

NAME OF CHILD: RAYCHEL FERGUSON

Name: M.H. Zafar

Title: Mr.

Present position and institution:

Clinical Research Physician.
Faculty of Health and Medical sciences.
Surrey Clinical Research Centre.
University of Surrey.

Previous position and institution:

Summary of Clinical Posts

- 04/02/01 – 30/07/01 **Senior House Officer – General Surgery**
Altnagelvin Hospital, Londonderry, UK
- 08/07/98 – 30/01/01 **Hon Senior House Officer – General Surgery**
Wythenshawe Hospital, Manchester, UK
- 04/01/97 – 30/05/98 **Registrar – Cardiac surgery**
Nawaz Sharif Social Security Hospital Lahore Pakistan
- 05/08/95 – 30/09/96 **Registrar – Cardiothoracic Surgery**
Wythenshawe Hospital, Manchester, UK
- 03/08/94 – 30/07/95 **Registrar Level – Cardiothoracic Surgery**
Victoria Hospital, Blackpool, UK
- 03/12/93 – 30/07/94 **Registrar – Cardiothoracic Surgery**
Harefield Hospital, London, UK
- 02/08/92 – 30/11/93 **Registrar – Cardiac Surgery**
Punjab Institute of Cardiology, Lahore, Pakistan
- 05/11/90 – 30/06/92 **Registrar – Cardiac Surgery**
Centre of Surgery, Moscow, Russia
- 01/11/87 – 01/11/90 **Registrar – Cardiovascular Surgery**
Vishnevsky Institute of Surgery, Moscow
- 01/10/85 – 01/10/87 **Registrar (18 mths) + SHO (6 mths Emergency Medicine) – General**

Surgery
Vishnevsky Institute of Surgery, Moscow

08/05/84 – 20/06/85 **House Surgeon – General Surgery**
Emergency Hospital, Krasnodar, Russia

Membership of Advisory Panels and Committees:

[Identify by date and title all of those since your Witness Statement dated 20th January 2012]

Previous Statements, Depositions and Reports:

[Identify by date and title all those made in relation to the child's death since your Witness Statement dated 20th January 2012]

OFFICIAL USE:

List of previous statements, depositions and reports attached:

Ref:	Date:	
025/1	20.01.2012	Inquiry Witness Statement

IMPORTANT INSTRUCTIONS FOR ANSWERING:

Please attach additional sheets if more space is required. Please identify clearly any document to which you refer or rely upon for your answer. If the document has an Inquiry reference number, e.g. Ref: 049-001-001 which is 'Chart No.1 Old Notes', then please provide that number.

If the document does not have an Inquiry reference number, then please provide a copy of the document attached

I. QUERIES IN RELATION TO YOUR MEDICAL QUALIFICATIONS, EXPERIENCE, TRAINING AND RESPONSIBILITIES

(1) Please provide the following information:

(a) State your medical qualifications as of the 8th June 2001.

MD

(b) State the date you qualified as a medical doctor.

1985

Describe your career history before you were appointed to Altnagelvin Hospital.

Summary of Clinical Posts

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04/01/97 – 30/05/98	Registrar – Cardiac surgery Nawaz Sharif Social Security Hospital Lahore Pakistan
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03/08/94 – 30/07/95	Registrar Level – Cardiothoracic Surgery Victoria Hospital, Blackpool, UK
03/12/93 – 30/07/94	Registrar – Cardiothoracic Surgery Harefield Hospital, London, UK
02/08/92 – 30/11/93	Registrar – Cardiac Surgery Punjab Institute of Cardiology, Lahore, Pakistan
05/11/90 – 30/06/92	Registrar – Cardiac Surgery Centre of Surgery, Moscow, Russia
01/11/87 – 01/11/90	Registrar – Cardiovascular Surgery Vishnevsky Institute of Surgery, Moscow
01/10/85 – 01/10/87	Registrar (18 mths) + SHO (6 mths Emergency Medicine) – General Surgery Vishnevsky Institute of Surgery, Moscow
08/05/84 – 20/06/85	House Surgeon – General Surgery Emergency Hospital, Krasnodar, Russia

- (c) Describe your work commitments to the Altnagelvin Hospital from the date of your appointment to the 8th June 2001, stating the locations in which you worked and the periods of time in each department/location.

General Surgery Department.

- (d) Describe your duties as Senior House Officer at Altnagelvin Hospital on the 8th June 2001.

- Responsible for day to day care of inpatients.
- Assisted in major surgical procedures and under supervision performed minor surgical procedures, Assisted Lap-coly, Hernia operations, Operations on a pancreas, Hemicolectomy, Appendectomy, Haemorrhoidectomies, Mastectomy, lumpectomy, Vasectomy, Abdominal aortic aneurysm repair, Aorto-femoral bypass shunt and Varicose vein surgery.
- Endoscopic diagnostic procedures such as gastroscopy, colonoscopy and sigmoidoscopy
- Ran weekly follow-up outpatient clinics with consultant.
- Actively involved at A/E with trauma and acute surgical patients.
- Attended regularly weekly educational meetings.
- Take part 1 in 4 on call rota.

- (e) Quantify your experience of working with patients on a paediatric ward by the 8th June 2001?

This was my first job looking after children.

- (2) At the time of your appointment to Altnagelvin Hospital were you provided with training or induction and if so,

- (a) Describe the training or induction which you received.

I do not recall any special training or induction.

- (b) State the date or the approximate date when you received any training or induction.

Do not recall.

(c) Identify the person(s) who delivered this training or induction.

Do not recall.

(d) Indicate if you received any documentation at this training or induction.

Do not recall any documents or training.

(3) Provide full details of any advice, training or instruction which was provided to you at Altnagelvin Hospital in order to inform you of the appropriate approach to any of the following matters:

- Hyponatraemia

No

- Post-Operative Fluid Management

During my medical school and post graduate courses but not specific training by the Trust

- Record keeping regarding fluid management.

Do not recall.

And address the following:

(a) Who provided this advice, training or instruction to you?

Not applicable.

(b) When was it provided?

Not applicable

(c) What form did it take?

Not applicable

(d) What information were you given?

Not applicable

(e) In particular what information were you given in relation to the allocation of responsibility for prescribing intravenous fluids for post-operative children?

In the Children's Ward the Paediatric Team generally prescribed the IV fluids.

II. QUERIES ARISING OUT OF YOUR INITIAL STATEMENT TO THE INQUIRY (WS-025/1)

(4) "On the 8th June 2001 I conducted a morning ward round in ward 6. I saw Raychel Ferguson. She did not complain about nausea or vomit and the ward staff did not mention any vomiting earlier that morning. I have no recollection or knowledge of any vomit at 8am." (WS-025/1 page 3)

(a) What were the arrangements for post-operative management of children at that time?

Junior surgical team (SHO, JHO and Staff Grade/SpR) was responsible for doing ward round for post-operative patients as well as providing further care.

(b) Was there a protocol, written or unwritten, or any other form of guidance in place in respect of post-operative management? If so, what did it say?

Not to my knowledge.

(c) In terms of each of the following matters please explain the arrangements which were in place for conducting a ward round in Altnagelvin in circumstances where the child had undergone an appendicectomy late on the previous night:-

(i) The identity of those who would conduct the ward round;

Surgical team on call.

(ii) The seniority of the clinicians who would attend;

JHO/SHO/SpR and sometimes the Consultant.

(iii) The information which would be made available to those attending the ward round;

Patients' observation charts and information from the ward nurse.

(iv) The sources of that information;

Patients' observation charts.

(v) The timing of the ward round in relation to the conclusion of the surgery;

Approximately 8.00 am.

(vi) Whether an examination would take place, and if so, the nature of that examination;

Examination would take place if the patient's condition required same.

(vii) The issues that would be considered during the ward round;

Whether the Patient was making recovery or whether there were any clinical problems.

(viii) The purpose of the ward round.

To make sure the patient was recovering well, their vital signs were ok and their wounds were fine.

(d) Did a 'hand-over' take place when you came on duty on the 8 June 2001?

Cannot recall about hand-over.

If so, please address the following matters:

- (i) Who participated in the 'hand-over'? n/a
 - (ii) Was Raychel's case discussed during the 'hand-over'? n/a
 - (iii) If so, what were you told about Raychel? N/a
- (e) Regardless of whether you participated in a 'hand-over,' did you discuss with Dr. Makar (Surgical SHO) the appendicectomy which Dr. Makar performed on Raychel, his findings and the outcome?

Dr Makar did not discuss the surgery with me personally, but I did read his handwritten operation notes.

(f) At what time did you attend with Raychel?

During the morning ward round at 8.00am

I do not remember time of ward round is recorded in notes

(g) What was the purpose of your attendance with Raychel?

To make sure that her post operative recovery was ok

(h) Why was it your responsibility to attend on Raychel during the ward round as opposed to the surgeon who carried out the appendicectomy?

As an on call surgical SHO. The practice at that time was for the on-call SHO to do a morning ward round. I think Dr Makar saw Raychel later that morning

(i) Were you accompanied by any nurse or medical/surgical colleague when you attended with her?

Morning ward round was always conducted by the SHO and JHO. I do not remember which JHO and nurse were present that day. I do not think the names are recorded in the notes

- (j) In what circumstances would a Consultant Surgeon or a Specialist Registrar have attended a patient as part of ward round?

Sometimes during the morning round, the consultant or SpR would have attended a patient with or without issues.

- (k) How long did you spend with Raychel?

Do not remember.

- (l) Were either of Raychel's parents present when you attended her? If so, did you have any communications with them?

Cannot remember.

- (m) Did you ask Raychel or her parents whether she had experienced nausea or vomit, and if so, what answer did you get?

I do not remember, at this far remove, whether I asked about nausea and vomiting, but I do remember that Raychel did not complain about this.

- (n) Did you ask the nursing staff whether Raychel had experienced nausea or vomit, and if so, what answer did you get?

Nurse did not mention to me.

- (o) If Raychel had vomited post operatively would you have expected nursing staff to have informed you?

Yes.

- (p) What steps, if any, would you have taken if you had known that Raychel had vomited post operatively?

Blood test (U/E)

- (5) "On my round it was recorded that she appeared to be making satisfactory progress following her operation. At that time she was nil by mouth.

"She was bright and alert. She did not complain of pain, nausea or vomiting. She was afebrile as confirmed by the observation chart. She was fairly stable (observations were within normal limits) and I advised to start sips of oral fluids and gradually reduce the IV fluids. The plan was to stop IV fluids as soon as she was tolerating the oral fluids. I think this would be a normal form of care following appendicectomy."
(WS-025/1 page 3)

- (a) At the time of the ward round had you been advised or were you aware of the presence of proteinuria identified in urine tests conducted pre-operatively: (Ref: 020-016-031) & (Ref: 020-015-030)?

No.

- (b) If so, did you take any steps in relation to those results?

N/a

- (c) When you attended with Raychel did you take any steps to check or review how her intravenous fluids were being managed having regard to the following matters:

- (i) The type of fluid for maintenance;

I did not take any steps to check the type of fluid , because I had advised that the rate of fluid should be reduced

- (ii) The rate of fluid (80 ml/hr);

I advised that the rate of fluid should be reduced. Verbal advice on the ward round would not always be recorded in the medical notes

- (iii) The volume of fluid;

I advised that IV fluids should be stopped when Raychel tolerated oral fluids. Verbal advice - not recorded

- (iv) The requirement, if any, for replacement fluids, and if so, whether this requirement was met.

Answer as in 5 c (iii) above. Not recorded

- (d) If you did check/ review how Raychel's fluids were being managed in respect of any of the above matters, what conclusions did you reach?

That Raychel could manage with less IV fluids. . Not recorded in the notes

- (e) Did you identify any concerns with the management of Raychel's fluids, and if so, did you take any steps to address those concerns?

No

- (f) Identify the person to whom you gave advice regarding Raychel's fluid management (ie. start sips of oral fluids and gradually reduce IV fluids).

Nurse. I cannot recall which particular nurse I gave advice to

- (g) How did you communicate this advice?

Verbal face to face with nurse.

- (h) Did you make a written record of the advice that you gave? If you did not make a written record please explain why you didn't?

During the morning ward round by the on-call SHO it was not regular practice to document all verbal advice given in the medical notes. In this case I cannot see any written record of my advice at that time

- (i) With regard to the plan to gradually reduce the IV fluids, did you give advice on any of the following matters:

- (i) The factors which would determine when/by how much IV fluids would be reduced;

No

- (ii) The time at which steps should be taken to reduce IV fluids;

No

- (iii) The period over which IV fluids should be reduced;

No

- (iv) The amount by which the IV fluids should be reduced

No

- (v) Any other matter relating to the reduction of IV fluids and

No

- (j) If you did give any such advice with regard to the reduction of IV fluids, identify the person to whom you gave that advice.

n/a

- (k) Did you give any consideration at the time of the ward round or subsequently, to ordering blood tests to check Raychel's electrolytes?

No. She was recovering well and it was not normal practice to do blood tests, in these circumstances.

- (l) Insofar as you are aware, please explain why blood tests for the purposes of checking electrolytes weren't ordered during the 8 June 2001?

She was recovering well and it was not routine practice, in these circumstances.

(6) "I saw Raychel Ferguson in ward 6 in the morning round on 8 June 2001 after her straightforward appendicectomy was performed on 7 June 2001. The operation was uneventful. This was her first post operative day and mostly day one post operation patients stay on observation even if there are no concerns. Perhaps it would clarify my intentions to use the term "continuing" observations. I had no concerns at this stage about her but felt we should keep her on observations as surgical patient." (WS-025/1 page 4)

- (a) Identify the person who you spoke to when directing that Raychel should be kept under "continuing observations."

Nurse. I do not remember the name of the nurse concerned

- (b) Explain what you meant by "continuing observations". In particular what observations did you expect nursing staff to carry out?

Vital signs(temperature, pulse, BP)

- (c) Were any arrangements put in place between yourself and nursing staff so that the surgical team would be kept advised of Raychel's progress during the 8th June 2001?

Do not remember.

- (d) Did you issue any directions to the nursing team about the circumstances in which you should be contacted about Raychel's condition?

If nursing staff had any concerns in case they have to contact. I do not think I gave any specific directions as to when they should contact me about Raychel's condition. Generally the nursing staff would contact the JHO or SHO if they had any concerns about a patient's wellbeing

- (e) Do you know why Raychel was not seen by a member of the surgical team any more senior than a junior house officer during the remainder of the 8th June 2001?

No.

- (f) In June 2001, in what kinds of circumstances was the nursing team expected to contact the surgical team in relation to the condition of a post-surgical patient who was being kept under observation?

If there were any issues about Raychel's surgical condition and general medical condition, she should have been seen by Paediatrics.

The surgical team should be contacted if there were any surgical issues such as wound problems or abdominal pain/ distension. For general medical issues, sometimes the paediatric team would be contacted

- (g) In June 2001, what steps would the surgical team have expected the nursing team to take if a post-surgical patient was vomiting frequently?

Nil By Mouth

(h) In June 2001, what arrangements were in place to enable the nursing team to contact the surgical team if they had concerns about a post-surgical patient, and in particular state:

(i) Who should they have made contact with in the first instance eg. a JOH, SHO, Registrar or Consultant?

Depends on the condition, but in practice, either the JHO, SHO, or SpR. In most situations first contact would be with the JHO or SHO, or SpR

(ii) What options were available if that person could not be contacted?

Contact the doctor on call.

(7) "At approximately 3.15am, my colleague surgical JHO beeped me about reviewing Raychel Ferguson. At the time I was busy managing another difficult patient. I was not able to leave the patient immediately. I went to see her in ward 6 as soon as I had treated the patient.

"I arrived at ward 6 at approximately 5am on the morning of the 9 June 2001 and I saw the resuscitation team was resuscitating her. She had been intubated and was being manually ventilated. My senior colleagues were already present..." (WS-025/1 page 5)

(a) Had you seen Raychel at any time after finishing your morning ward round on the 8th June 2001? If so,

(i) When did you see her?

At about 5am on 9th June 2001. AS before - time not recorded

(ii) What condition was she in when you saw her?

She had been intubated and was being manually ventilated.

(b) Had nursing staff made any attempts to contact you by use of your 'bleeper' during the afternoon of the 8th June 2001? If so,

Not to my knowledge.

(i) Were you able to respond, and if so, how did you respond?

N/a

(ii) If you weren't able to respond, why weren't you able to respond?

N/a

- (c) Had you been informed of any developments in Raychel's condition after the ward round on the 8th June 2001? If so,

No

- (i) What information did you receive?

n/a

- (ii) Who provided you with the information? n/a

- (iii) At what time was this information provided to you? n/a

- (d) When you were contacted by the surgical JHO at 03.15, what were you told about Raychel's condition?

That she was not feeling well.

- (e) What was the condition of the other patient which you were managing when you were contacted by the surgical JHO at 03.15?

I was at A/E. I cannot recall the specifics of the patient's condition, but it was very serious and I could not leave the patient.

- (f) Did you make any suggestion to the surgical JHO about who to contact, given that you weren't available to attend Raychel in ward 6?

I cannot recall any specific advice given.

- (g) Did you take any steps to ensure that Raychel was being attended to by competent medical personnel? If so, please explain the steps that you took.

The JHO was looking after Raychel, and from the information I was given it did not seem necessary to call the consultant

- (h) What were you doing throughout the period between 3.15 am and 5.00am which meant that you were unable to attend Raychel in ward 6?

Please refer to my response at 7 (e) above- I was attending another seriously ill patient.

- (i) Did you take steps to on Raychel's condition in the period between 03.15 and 05.00? If so, what steps did you take and what were you told?

Please refer to my response at 7 (h) above.

- (j) In June 2001, in what circumstances should a Consultant Surgeon have been contacted by a junior member of the surgical team about the condition of a post-surgical patient?

If I felt that the patient's management was not going well or if I was unhappy with the results of management.

- (k) In June 2001 what arrangements were in place for informing the Consultant Surgeon about the deterioration in the condition of a post-surgical patient?

Through switchboard.

- (l) Do you know why the Consultant Surgeon was not contacted and informed about Raychel's deterioration at 03.15 on the 9th June 2001?

No- please see my response at 7 (e) above.

- (m) Do you know why the Consultant Surgeon did not attend Ward 6 to see Raychel after her deterioration at 03.15 on the 9th June 2001?

As above.

- (n) Identify the senior colleagues who were already present in ward 6 when you arrived? Were any of those senior colleagues members of the surgical team?

At this far remove, I cannot recall the levels and names.

III. QUERIES IN RELATION TO THE WORKING ARRANGEMENTS OF THE SURGICAL TEAM AT ALTNAGELVIN HOSPITAL IN JUNE 2001

- (8) What arrangements were in place to allow you to communicate with and seek advice from more senior doctors in the surgical team such as the Consultant or the Specialist Registrar?

If I had any clinical concerns, then I could call SpR/Consultant. The switchboard had contact numbers for the consultants

- (9) In what circumstances were you expected to seek further information and advice from your more senior colleagues in the surgical team?

Serious pain, wound problems and haemodynamically unstable patients.

- (10) In what circumstances were you expected to report the condition of a patient to more senior colleagues in the surgical team?

Unexpected deterioration of patient.

- (11) What arrangements were in place for the supervision of your work as a senior house officer?

Supervised by SpR/Consultant.

- (12) Are you aware whether any steps were taken by Consultant Surgeons at Altnagelvin Hospital to ensure that you had acquired sufficient knowledge to carry out all of the duties expected of you when working without supervision? If you are aware that steps were taken,

I am not aware of any steps taken by the Consultant Surgeon to ensure that I had sufficient knowledge- this question should be asked of the Consultant Surgeon.

- (a) Specify to the best of your knowledge the steps that were taken.

n/a

- (b) Identify the Consultant(s) who took any particular steps to ensure that you had acquired sufficient knowledge.

n/a

- (c) Explain how you demonstrated that you had acquired sufficient knowledge to enable you to perform the duties expected of you without supervision

n/a

- (13) In 2001 were preregistration junior house officers (such as Dr. Devlin and Dr. Curran) placed in the role of being first in line for responding to nursing concerns in relation to surgical patients?

Yes

If so, please address the following matters:

- (a) Who was responsible for implementing this arrangement?

Not known, but not within my area of responsibility.

- (b) Who approved this arrangement?

n/a

- (c) What support was available for preregistration junior house officers in this role?

If they had any concerns, as detailed above, they could call SHO/SpR/Consultant.

- (14) If preregistration junior house officers were not placed in the role of being first in line for responding to nursing concerns about surgical patients, please describe the key features of the arrangements that were in place for dealing with nursing concerns in relation to surgical patients and please explain how this was managed?

Not applicable.

- (15) In 2001 were arrangements in place to permit junior members of the surgical team (such as JHOs and SHOs) to communicate with and seek advice from more senior members of the surgical team such as the Consultant or the Specialist Registrar?

JHO/SHO can call SpR/Consultant.

If so,

- (a) How did those arrangements operate?

Call SpR/Consultant by switchboard if advice needed.

- (b) How were junior members of the surgical team told about those arrangements?

I cannot recall- this was not within my area of responsibility.

- (c) What were they told?

As above.

- (16) In 2001 were there any circumstances in which junior members of the surgical team (such as JHOs and SHOs) were expected or required to communicate with and seek advice from more senior colleagues in the surgical team?

Yes.

If so,

- (a) In what circumstances were they expected or required to communicate with and seek advice from more senior colleagues?

Any clinical deterioration issues specially if JHO/SHO were uncertain how to manage this.

- (b) What arrangements were in place to facilitate the provision of advice to junior members of the surgical team?

Bleep system to contact SpR, or calling via switchboard to contact a consultant

- (c) How were junior members of the surgical team told about those arrangements?

I do not recall being told specific circumstances under which I was expected to seek senior help

- (d) What were they told?

As above.

- (17) In 2001 were there any circumstances in which junior members of the surgical team (such as JHOs and SHOs) were expected or required to report the condition of a patient to more senior colleagues in the surgical team?

Yes, if they were reporting serious issues.

If so,

- (a) In what circumstances were they expected or required to report the condition of a patient to a more senior colleague?

Any serious unexpected issues.

- (b) What arrangements were in place to facilitate junior members of the surgical team in their efforts to report the condition of patients to more senior members of the surgical team?

Beeper.

- (c) How were junior members of the surgical team told about those arrangements?

JHOs and SHOs would use clinical judgement to decide if senior colleagues needed to be told of the condition of a patient. I do not recall being given specific instructions

- (d) What were they told?

As above.

- (18) In 2001, were arrangements in place for the supervision of the work of junior surgeons?

Supervision mainly within the firm system: Consultant - SpR - SHO - JHO

If so,

- (a) Describe the main features of the supervision arrangements.

I cannot recall.

- (b) Who carried out the role of supervisor?

Consultant.

- (c) How was this role performed?

Supervising during ward round, operating theatre.

- (19) Clarify whether there were any arrangements in place in 2001 to allow members of the surgical team in Altnaglevin to obtain paediatric medical advice or assistance for the care of a surgical patient?

Paediatrics take care of surgical patients on paediatric ward.

If so, please address the following matters:

- (a) Were these arrangements formal or informal?

Informal.

- (b) Describe the main features of those arrangements?

Much of the day-to-day care of paediatric surgical patients, including prescribing, was undertaken by the paediatric team

- (c) Was paediatric medical advice and assistance available upon request to surgical junior house officers and surgical senior house officers caring for surgical patients on Ward 6?

Yes.

If so, please address the following:

- (i) How was a JHO or a SHO expected to make a request for paediatric medical advice or assistance?

Beeper.

- (ii) To whom was a request to be directed?

Paediatric SHO and SpR

- (iii) On what matters could paediatric medical advice or assistance be requested by a JHO or SHO?

Any concerns.

- (iv) How was a JHO or SHO advised of the arrangements by which they could make a request for medical advice or assistance?

Do not remember.

- (v) Do you know whether it would have been possible to seek paediatric medical advice or assistance in Raychel's case if a request had been made?

Yes

- (vi) Do you know whether any consideration was given to seeking the input of a paediatrician in Raychel's case?

Not to my knowledge.

- (d) In general, were any arrangements in place to promote good communications between the paediatric medical team and the surgical team with regard to the care of surgical patients? If so, please describe those arrangements.

There was no handover. Only to cooperate between the both teams.

IV. QUERIES ON THE ISSUE OF FLUID MANAGEMENT

Please provide clarification and/or further information in respect of the following:

- (20) In June 2001 who in Altnagelvin Hospital was responsible for organizing the structure and allocation of responsibilities for post-operative fluid management for paediatric cases?

Most of the times paediatric.

- (21) Did Altnagelvin have any protocol, written or unwritten, or any other form of guidance in place for the purposes of allocating responsibility for post-operative fluid management? If so, outline your understanding of what that protocol or guidance said?

Do not know.

- (22) In terms of the normal practice at Altnagelvin Hospital, who had responsibility for initially prescribing post-operative intravenous fluids in childrens cases?

Most of the times paediatric.

- (23) Prior to 8th June 2001:

- (a) State your knowledge and awareness of the cases of Lucy Crawford, Claire Roberts, or Adam Strain, and the issues arising from those cases.

I had no knowledge.

- (b) State the source(s) of your knowledge and awareness and when you acquired it.

Not Applicable.

- (c) Describe how that knowledge and awareness affected your care and treatment of Raychel.

Not Applicable.

- (24) Since 8th June 2001:

- (a) State your knowledge and awareness of the cases of Lucy Crawford, Claire Roberts or Adam Strain, and the issues arising from these cases.
- (b) State the source(s) of your knowledge and awareness and when you acquired it.
- (c) Describe how that knowledge and awareness has affected your work.

Limited knowledge of these cases, only as result of inquiry Given me awareness about more causes of low Na and treatment.

- (25) Prior to Raychel's death were you aware of the literature which highlighted the dangers posed by the administration of hypotonic fluids to children during the immediate post operative period? eg. Arieff AI, Ayus JC. British Medical Journal 1992: 304; 1218-1222. Hyponatraemia and death or permanent brain damage in healthy children, or Halberthal M, Halperin ML, Bohn D. British Medical Journal 2001: 322; 780-782. Lesson of the week: acute hyponatraemia in children admitted to hospital: retrospective analysis of factors contributing to its development and resolution.

I was not aware of this literature.

- (26) Describe in detail the education and training you have received in fluid management (in particular hyponatraemia) and record keeping, to include any particular training relating to fluid management in children, and provide dates and names of the relevant institutions/bodies, by reference to the following:

- (a) Undergraduate level.

Medical school.

- (b) Postgraduate level.

Informal teaching only

- (c) Hospital induction programmes.

No

- (d) Continuous professional development.

No

- (27) In June 2001 were you aware of the factors that could cause an electrolyte imbalance in a paediatric patient following surgery? If so, please identify those factors.

Vomiting, Ileus.

- (28) In 2001, what did you regard as the appropriate way to manage a child who was experiencing prolonged vomiting after surgery, and who was in receipt of hypotonic intravenous fluids? Please set out all the steps that a doctor should have taken in those circumstances.

Careful IV fluid and Blood test (U/E).

- (29) In 2001, what did you understand were the possible dangers for a child who was experiencing prolonged vomiting after surgery and who was in receipt of hypotonic intravenous fluids?

Do not remember.

- (30) Prior to 8th June 2001, describe in detail your experience of dealing with children with hyponatraemia, including the:

At this far remove, I cannot remember the exact details of each and every child I encountered who suffered a minor degree of hyponatraemia.

- (a) Estimated total number of such cases, together with the dates and where they took place.

Please see my response above- I cannot recall.

- (b) Nature of your involvement.

As above.

- (c) Outcome for the children.

As above.

- (31) Since 8th June 2001, describe in detail your experience of dealing with children with hyponatraemia, including the:

None of my subsequent posts has involved caring for children - or no children in my care have suffered hyponatraemia since

- (a) Estimated total number of such cases, together with the dates and where they took place.

n/a

- (b) Nature of your involvement.

n/a

- (c) Outcome for the children.

n/a

V GENERAL

Please address the following:

- (32) At that time (June 2001) were you aware of the conclusions of the National Confidential Enquiry into Perioperative Deaths (NCEPOD) which in its 1989 report found, inter alia, that trainees should not undertake any anaesthetic or surgical operation on a child without consultation with a consultant?

Yes.

- (33) Did Altnagelvin Hospital have in place any protocol, written or unwritten, or any other form of guidance concerning the circumstances in which junior surgeons were expected to confer with their senior colleagues before undertaking any anaesthetic or surgical procedure? If so,

Do not remember.

- (i) State precisely what this protocol/guidance said;

n/a

- (ii) How was it supposed to operate in practice?

n/a

- (34) The Inquiry has been provided with observation sheets in respect of Raychel for the 7th June (Ref: 020-016-031) and the 9th June 2001 (Ref: 020-016-032)? Do you know whether an observation sheet was completed for the 8th June 2001?

- (35) There was observation sheet 020-015-029.

If an observation sheet was completed for the 8th June 2001, please address the following matters:

- (a) Do you know what has become of that document?

Please see above.

- (b) Did you make any entries in that document?

No

- (c) If you did make entries in that document are you able to provide any indication of the content of those entries?

n/a

- (36) After Raychel's death were you asked to take part in any process designed to learn lessons from the care and treatment which she received and your role in it, to include any issue about her fluid management? If so,

Do not remember.

(a) Describe the process which you participated in.

n/a

(b) Who conducted it?

n/a

(c) When was it conducted?

n/a

(d) What contribution did you make to it?

n/a

(e) Were you advised of the conclusions that were reached, and if so, what were they?

n/a

(f) Were you advised of any issues relating to your role in Raychel's care and treatment?

n/a

(g) Describe any changes to fluid management practice that you were made aware of at Altnagelvin Hospital following Raychel's death.

None

(37) Provide any further points and comments that you wish to make, together with any documents, in relation to:

No further comments to make.

(a) The care and treatment of Raychel in Altnagelvin Hospital between the 7-9 June 2001.

(b) Record keeping.

(c) Communications with Raychel's family about her condition, diagnosis, and care and treatment.

(d) Working arrangements within the surgical team and support for junior doctors.

(e) Lessons learned from Raychel's death and how that affected your practice at Altnagelvin or elsewhere.

- (f) Current Protocols and procedures.
- (g) Any other relevant matter.

THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signed:

Muhammad Zafar



Dated: 15/11/2012