that's delegated to recovery nurses.
Q. Is that the practice now or was it in 1995?
A. In our hospital it was probably the same in 1995.
Q. Do you recall what the practice was in the Children's Hospital?
A. I don't, but it's a -- patently, the anaesthetist had to discharge them, which is the safer option.
THE CHAIRMAN: There's both, there's the nurse and the anaesthetist?
A. Yes, the nurse is doing the observations in recovery and then when the nurse thinks that the patient's fit for discharge, they usually would get the anaesthetist to come and verify that they're happy. And then that's the signature at the bottom.
MS COMERTON: I appreciate that the anaesthetist has a signature at the bottom, but in terms of who ticks the boxes --

A. Yes.
Q. -- who does that?
A. I would say it's probably the nurses.
Q. Okay. Thank you. If we go back to 017, just briefly, you said the nurses complete this?
A. Yes, the nurses would have filled that in.
Q. So the entry on that record is from 11.40 to 11.55?
A. Yes, that would have been by nursing staff.
Q. Does that mean the patient must have left the recovery ward at some point after 11.55 --
A. Yes.
Q. -- based on that record?
A. Yes, based on that record.
Q. Thank you. Then the final page is 018. This was the anaesthetic record then relating to the procedure.
A. Yes.
Q. Can you say whether you completed any of those entries, Dr Hill?
A. Yes. All of it is me except for one line, which is someone else, and that's neostigmine glycopyrrolate.
Q. Sorry, where is that?
A. There. Neostigmine glycopyrrolate. That is written in by someone else, but the rest of it's my writing. I'm not sure if it's her writing because I don't recognise it necessarily, but if she had given that drug, she may

have written that in because that's the very last drug you would give in the theatre.

Q. If you make an entry on an anaesthetic record in that way, at what time do you read that record as saying the drug was administered?

A. You're supposed to put a time along the top. There isn't room for it.

Q. Well, if you look at the bottom there's a timeline along the middle.

A. Yes. The "0.6 ml" is at the 30 there, so it'd be 11.30.

Q. So your reading of that is that the drug was administered at --

A. At 11.30, yes. Is this the same patient that -- [OVERSPEAKING].

Q. Yes. The whole run relates to the one patient.

A. So the patient would have gone into recovery almost immediately --

Q. Straightaway, yes. When you complete an anaesthetic record, is it always done contemporaneously or can you do it at a later stage?

A. It's nearly always done contemporaneously, but obviously if you're having a crisis with the patient and you're busy, you sometimes have to fill it in afterwards, and nowadays you would state that you did.

Q. Yes.

A. But not then.
Q. Thank you. Then the final page is 019. This is the intraoperative record, Dr Hill. Is any of that handwriting yours?
A. Yes, I think all of it's mine.
Q. Thank you. One minor issue that I wanted to ask you about was, in 1995 do you recall being given any information about the accuracy or inaccuracy of blood gas analysers in theatre or in ICU?
A. No. I wouldn't be involved in ones in intensive care in any case because I didn't work there, but I wasn't given any information about the accuracy in theatres.
Q. Thank you.
A. I would have trusted that it was accurate.
Q. Now, finally I would like to ask you to comment on some of Dr Montague's statements in terms of the organisation of trainee anaesthetists in November 1995 in the Children's Hospital.
A. Okay.
Q. You have read his transcript?
A. Only some of it because it was only up this morning and I was reading it at the back.
Q. Thank you. If we go to the transcript of 11 May, please, it's page 143. This was about the issue -- the issue really is whether Dr Montague was replaced by

someone, by another trainee anaesthetist in theatre. So he says at the top of the page:

"The lists normally start around 9. You were there around 8.30 to go see the patients and prepare before the list started. So I anticipate one of the registrars was in and would have been able to let me go, possibly before 9."

And just for you to comment on that in terms of what was happening on 27 November.

A. Yes. Well, because I obviously don't -- I didn't know who was there and I never -- I didn't meet him, so I -- my feeling is that it's likely he had already gone before I arrived in theatre.

Q. Yes. And your theatre list started at 9.10?

A. Yes.

Q. So what time would you have arrived in theatre at?

A. Well, if I was getting ready or if I'd had to go to the ward, I would imagine I'd be in the building at 8.30 --

Q. Yes.

A. -- but I don't know where I was up until 9.10. I didn't know this was going on, so because that was an unscheduled list, they would have had to ask me to go and help, and I would have gladly.

Q. Yes. Also, Dr Taylor has given evidence, and I'm going to refer to Dr Montague's transcript because it gives

his responses to it. So if we look at the same page at line 20 of Dr Taylor's transcript, he's asked if Dr Montague is going to stay for the duration of the four-hour operation or whatever it was assumed it would be:

"When you were initially speaking to him, what arrangements were made as to who would replace him?"

And Dr Taylor said if we could go to 144, please:

"Well, he would have to talk to one of the other trainees coming on and say to them, 'I need to go home. Dr Taylor will let me go home if you will come and help'."

And line 6:

"Question: So it's Dr Montague who'd have to make the arrangement?

"Answer: Yes, that would be the usual practice."

That was Dr Taylor's comment that the usual practice was that it was up to the trainee anaesthetist to arrange for someone to come in and take over. Do you recall the usual practice in 1995?

A. Well, if you were a trainee on your own, it would be up to you to arrange someone to take over.

Q. Yes.

A. But if there was a consultant there, it was up to the consultant to decide whether they needed someone else or

not and to make that request --
Q. Yes.
A. -- knowing that they would be taking the trainee from one of their colleagues.
Q. Yes.
A. It would be inappropriate for a trainee to ask -- to take a trainee from another consultant.
Q. Yes. Did you work with Dr Taylor whilst in the Children's Hospital as a trainee anaesthetist?
A. I think I only worked with him once.
Q. Do you recall what his practice was about releasing assistant trainees?
A. No, because it was a list during the day and that issue never arose. In my whole time there, there was never an occasion when I was doing an out of hours case in the morning. The busier component was Royal Maternity and it was common you would be there doing Caesarean sections right to the morning.
MS COMERTON: Thank you, Dr Hill.
THE CHAIRMAN: Doctor, when Ms Comerton was asking you questions at the start and she was asking you which theatre you remembered being in and which theatre Adam was in, you seemed to indicate that you were looking in a particular direction.
A. Because I remember when the person with me left, I was

sitting here and they were standing there (indicating) and they walked over in that direction (indicating).

THE CHAIRMAN: Right. So you remember the person standing beside you, you remember what direction that person walked in, but you don't remember who the person was?

A. No.

THE CHAIRMAN: Any questions? No?

Doctor, thank you very much for your assistance. You are free to leave.

Ladies and gentlemen, that brings us to an end for today. Tomorrow will be, I'm sure, a longer day with Mr Koffman. Thursday and Friday, we're not entirely clear how long they will be, but is there anything to raise today before we finish? Okay, then we'll resume tomorrow morning with Mr Koffman at 10 o'clock.

Thank you very much.

(12.40 pm)

(The hearing adjourned until 10.00 am the following day)

I N D E X