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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:

1 "This is a true record of operation."

2 So that's in relation to the CVP.

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

6 "This is a true record of the operation."

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

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

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

17 Our first witness this morning is Dr O'Neill.

18 DR DONAGH O'NEILL (called)

19 Questions from MS COMERTON

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

1 4 August 2011. Does that sound right to you?

2 A. Yes.

3 Q. Thank you. I would like to ask you first about your
4 experience and your role on 27 November and
5 26 November 1995. First of all, you're currently
6 a consultant psychiatrist in Sligo Mental Health
7 Service.

8 A. I am.

9 Q. How long have you held that post?

10 A. Nine-and-a-half years.

11 Q. On 26 November 1995, you were an SHO in the Children's
12 Hospital in Belfast.

13 A. That's right. Paediatrics.

14 Q. You started your SHO post in August 1995.

15 A. Mm-hm.

16 Q. So by the time of Adam's surgery on 27 November, you had
17 had about four months' experience in that post?

18 A. Yes.

19 Q. And in your witness statements, you describe your job
20 title as "a basic grade SHO". What exactly do you mean
21 by that?

22 A. Well, I suppose I was trying to remember what the actual
23 post was called. This was the reason I described it as
24 "basic grade SHO" because you're always nearly that of
25 an intern, in that there were no interns in paediatrics,

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

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

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

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

10 A. Yes.

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

15 "Immediately after obtaining a medical degree ..."

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

18 A. That's right.

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

23 A. Yes.

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

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

5 A. Yes.

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

10 A. Right.

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

14 A. Yes.

15 Q. Do you understand those two terms?

16 A. Mm-hm, mm-hm.

17 Q. Which category would you --

18 A. Number 2, the SHO.

19 Q. You were an SHO?

20 A. Yes.

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

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

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

3 MS COMERTON: Yes. Dr O'Neill?

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

6 Q. When were you first registered with the GMC?

7 A. 1989, yes; when I graduated.

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

10 A. Yes, yes.

11 Q. And that all occurred within the one year?

12 A. Mm-hm.

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

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

25 THE CHAIRMAN: Thank you.

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

4 A. Yes.

5 Q. And your recollection is that you were on duty from
6 about 9 o'clock in the morning on 26 November through to
7 27 November 1995.

8 A. Yes.

9 Q. But you can't recall whether you came off duty at
10 9 o'clock in the morning or at 1 o'clock in the
11 afternoon on the 27th.

12 A. That's right.

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

15 A. From memory, it would have been prearranged.

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

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

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

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

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

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

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

12 A. Yes.

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

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

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

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

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

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

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

6 Question 1(b). The second sentence:

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

10 A. Right.

11 Q. Is that correct?

12 A. I presume so.

13 Q. Can you remember?

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

15 Q. Okay.

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

19 A. Yes. That was my original memory.

20 THE CHAIRMAN: And you worked through either 24 hours or for
21 28 hours?

22 A. Yes. That might have been inaccurate.

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

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

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

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

6 A. I can't recall, really.

7 THE CHAIRMAN: Thank you.

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

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

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

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

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

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

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

1 time ago --

2 A. It is.

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

7 A. I'm trying to piece it together.

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

10 A. She may be right.

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

13 A. Exactly.

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

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

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

23 A. No.

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

1 A. No.

2 Q. And given the fact that Adam had been admitted for
3 a possible paediatric renal transplant and he had
4 a condition that was not uncomplicated, is that the type
5 of child you would have expected to be mentioned in
6 a handover?

7 A. If there was ... If there was duty to be done, yes.

8 Q. Whilst you were on call as SHO --

9 MR FORTUNE: Sir, forgive me for interrupting. I rise to
10 assist because I have just spoken to Professor Savage.
11 Our understanding is that, at the time, there were three
12 wards to be covered and there is the possibility -- and
13 perhaps Dr O'Neill might be able to assist -- as to
14 whether there were two SHOs on duty at any one time.

15 THE CHAIRMAN: Covering three wards?

16 MR FORTUNE: Covering three wards. One was obviously
17 Musgrave Ward, the other was a general ward, and the
18 third was a cardiac ward. Therefore, it would be
19 unlikely that one SHO could cover all three wards and it
20 might be -- and I put it no higher -- that there was
21 a staggered handover or changeover during the course of
22 the night. In any event, it is not quite clear to us
23 from the evidence so far as to whether there was
24 physically on site a registrar or a senior registrar.
25 There was obviously consultant cover -- we know about

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

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

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

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

16 A. I think, yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

22 A. Yes.

23 THE CHAIRMAN: Okay.

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

1 evening, so there was senior cover for the SHOs.

2 THE CHAIRMAN: Yes. Does that sound right to you,

3 Dr O'Neill?

4 I don't think there's any dispute about this.

5 I think the difficulty is the witness's recall is

6 limited.

7 MR FORTUNE: I'm merely trying to assist.

8 THE CHAIRMAN: I understand.

9 MR FORTUNE: There's no suggestion that junior doctors were

10 left to their own devices.

11 MS COMERTON: Some of the other witnesses in the inquiry --

12 and specifically Dr Montague -- had mentioned that there

13 was a female doctor on duty that night. His evidence on

14 Friday was that when he was phoned in the middle of the

15 night, it was a woman who had called him to tell him

16 that Adam's cannula had tissue. Do you recall there

17 being a female doctor on duty?

18 A. No, I don't recall that.

19 Q. Okay, thank you.

20 Dr O'Neill, is it correct that you'd had no previous

21 experience of preparing or caring for a child who was to

22 go in for paediatric renal transplant surgery --

23 A. Yes.

24 Q. -- prior to 26 November?

25 A. Mm-hm.

1 Q. And you've been involved in no cases like that since?

2 A. No.

3 Q. So this was a one-off?

4 A. Mm-hm.

5 Q. You had indicated in your statement that apart from
6 having your on-call duties, you didn't have any other
7 involvement with Musgrave Ward. Why was that? Would
8 you not have been involved as an SHO with Musgrave Ward
9 generally?

10 A. Yes. Actually, I wouldn't have been involved with the
11 renal ward, the renal patients.

12 Q. You wouldn't have been involved with the renal patients;
13 why?

14 A. Only when I was on call. I think -- it is hard to
15 recall again, so I apologise for maybe not being
16 completely clear. I think that we would have been
17 involved, the Musgrave Ward, the general surgical ward,
18 when we were SHOs.

19 Q. So when you were not on call and you were acting as
20 an SHO, why would you not have had contact with renal
21 patients?

22 A. When we weren't on call?

23 Q. Yes, when you were coming in Monday to Friday during
24 normal hours, would that work not have brought you into
25 contact with patients, renal patients, on Musgrave Ward?

1 A. On Musgrave Ward, yes. Yes.

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

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

10 You have told me the renal ward was Musgrave Ward.

11 A. What I meant there was the renal part of Musgrave Ward.

12 Q. If we deal with the renal patients, perhaps. I have
13 just asked you: when you were not on call during the
14 normal working hours as an SHO, surely you would have
15 had some contact with renal patients in the Children's
16 Hospital as part of your day-to-day work?

17 A. Part of my day-to-day work, but I don't think it was my
18 main responsibility --

19 Q. Yes, but you --

20 A. -- looking after renal patients.

21 Q. Certainly. But I'm suggesting you might have had some
22 experience or come into contact with them while you were
23 an SHO at the Children's Hospital.

24 A. Okay, yes.

25 Q. Thank you. If I could ask you then about the protocol

1 for renal transplantation in small children. In
2 1995, November 1995, you were aware that there was
3 a renal transplant protocol, Dr O'Neill; is that right?
4 A. I need to look at my evidence to see --
5 Q. I'll go to your witness statement to assist you.
6 A. If you don't mind.
7 Q. Witness statement 004/3, page 3, question 4. This is
8 all about the protocol. So at 4(a) -- this is your
9 witness statement again -- you say:
10 "I was aware that a renal transplant protocol
11 existed. I can't recall its contents. I cannot recall
12 how I learned of its existence."
13 A. Yes.
14 Q. "I cannot recall receiving a copy of it. I cannot
15 recall discussing the protocol with anyone."
16 Were you familiar with the content of it
17 in November 1995?
18 A. Well, as I have written down in my evidence, I can't
19 recall the actual content.
20 Q. But you have indicated you were aware that there was one
21 in existence.
22 A. Mm.
23 Q. You may not be able to remember what exactly it was, but
24 do you remember being familiar with the contents of it
25 in November 1995?

1 A. I just can't recall.

2 Q. Do you ever remember seeing it on 26 or 27 November?

3 A. I can't recall, but I did unearth my paediatric
4 prescriber in the bottom of the wardrobe. Amazingly,
5 I have held on to it --

6 Q. What is that, Dr O'Neill?

7 A. -- and I submitted it as evidence to the inquiry when I
8 unearthed it. It's a paediatric prescriber for the
9 hospital and there is a little piece in it on renal
10 transplant.

11 Q. Did you have that in November 1995?

12 A. I would have had that with me all the time.

13 Q. And was that a reference book for you?

14 A. Yes.

15 THE CHAIRMAN: Could I see it for a moment, doctor?

16 A. I think I've submitted it already.

17 THE CHAIRMAN: I'd like to see the original, if you wouldn't
18 mind.

19 A. I've got my own notes in it, just to let you know.
20 (Handed).

21 THE CHAIRMAN: Thank you. (Pause). There's a page at 125
22 of this document. It's a half-page headed "Renal
23 transplantation". It says:
24 "A full immunosuppressive protocol is held in
25 Musgrave Ward, RBHSC."

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

4 A. Yes.

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

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

7 MR FORTUNE: Sir, may I see it please?

8 THE CHAIRMAN: Of course. (Handed).

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

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

12 MS COMERTON: Yes.

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

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

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

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

3 THE CHAIRMAN: Okay.

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

8 A. Okay.

9 Q. Sorry?

10 A. Okay, yes.

11 Q. Do you agree?

12 A. Yes.

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

17 A. No.

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

20 A. I just have no recall of it.

21 Q. At all?

22 A. No, I'm sorry.

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

25 A. I have no recall of it.

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

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

10 THE CHAIRMAN: Yes.

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

19 THE CHAIRMAN: Absolutely not, but it confirms that there is
20 something which is disseminated to the junior doctors to
21 cover a whole range of the issues which they will come
22 across during their three or six months as SHOs.
23 I think it must go up to about 150-odd pages, but
24 there's one single page at page 125 about renal
25 transplant; isn't that right?

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

5 THE CHAIRMAN: Yes.

6 MR FORTUNE: Thank you, sir.

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

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

11 THE CHAIRMAN: I understand.

12 MS COMERTON: Just in relation to the transplant protocol,
13 Dr O'Neill, it was mentioned by Professor Savage in his
14 evidence -- and if we could go to the transcript of
15 17 April, page 25. It's lines 13 to 23, where Dr Savage
16 talks about the purpose of the protocol. This is his
17 oral evidence to the inquiry. At 11, he's asked:

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

20 "Answer: Yes.

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

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

1 indeed, myself, or anyone else involved, that they could
2 look at the protocol and say: this is the standard way
3 that we proceed with the transplant, these are the tests
4 that need to be done when the child comes to the ward,
5 this is the information that we need in terms of
6 biochemistry, blood tests, X-rays, before we proceed to
7 theatre. And it also lays down, for instance, to the
8 junior doctor, what bloods they need to take."

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

10 A. Yes.

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

13 A. Yes.

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

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

18 "Answer: Yes.

19 "Question: When would that have happened?

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

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

1 "Answer: No, no, no. In the ward we would have
2 a renal file and in it would be a transplant protocol."
3 Do you recall the renal file on the ward,
4 Dr O'Neill?
5 A. I don't have the actual memory of the file.
6 Q. Okay.
7 THE CHAIRMAN: Can I ask you, doctor -- this might make it
8 a little more straightforward. Do you remember anything
9 directly about Adam apart from what you've read about
10 him in documents?
11 A. No.
12 THE CHAIRMAN: You don't remember Adam coming in on the
13 evening of 26 November.
14 A. No.
15 THE CHAIRMAN: Or being on Musgrave Ward or then going down
16 for a transplant?
17 A. No.
18 THE CHAIRMAN: So whatever evidence you can give to the
19 inquiry is all based on what you have read in various
20 places about the inquiry --
21 A. Yes.
22 THE CHAIRMAN: -- or documents which have been to you sent
23 or so on --
24 A. Yes.
25 THE CHAIRMAN: -- but no direct recall?

1 A. No.

2 MS COMERTON: Thank you, Mr Chairman.

3 Well, then if I could summarise what I was going to
4 put to you --

5 MR FORTUNE: Sorry, sir, forgive me. Could we establish
6 from Dr O'Neill whether he was, on that night, attached
7 specifically to Musgrave Ward or whether in fact he was
8 just covering the ward as the on-call SHO? Because that
9 may assist you as to his recollection. It's quite
10 clear, in answer to your question, that he has no
11 specific recollection, but you might like to find out
12 whether he was covering wards --

13 THE CHAIRMAN: I think what the doctor was recalling, as
14 best he could, earlier that he was working on Musgrave
15 and then you suggested, in fact, from Professor Savage's
16 information, that that might not be quite right, that he
17 might have been one of two SHOs covering three wards and
18 the doctor --

19 MR FORTUNE: But was he attached specifically to
20 Musgrave Ward or just a general cover?

21 THE CHAIRMAN: Right. Do you recall that?

22 A. I don't really recall.

23 THE CHAIRMAN: Okay. Do you remember knowing over the next
24 day or two that Adam or a child had died during
25 a transplant?

1 A. No.

2 THE CHAIRMAN: So you don't even remember that event
3 from November 1995?

4 A. I would have heard about it, I think, when I returned to
5 work, I think. I can't recall.

6 THE CHAIRMAN: But even that doesn't stick in your memory
7 from November 1995? You're assuming you would have
8 heard about it, but you can't specifically recall?

9 A. I can't specifically recall it.

10 THE CHAIRMAN: And when were you first approached by anyone
11 in the Royal or outside the Royal to make a statement or
12 give any information about Adam's treatment?

13 A. I think when I gave my statements.

14 THE CHAIRMAN: To the inquiry?

15 A. Yes.

16 THE CHAIRMAN: Do you remember being asked -- I don't think
17 you were approached by the police; is that right?

18 A. I don't think so.

19 THE CHAIRMAN: Were you approached internally in the Royal
20 after Adam's death for any recollections or any
21 information you had?

22 A. I don't recall that.

23 THE CHAIRMAN: Okay, thank you.

24 MS COMERTON: Mr Chairman, just on that point raised by
25 Mr Fortune. If we could go to witness statement 004/2,

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

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

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

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

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

18 A. Yes.

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

23 A. Yes.

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

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

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

7 A. No.

8 THE CHAIRMAN: So when you say:

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

11 It would be:

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

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

15 THE CHAIRMAN: Okay.

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

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

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

23 MS COMERTON: That there was another SHO.

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

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

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

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

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

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

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

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

22 MR FORTUNE: Thank you, sir.

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

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

8 A. No.

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

11 A. Yes.

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

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

15 THE CHAIRMAN: Do you remember Dr Cartmill?

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

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

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

25 Do you have any recollection at all of having that

1 kind of discussion on 26 or 27 November?

2 A. No, no recall of it.

3 Q. Would you normally have made a note of that sort of
4 discussion --

5 A. Would I make notes of the discussion? I'm not sure.

6 Q. -- in the medical notes?

7 A. You wouldn't make notes of every discussion.

8 Q. I appreciate that.

9 THE CHAIRMAN: What discussion might you make a note of?

10 A. You would make a note of an admission of a patient, you
11 would make a note of results of blood tests, possibly.
12 You would make a note of medications, possibly. You
13 might make a note of investigations that have to be
14 done.

15 MS COMERTON: Perhaps if we go to some of these notes. It's
16 reference 058-035-131 and 132 if they could be brought
17 up together, please.

18 THE CHAIRMAN: I take it you do remember Dr Savage?

19 A. Yes.

20 THE CHAIRMAN: Okay.

21 MS COMERTON: Dr O'Neill, that's your signature on the
22 right-hand page; is that right?

23 A. Yes.

24 Q. Is this your admission note for Adam Strain?

25 A. It is.

1 Q. The date is 26 November and the time is 11.30. Did you
2 make the note at 11.30?

3 A. Yes.

4 Q. And that would have been your practice to record real
5 time entry in the margin?

6 A. Yes.

7 Q. Dr Cartmill refers to this as you clerking Adam into the
8 ward.

9 A. Right.

10 Q. Is that how you would have termed it at that time?

11 A. Yes. Mm-hm.

12 Q. So from the note, it appears that you took a history.

13 A. Okay.

14 Q. Is that right?

15 A. Yes.

16 Q. You've noted:

17 "Medicines as in past."
18 Halfway down the page on the left-hand side.

19 A. Yes.

20 Q. And then you have a brief note of how Adam was on
21 examination.

22 A. Yes.

23 Q. Would you have been supervised when you were admitting
24 Adam to the ward?

25 A. No.

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

4 MS COMERTON: Perhaps we could refer to Dr O'Neill's witness
5 statement at 004/2, page 6. It's question 8:
6 "I conducted a medical history and examination at
7 2330 hours on 26 November 1995 at the request of the
8 renal team and under more senior supervision."
9 What does that mean, Dr O'Neill?

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

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

19 A. That's right, yes.

20 Q. Thank you.

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

25 A. Yes.

1 THE CHAIRMAN: -- if required?

2 A. Absolutely, yes.

3 MS COMERTON: If I could move on then and ask you about the
4 plan for Adam's care on the ward that evening.

5 Would you have discussed with either the registrar
6 or the consultant what the plan was for the management
7 of Adam while he was on Musgrave Ward?

8 A. I have no recall of that at all.

9 Q. If we could refer to the nursing note at 057-014-019.
10 This is a note of Nurse Murphy, Staff Nurse Murphy, and
11 it is dated 26 November 1995 and the time recorded is
12 10 pm. So this is roughly around the time that the
13 changeover may have occurred, if it occurred.

14 A. Yes.

15 Q. Nurse Murphy's agreed that she has written this.

16 A. Okay.

17 Q. So the state of knowledge at 10 o'clock was:
18 "Admitted for query renal transplant. Clear fluids
19 via gastrostomy at 180 ml an hour. IV fluids at 20 ml
20 an hour. Normal PAC-X [which is the peritoneal
21 dialysis] until 6 am."

22 A. Okay.

23 Q. Do you recall if you were on the ward at that time,
24 Dr O'Neill?

25 A. What time, sorry?

1 Q. At 10 o'clock, around 10 o'clock.

2 A. I have no recall of that at all.

3 Q. As the SHO on call, would you have been aware or ought
4 you have been aware of what feed, gastrostomy feed, Adam
5 was due to get overnight?

6 MR FORTUNE: Sir, there are two questions there.

7 MS COMERTON: I will split them up for you.

8 Were you aware of the gastrostomy feed that Adam was
9 due to receive overnight on 26 --

10 A. I have no recall of that at all.

11 Q. Is that something you believe you ought to have been
12 aware of as an SHO in November 1995?

13 A. I have no recall, I'm sorry.

14 THE CHAIRMAN: Does that depend in part whether there was
15 a registrar or consultant around? Let's look at it
16 a slightly different way. You don't actually recall
17 this at all?

18 A. No.

19 THE CHAIRMAN: Okay. But put yourself in a position that
20 you were the admitting SHO on the ward. Adam comes in,
21 at this stage it's not certain, but it's at least
22 possible that he's going to have a renal transplant.

23 A. Yes.

24 THE CHAIRMAN: So you know that that's why he's coming in
25 and that he has to be given certain care through the

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

3 A. Yes.

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

6 A. I think my role was to admit Adam.

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

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

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

14 A. The consultant, the registrar.

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

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

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

22 A. I just can't recall.

23 Q. If we move on then, the next line is:
24 "IV fluids at 20 ml an hour."
25 As an SHO, your role in that it would be write

1 a prescription for that; is that right?

2 A. It may be, yes. I don't think I would have written a
3 prescription on this occasion.

4 Q. You don't think you did?

5 A. I don't think so.

6 Q. Would you accept that for any intravenous fluids to be
7 administered to a child, there ought to be
8 a prescription?

9 A. Yes.

10 Q. Regardless of who was to write it?

11 A. Yes.

12 Q. But it would be the nurse who would normally erect the
13 intravenous fluids; is that right?

14 A. I can't recall, really, what happened at that time.

15 Q. As a matter of practice at that time in November 1995,
16 do you accept that nurses would normally have been the
17 people to erect intravenous fluids rather than doctors?

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

19 MR FORTUNE: Sir, forgive me. I'm concerned about this line
20 of questioning.

21 Here was, with due respect to Dr O'Neill, a very
22 junior doctor and into Musgrave Ward came Adam, who was
23 clearly very sick, who in terms of needing a possible
24 renal transplant -- and I put it in that way -- because
25 at the time with which we are concerned -- and

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

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

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

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

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

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

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

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

12 Q. Okay, thank you.

13 The oral evidence has been that when Adam was
14 admitted to Musgrave Ward, at that point cross-matching
15 tests had to be carried out and the results wouldn't
16 have been available until the early hours of the morning
17 of 27 November. And in terms of the plan for starting
18 surgery time, there may have been, provisionally, an
19 idea that surgery could have started soon after receipt
20 of those results. But eventually, a note was made that
21 surgery would start at 6 am and then it was changed to
22 7 am.

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

25 A. I have no recall, sorry.

1 Q. If we could then go to your note in relation to the
2 blood results. It's 058-035-144. On the lower half of
3 the page there's a note on 26 November at 11 pm; is that
4 your signature, Dr O'Neill?

5 A. It is.

6 Q. And are these the results then that you noted down in
7 Adam's medical notes?

8 A. Yes.

9 Q. Did you record that note at 11 o'clock?

10 A. Yes.

11 Q. How did you learn of those results?

12 A. I have no recall, sorry.

13 Q. Dr Cartmill has stated in her witness statements that
14 she took a blood sample about 9.30 that evening.

15 A. Okay.

16 Q. So if a sample had been taken at 9.30, how would results
17 normally have been conveyed to the ward at that time?

18 A. I can't remember, sorry.

19 Q. If they were telephoned through to the ward, which may
20 have happened, is that a call that the SHO would have
21 taken or the nursing staff?

22 A. Again, I have no recall, sorry.

23 Q. And would you accept that there would normally be
24 a printed laboratory report of those results in time?

25 A. Yes.

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

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

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

11 So it appears that a second sample was sent to the
12 laboratory on 26 November and the laboratory report then
13 was received on the 27th. Do you have any recollection
14 of taking a blood sample from Adam on the evening of the
15 26th?

16 A. No, sorry.

17 Q. Is it possible that you may have?

18 A. I have no recall, sorry.

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

22 A. No.

23 Q. Do you recognise whose it was?

24 A. Sorry, no.

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

1 A. What does initialling a report mean?

2 Q. Yes, what is the significance of someone initialling
3 a laboratory report like that?

4 A. I guess ...

5 MR FORTUNE: Sir, we're getting into very dangerous
6 territory here with "I guess".

7 THE CHAIRMAN: No, let me ask it this way. Does that
8 indicate to you that that signature confirms that the
9 result has been received back on the ward? Or is it the
10 signature of somebody who's sending it up, or what?

11 A. I think I ... I can't really, you know, comment on
12 a signature that's not my own.

13 THE CHAIRMAN: Okay.

14 A. Sorry.

15 MS COMERTON: Perhaps we could go to 057-010-013. This is
16 the fluid balance IV prescription sheet for Adam on
17 26 November 1995. Dr O'Neill, if you take a look at it,
18 you'll see there are two columns that have been
19 completed and Nurse Murphy has accepted she was on duty
20 and she completed these. If you deal with the left-hand
21 column, you'll see it's under the "intravenous" heading
22 and that, at 11 o'clock, there's an entry for "fifth
23 normal at 20 ml an hour". Her evidence was that the IV
24 fluids would have started at about 11, as recorded on
25 that sheet.

1 You made a note in Adam's medical notes at about
2 11 o'clock, so you were on the ward at that time, isn't
3 that right?

4 A. Mm-hm.

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

8 A. Yes.

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

11 A. I have no recall, sorry.

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

14 A. It might have been me.

15 Q. Right.

16 MR FORTUNE: Sir, my learned friend effectively led the
17 evidence that a cannula would have been sited. If you
18 go back to the note made by Dr Cartmill that we will
19 obviously see again, it precedes Dr O'Neill's note at
20 11 o'clock with the blood results. Would the taking of
21 blood for the full blood picture have involved placing
22 a cannula, as far as Dr O'Neill is concerned, or would
23 it just have been a needle straight into the elbow?

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

1 MR FORTUNE: You need the microphone.

2 A. You could take a blood test on its own with a needle,
3 but if you were putting in a cannula, you could extract
4 blood at that point before the IV fluids begin.

5 THE CHAIRMAN: That's if you can actually insert a cannula?

6 A. If you can insert a cannula.

7 THE CHAIRMAN: And if you can't insert the cannula --

8 A. No blood.

9 THE CHAIRMAN: -- then you won't get the blood?

10 A. No.

11 MS COMERTON: If it's of assistance, could we refer to
12 witness statement 003/3, page 4. It's question 6(a).
13 This is Dr Cartmill's statement where she says:
14 "I took blood from Adam at 9.30 for potential renal
15 transplant."
16 So she doesn't say she inserted a cannula:
17 "I finished my shift at 10 pm. It appears the
18 decision to proceed with surgery was made after I had
19 finished work. The IV fluids would only have been
20 required once the final decision to proceed with Adam's
21 surgery had been made."
22 So we can perhaps address that with Dr Cartmill
23 later in the week.
24 Dr O'Neill, I had referred you to the printed
25 laboratory report of electrolyte results for Adam,

1 arising from a blood sample that was taken on
2 26 November, and then the printed report came through on
3 the 27th. Is it correct that those electrolyte results
4 would normally be recorded in the patient's notes in the
5 way that the first set of electrolyte results had been
6 recorded?

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

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

9 A. Not really, no, sorry.

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

15 A. Yes.

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

18 A. Sorry, I can't explain that.

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

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

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

25 MR FORTUNE: And the third to coagulation?

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

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

9 "It was planned to correlate with Adam's overnight
10 intake volume of fluid to most of that which he would
11 normally have received, ie 1.5 litres. This was the
12 basis for the calculation of the intravenous fluids at
13 75 ml per hour after the tube feeds were discontinued.
14 Calculating retrospectively as follows, clear fluids by
15 gastrostomy feed for approximately 6 hours at 180 ml
16 would give 1080 ml. Intravenous fluids at 25 ml per
17 hour for 6 hours would give 150 ml. When the tube feeds
18 were finished, two hours of intravenous fluids at 75 ml
19 per hour would give another 150 ml. Thus, over a 6-hour
20 period, Adam would have received 1380 ml total fluid."

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

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

1 Q. You have no recall in relation to the events on 26 and
2 27 November?

3 A. Yes.

4 Q. Well, as a matter of usual practice, as an SHO, do you
5 recall what the usual practise was?

6 MR FORTUNE: Sir, I rise again because this is a potential
7 paediatric renal transplant. It is not a usual
8 occurrence, certainly so far as a junior doctor is
9 concerned, and what might have been the normal practice
10 in other circumstances should not be translated or
11 translated easily --

12 THE CHAIRMAN: No, but that means there's three lines to it:
13 one, does he remember doing it; secondly, would it be
14 the normal practice that he might do it; and, thirdly,
15 would that normal practice vary in the event of such
16 a significant operation, particularly if
17 Professor Savage is around? So I think we're at stage 2
18 of three stages.

19 MS COMERTON: Yes.

20 THE CHAIRMAN: So if we go back to the question you were
21 asked: would it have been the normal practice for you to
22 write prescriptions as the SHO?

23 A. You would write prescriptions under instruction, yes.

24 THE CHAIRMAN: Right. So in a normal scenario, it may be
25 you, but not necessarily you; is that right?

1 A. Yes.

2 THE CHAIRMAN: In the event of a major operation,
3 a potential major operation such as renal transplant,
4 would you expect it to be you rather than
5 Professor Savage or might that be something he leaves
6 for you? Can you help us at all?

7 A. You'd be doing it under instruction. You wouldn't be
8 making decisions like that on your own.

9 THE CHAIRMAN: If the instruction was given -- just help me
10 with this -- would you expect Professor Savage to get
11 you to write the prescription or might he himself write
12 it, or a registrar, or are all those options open?

13 A. I would say all those options are open.

14 THE CHAIRMAN: Okay.

15 MS COMERTON: Are you saying that you wouldn't have written
16 a prescription for intravenous fluids that evening
17 unless you were specifically told to do so?

18 A. Yes.

19 Q. Right. Do you accept that when you would have written
20 a prescription for intravenous fluids, that would
21 normally include a start and finish time?

22 A. Under instruction. You'd be writing a prescription
23 under instruction and there would be an instruction as
24 to how much fluid per hour, for instance.

25 Q. If you could just allow me a moment, I want to refer you

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

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

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

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

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

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

23 MR FORTUNE: Yes, of course.

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

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

3 A. I haven't had to write a prescription chart for over
4 12 years like this so it's very hard for me to recall.

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

8 A. That is a good point.

9 THE CHAIRMAN: Thank you, that's all.

10 MS COMERTON: I wonder if we could go to the nursing note
11 again briefly, at 057-014-019. I would like to draw
12 your attention, Dr O'Neill, to the entry at 1.30 am.
13 This is the nursing note for Adam, where it says:
14 "IV cannula tissued. Dr O'Neill informed.
15 Gastrostomy fluid increased to 200 ml an hour.
16 Reinsertion of cannula at 5 am."
17 And if we go to the fluid balance chart at
18 057-010-013, please. You will see on the left-hand
19 side, dealing with the intravenous fluids, that there's
20 an entry at 1.30 of "tissued". Do you have any
21 recollection of the cannula tissing in the early hours
22 of the morning on the 27th?

23 A. No, sorry.

24 Q. Or your attempting to gain intravenous access?

25 A. Sorry, I have no recall of that.

1 Q. Is that something that you would normally have recorded
2 in the medical notes, Dr O'Neill?

3 MR FORTUNE: Recorded what?

4 MS COMERTON: That a cannula tissued and you re-attended.

5 A. I can't recall, really, what I would have ... Whether
6 I would always have made that comment, made that note.

7 Q. Did you have any involvement, Dr O'Neill, in organising
8 or following instructions to have Adam's vital signs
9 recorded or his urine measured on the evening of
10 26 November or the morning of 27 November?

11 THE CHAIRMAN: I think the problem, Ms Comerton, is that --

12 MS COMERTON: I realise that.

13 THE CHAIRMAN: The doctor just doesn't remember Adam at all,
14 I'm afraid. So asking whether he had any involvement
15 really is unlikely to help us.

16 MS COMERTON: If we could go to the drug prescription form
17 at 057-021-033. It's the lower half of the page
18 Dr O'Neill. The first two lines of that prescription
19 form, there's a signature on the right-hand side;
20 is that your signature?

21 A. It is.

22 Q. And is this the prescription that you wrote for
23 vancomycin and gentamicin on 26 November for Adam?

24 A. Yes.

25 Q. And you'll see under "time of administration" and

1 "method of administration", the entry looks like:
2 "Maintenance via PD cannula."
3 A. Yes.
4 Q. Who would have administered that medication via the
5 cannula? Was that a nursing task or a clinician's task?
6 A. I have no recall, really.
7 Q. Do you accept that whoever administered it, ought to
8 have filled in the last box given by initials on that
9 form?
10 A. That's ...
11 THE CHAIRMAN: That's what it's there for, isn't it?
12 A. Yes, that's what it's there for.
13 MS COMERTON: If we could then go to 057-019-028 and 029.
14 Dr O'Neill, is that your writing on the left-hand side
15 page at reference 057on 019-028?
16 A. It looks like it, but I'd be happier if it had my
17 signature -- oh yes, I can see it now.
18 Q. The copy isn't terribly good. Was this a request for
19 a preoperative chest X-ray --
20 A. Yes.
21 Q. -- for Adam?
22 A. Mm-hm.
23 Q. Do you recall whether a chest X-ray was carried out?
24 A. I have no recall, sorry.
25 Q. Or whether you would have had any role in that X-ray

1 being organised or performed?

2 A. Sorry.

3 Q. No? If the chest X-ray had been carried out, would

4 you have expected anyone to fill out the next, the

5 adjacent page, where it's additional notes,

6 "radiographer's remarks and signature"?

7 A. I mean ... That would have been the radiographer would

8 have --

9 Q. Yes, but if an X-ray had been performed, would you

10 expect that part of the form to be completed?

11 A. I'm not sure.

12 MR FORTUNE: Sir, is my learned friend asking whether

13 Dr O'Neill performed the chest X-ray?

14 MS COMERTON: I'm not.

15 THE CHAIRMAN: No, she's not. She's certainly not asking

16 that. She's asking, if the X-ray was done, would

17 Dr O'Neill expect the second page, the right-hand page,

18 page 29, to be completed by the radiographer, which,

19 because it has boxes for number, date, remarks and

20 signature. That's what she was asking.

21 MR FORTUNE: And the short answer would, no doubt, be "yes",

22 but that's really a criticism of the radiographer.

23 THE CHAIRMAN: No, I'm sorry. There's nothing wrong with

24 asking this question. We all know what this query is

25 about, about what happened to the chest X-ray or was

1 there, in fact, an X-ray at all. Ms Comerton's question
2 was: if an X-ray was done, would you expect the page on
3 the right to be completed? You have just given the
4 witness the answer, "Undoubtedly, yes", which isn't
5 quite the answer he gave a few moments before, but --
6 MR FORTUNE: But if a chest X-ray had been performed, that
7 form should have been completed.
8 THE CHAIRMAN: It should have been.
9 MR FORTUNE: We don't know, as far as the evidence is
10 concerned, whether there was a chest X-ray taken.
11 THE CHAIRMAN: That's right, but Ms Comerton was asking: if
12 a chest X-ray was done, would you expect the page on the
13 right to be completed? I think the answer has to be
14 yes, so do we infer from this that somehow this request
15 got lost in transit or, somehow, that the X-ray was
16 completed and that the form wasn't filled in in quite
17 the way that this should have been, which wouldn't be
18 unheard of and which is not necessarily a matter of
19 significant criticism. It depends.
20 MS COMERTON: Thank you, Mr Chairman.
21 Dr O'Neill, if I could ask you this: do you recall
22 having any communication at all with Adam's mother on 26
23 or 27 November?
24 A. No.
25 Q. And after the events of 26 and 27 November -- I know

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

3 A. No. I have no recall, sorry.

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

6 A. Absolutely.

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

10 A. That's right.

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

14 A. Sorry?

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

18 A. Okay.

19 Q. You accept that?

20 A. Yes.

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

23 A. Absolutely.

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

1 clearer or more fixed in your mind?

2 A. Well, I think you've asked me: do I specifically
3 remember when I heard the news? And the answer is no,
4 sorry, I don't have a recall of when I actually heard
5 that he died. I'm sorry.

6 Q. Were you on duties on the days following 27 November?

7 A. I can't recall.

8 Q. Do you recall any discussion about Adam or what happened
9 to him in the hospital?

10 A. I have no recall, sorry.

11 THE CHAIRMAN: I think your best guess earlier was that you
12 would most likely have heard about it over the next few
13 days when you were back at work --

14 A. Yes.

15 THE CHAIRMAN: -- but you don't actually remember it.

16 A. Yes.

17 MS COMERTON: Thank you, Dr O'Neill.

18 THE CHAIRMAN: Are there any questions from anyone? No?

19 Doctor, thank you very much for coming. I know you
20 want to take your paediatric prescriber with you. Would
21 you allow us a few minutes to photocopy some pages from
22 it?

23 MR McALINDEN: Mr Chairman, a letter was sent to the inquiry
24 on 15 February, enclosing the entire booklet, which was
25 copied. The letter is being faxed through and the

1 copies have been sent through, but because there's over
2 200 pages, it'll take some time. But you will have
3 copies.

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

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

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

23 A. It's already been copied.

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

1 and take the evidence of Dr Hill after the break.

2 Thank you.

3 (11.28 am)

4 (A short break)

5 (11.52 am)

6 DR DAVID HILL (called)

7 Questions from MS COMERTON

8 MS COMERTON: Good morning, Dr Hill.

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

13 A. That's correct.

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

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

17 Q. You'll see it on the screen.

18 A. Yes, that's the statement.

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

22 A. That's correct.

23 Q. Are you based at the Ulster Hospital?

24 A. I'm based at the Ulster.

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

1 panels and committees which you sit on.

2 A. Yes.

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

6 A. No. That's the full list.

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

10 A. That's correct.

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

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

16 A. That's correct.

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

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

22 Q. Yes.

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

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

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

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

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

11 A. Yes.

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

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

18 Q. Thank you. If we could then go to events on
19 27 November 1995, Dr Hill. You have had a chance to
20 look at the theatre log for the theatre list that
21 morning --

22 A. Yes, I have.

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

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

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

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

6 Q. A normal Monday?

7 A. Mm-hm.

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

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

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

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

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

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

1 Q. When you were coming on duty on 27 November, can you say
2 whether you would have known what you were doing that
3 morning or did you just turn up and then work was
4 assigned?

5 A. Well, I've read Dr Montague's transcript and I note that
6 he described that you were just allocated -- you chose
7 what you did. I can't recall the exact system, but
8 I would say that it's not likely that that is exactly
9 how it would be.

10 Q. It's not likely?

11 A. No, it's more likely that you were allocated.

12 Q. Yes. Why is that?

13 A. Because you wouldn't have had the opportunity to do the
14 pre-op visits if you didn't know which list you were on.
15 And the other thing is -- my major interest was
16 obstetric anaesthesia, so I used to do work in the Royal
17 maternity on my own when consultants were on leave, so
18 I needed to know what I was doing.

19 Q. To organise your commitments?

20 A. Mm-hm.

21 Q. Thank you. In any event, you've said at 4(b) that you
22 recollect assisting a consultant anaesthetist doing
23 the theatre list on the day in question.

24 A. That's correct.

25 Q. And the theatre log, which we will come to, shows that

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

3 A. I don't recollect.

4 Q. Do you recollect who the anaesthetist was?

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

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

9 A. Yes.

10 Q. So is that the reason why?

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

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

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

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

1 300-005-005. This is a plan of the Royal, the
2 Children's Hospital, in 1995. We understood that, and
3 had been informed, that the theatre in which Adam's
4 surgery occurred was the one which is coloured pink with
5 an X through the middle of it and that the theatre in
6 which the other surgery list was taking place was the
7 green theatre and that was the theatre that you were in,
8 Dr Hill.

9 A. Yes.

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

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

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

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

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

21 A. No.

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

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

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

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

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

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

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

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

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

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

21 A. That's correct.

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

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

1 weeks, as I started in November.

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

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

11 Q. And why do you say that?

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

14 Q. A consultant anaesthetist in intensive care?

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

19 Q. Do you know who the consultant in intensive care was on
20 27 November?

21 A. No, I don't recall.

22 THE CHAIRMAN: This is paediatric intensive care?

23 A. Yes. There was always a consultant there.

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

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

4 A. Yes, that's correct.

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

8 A. Yes.

9 Q. Were you present for all five of those?

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

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

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

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

21 A. Yes.

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

25 A. Yes.

1 Q. So you'll see Dr Campbell is down for the first two
2 surgeries.

3 A. Yes, I have read in some of the statements that
4 Dr McBrien states that he was there in the afternoon.
5 So I think it's likely I was somewhere else, probably
6 Royal Maternity.

7 Q. What I want to draw to your attention is Dr McKaigue is
8 the anaesthetist who's dealing or is at least recorded
9 as being the anaesthetist between 2.15 and 5.10. So
10 typically, if another anaesthetist came in to do an
11 afternoon list, would that same anaesthetist normally be
12 the person who was in intensive care in the morning? Is
13 it hard to say?

14 A. I don't know. Not necessarily.

15 Q. Okay. Other than Dr Campbell --

16 A. In fact, it probably wasn't because that anaesthetist --
17 I think the intensive care anaesthetist is there all
18 day.

19 Q. Would the intensive care anaesthetist change during the
20 course of a weekday, from 1995?

21 A. Because I didn't work there, I don't know.

22 Q. You're not sure, thank you. In any event, you've
23 indicated -- if we could pursue that point -- that
24 Dr Campbell may have been in and out, seeing the
25 patients that were yet to come into theatre, and when

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

4 A. Not usually, no.

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

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

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

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

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

19 A. Yes.

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

22 A. I think someone came in.

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

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

1 almost quoted exactly what my recollection was.

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

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

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

11 A. I don't recollect those words.

12 THE CHAIRMAN: Okay.

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

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

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

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

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

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

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

1 possible it was another consultant anaesthetist.

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

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

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

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

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

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

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

20 THE CHAIRMAN: Okay.

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

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

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

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

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

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

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

11 Q. Or even the stage --

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

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

17 A. No.

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

19 A. No, sorry.

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

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

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

25 A. No, I can't.

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

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

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

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

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

15 A. Yes.

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

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

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

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

1 Q. Do you recall any other conversation with anyone else in
2 theatre after the consultant anaesthetist left?

3 A. No, the only other recollection I have is a few days
4 later with other trainee anaesthetists.

5 Q. Yes. And what do you recall about that?

6 A. I recall that we had heard that a child had died in
7 intensive care that had been in theatre and we just
8 wanted to know had any of us been there to know what had
9 happened.

10 Q. Do you recall which trainee anaesthetists you discussed
11 this with?

12 A. No, unfortunately not, but it wouldn't have been all of
13 us because the one from the night before would have been
14 off and the one coming on to do it that night wouldn't
15 have been there. But whoever was there said everyone's
16 consensus was that there hadn't been anyone.

17 Q. There hadn't been anyone where?

18 A. With Dr Taylor.

19 Q. In other words, he didn't have a trainee anaesthetist?

20 A. Yes. But I can see that that's not totally factually
21 correct because Dr Montague patently was there, but in
22 this conversation everyone concluded that there was
23 no one.

24 THE CHAIRMAN: When did you remember that?

25 A. I've always remembered that. I'm quite clear that that

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

3 MS COMERTON: Only ever two trainee anaesthetists?

4 A. Yes.

5 Q. In the Children's Hospital?

6 A. In the theatres.

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

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

12 Q. The forthcoming night?

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

15 Q. Maybe I could refer you to a letter, please, reference
16 301-124-684. This is a letter from the Directorate of
17 Legal Services, Dr Hill, and it's about the operating
18 list on the morning of the 27th November 1995.

19 A. Mm-hm.

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

25 A. Okay.

1 Q. This is the first paragraph:

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

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

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

14 Do you accept that?

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

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

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

23 Q. Yes. If we go on then:

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

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

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

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

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

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

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

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

21 Q. Thank you. The letter goes on:

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

25 And that would have been your list, Dr Hill?

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

4 Q. "If a second trainee anaesthetist had attended theatre
5 at 9 am on Monday morning, 27 November 1995, to assist
6 Dr Taylor, it would most likely have been by way of
7 a special arrangement as he/she would otherwise have had
8 no duties to perform there on a normal Monday morning."
9 Do you agree or disagree with that?

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

12 Q. The evidence has been that Dr Montague's evidence was
13 that he been on call overnight on the night of the 26th
14 and that he had gone in and assisted in the initial
15 stages of the surgery, but his recollection was that he
16 left at some point. He's not clear whether it was half
17 8, 9 o'clock or shortly thereafter. Do you recall
18 seeing Dr Montague that morning at all?

19 A. I don't recall seeing him.

20 Q. Either before or after your list?

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

1 so --

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

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

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

6 A. Well, obviously not until it finishes.

7 Q. Yes.

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

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

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

21 Then he goes on:

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

1 1300 hours. This would indicate that I was not in the
2 hospital that morning."

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

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

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

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

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

15 A. Yes.

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

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

21 Q. Yes.

22 A. It depends on the consultant.

23 Q. Yes.

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

1 in everything --

2 Q. Yes.

3 A. -- and, as a trainee, you don't fill in anything. Some

4 consultants expect the trainee to do it in a subservient

5 role and fill in everything and they don't do any of it.

6 Then you get a mixture in between. It's better if the

7 role is not shared because then things can be omitted.

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

9 time?

10 A. No, I don't.

11 Q. Could I refer you to a document at 301-133-002? This is

12 a document that's been prepared by Dr Campbell and it's

13 in relation to the theatre list that morning. You'll

14 see she has the time on the left-hand side, the case

15 number, which accords with the theatre list that

16 morning, and then two columns, one "In theatre adjacent

17 to AS" -- which must be Adam Strain -- and then "In

18 recovery ward". You'll see that between 10.15 and

19 10.45, she says there were no handwritten notes of hers

20 on the anaesthetic record and similarly, between 12.00

21 and 12.15, there are again no handwritten notes.

22 A. Yes. It's likely that I started doing the record, so

23 then I completed it. Because, as I said, it normally is

24 better not to share the role. So she did some, I did

25 some.

1 Q. But do you recall in relation to that morning whether
2 you also shared completion of the records?

3 A. Well, we could have because somebody had to sign the
4 patient out of recovery and that may not have been the
5 same person who did the anaesthetic record.

6 Q. Yes. Okay.

7 A. You can't connect then the presence of the person with
8 who filled in the record.

9 Q. Why is that?

10 A. Because we could have both been there for all of them --

11 Q. Yes.

12 A. -- and yet only one of us completed the record or --

13 Q. Yes, but can you say if someone completed the record
14 whether they definitely were in theatre at that time?

15 A. Yes.

16 Q. You can? Could we perhaps go to one of the anaesthetic
17 records, maybe, to see if you could explain this to us?
18 It'll be in a number of documents that I'll run through.
19 If we got to 301-134-014. If you could perhaps assist
20 us, Dr Hill, this is the first page of the anaesthetic
21 record and includes the preoperative assessment.

22 A. Yes. That's the preoperative visit and it looks like
23 Dr Campbell's signature.

24 Q. Yes. Is that usually carried out on the ward?

25 A. I think they have a day --

1 Q. The day unit. Yes. So that's before you get to
2 theatre, obviously.

3 A. That's set at 8.30, so --

4 Q. Yes. If you then --

5 A. It says "8.30 pm", but that's obviously an error.

6 Q. If you go to the next page 015 --

7 A. Unless the patient wasn't a day case and had come in the
8 night before. Yes, that's Dr Campbell's signature and
9 also the post-operative instructions for the nurses.

10 Q. When is that normally filled in?

11 A. It is filled in on two occasions. It could be done
12 at the time in theatre or sometimes you wait and do it
13 in recovery when you see what the patient's requirements
14 for pain relief are.

15 Q. Yes. If we then turn over to 016 --

16 A. That's Dr Campbell's signature at the bottom.

17 Q. And when is this part of the document filled in?

18 A. That looks like the discharge from recovery.

19 Q. There's no discharge time recorded. Would that normally
20 be put into the record?

21 A. Nowadays it would, but I can see that -- oh, there is
22 a discharge time box, but it's not filled in.

23 Q. Yes. And if we go to the next page, 017. This is
24 recovery ward. So that's after leaving theatre; is that
25 right?

1 A. Yes, that's the nurses who are filling that in.

2 Q. The nurse would complete this?

3 A. In most recovery units, the nurses do the discharge as
4 well.

5 Q. Sorry, so the previous page, 016, you said was the
6 discharge page; does the nurse fill that in?

7 A. Normally, in our hospital anyway, the nurse would
8 complete that and discharge the -- that's delegated to
9 recovery nurses.

10 Q. Is that the practice now or was it in 1995?

11 A. In our hospital it was probably the same in 1995.

12 Q. Do you recall what the practice was in the Children's
13 Hospital?

14 A. I don't, but it's a -- patently, the anaesthetist had to
15 discharge them, which is the safer option.

16 THE CHAIRMAN: There's both, there's the nurse and the
17 anaesthetist?

18 A. Yes, the nurse is doing the observations in recovery and
19 then when the nurse thinks that the patient's fit for
20 discharge, they usually would get the anaesthetist to
21 come and verify that they're happy. And then that's the
22 signature at the bottom.

23 MS COMERTON: I appreciate that the anaesthetist has
24 a signature at the bottom, but in terms of who ticks the
25 boxes --

1 A. Yes.

2 Q. -- who does that?

3 A. I would say it's probably the nurses.

4 Q. Okay. Thank you. If we go back to 017, just briefly,
5 you said the nurses complete this?

6 A. Yes, the nurses would have filled that in.

7 Q. So the entry on that record is from 11.40 to 11.55?

8 A. Yes, that would have been by nursing staff.

9 Q. Does that mean the patient must have left the recovery
10 ward at some point after 11.55 --

11 A. Yes.

12 Q. -- based on that record?

13 A. Yes, based on that record.

14 Q. Thank you. Then the final page is 018. This was the
15 anaesthetic record then relating to the procedure.

16 A. Yes.

17 Q. Can you say whether you completed any of those entries,
18 Dr Hill?

19 A. Yes. All of it is me except for one line, which is
20 someone else, and that's neostigmine glycopyrrolate.

21 Q. Sorry, where is that?

22 A. There. Neostigmine glycopyrrolate. That is written in
23 by someone else, but the rest of it's my writing. I'm
24 not sure if it's her writing because I don't recognise
25 it necessarily, but if she had given that drug, she may

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

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

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

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

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

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

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

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

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

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

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

25 Q. Yes.

1 A. But not then.

2 Q. Thank you. Then the final page is 019. This is the
3 intraoperative record, Dr Hill. Is any of that
4 handwriting yours?

5 A. Yes, I think all of it's mine.

6 Q. Thank you. One minor issue that I wanted to ask you
7 about was, in 1995 do you recall being given any
8 information about the accuracy or inaccuracy of blood
9 gas analysers in theatre or in ICU?

10 A. No. I wouldn't be involved in ones in intensive care in
11 any case because I didn't work there, but I wasn't given
12 any information about the accuracy in theatres.

13 Q. Thank you.

14 A. I would have trusted that it was accurate.

15 Q. Now, finally I would like to ask you to comment on some
16 of Dr Montague's statements in terms of the organisation
17 of trainee anaesthetists in November 1995 in the
18 Children's Hospital.

19 A. Okay.

20 Q. You have read his transcript?

21 A. Only some of it because it was only up this morning and
22 I was reading it at the back.

23 Q. Thank you. If we go to the transcript of 11 May,
24 please, it's page 143. This was about the issue -- the
25 issue really is whether Dr Montague was replaced by

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

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

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

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

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

15 A. Yes.

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

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

19 Q. Yes.

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

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

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

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

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

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

13 And line 6:

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

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

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

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

23 Q. Yes.

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

1 not and to make that request --

2 Q. Yes.

3 A. -- knowing that they would be taking the trainee from
4 one of their colleagues.

5 Q. Yes.

6 A. It would be inappropriate for a trainee to ask -- to
7 take a trainee from another consultant.

8 Q. Yes. Did you work with Dr Taylor whilst in the
9 Children's Hospital as a trainee anaesthetist?

10 A. I think I only worked with him once.

11 Q. Do you recall what his practice was about releasing
12 assistant trainees?

13 A. No, because it was a list during the day and that issue
14 never arose. In my whole time there, there was never an
15 occasion when I was doing an out of hours case in the
16 morning. The busier component was Royal Maternity and
17 it was common you would be there doing Caesarean
18 sections right to the morning.

19 MS COMERTON: Thank you, Dr Hill.

20 THE CHAIRMAN: Doctor, when Ms Comerton was asking you
21 questions at the start and she was asking you which
22 theatre you remembered being in and which theatre Adam
23 was in, you seemed to indicate that you were looking in
24 a particular direction.

25 A. Because I remember when the person with me left, I was

1 sitting here and they were standing there (indicating)

2 and they walked over in that direction (indicating).

3 THE CHAIRMAN: Right. So you remember the person standing

4 beside you, you remember what direction that person

5 walked in, but you don't remember who the person was?

6 A. No.

7 THE CHAIRMAN: Any questions? No?

8 Doctor, thank you very much for your assistance.

9 You are free to leave.

10 Ladies and gentlemen, that brings us to an end for

11 today. Tomorrow will be, I'm sure, a longer day with

12 Mr Koffman. Thursday and Friday, we're not entirely

13 clear how long they will be, but is there anything to

14 raise today before we finish? Okay, then we'll resume

15 tomorrow morning with Mr Koffman at 10 o'clock.

16 Thank you very much.

17 (12.40 pm)

18 (The hearing adjourned until 10.00 am the following day)

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I N D E X

Housekeeping1
DR DONAGH O'NEILL (called)2
 Questions from MS COMERTON2
DR DAVID HILL (called)59
 Questions from MS COMERTON59

