

NAME OF CHILD: Adam Strain

Name: Jayne Larkin

Title: Dr

Present position and institution:

Consultant Paediatrician, based at the Ulster Hospital, Dundonald, South Eastern Health And Social Care Trust. 1st of February 2006 to present.

Previous position(s) and institution(s):

Consultant Paediatrician, Home First Community Trust and United Hospitals Trust.
5th of May 2004 - 31st of January 2006.

Paediatric Specialist Registrar - Northern Ireland Deanery. August 1998 - 4th May 2004.

Middle Grade Paediatric SHO- Jubilee Maternity Hospital and Ulster Hospital, Dundonald. August 1997 - end July 1998.

Paediatric SHO - Royal Group Hospitals.
August 1995 - end July 1997.

Between 1 November 1995 and end January 2006 I was a Community Paediatric SHO in North and West Belfast Community Trust. I worked in this unit between 9a.m. and 5 p.m.

I was then part of an on-call rota which covered Paediatric Intensive Care and specialist ward areas at the Royal Belfast Hospital for Sick Children, after 5 p.m. and at weekends.

GP trainee SHO - Belfast City Hospital, Ulster Hospital Dundonald and Jubilee Maternity Hospital.
First of August 1993 - end July 1995.

JHO- medical and surgical specialties Belfast City Hospital.
First of August 1992 - 31st of July 1993.

Membership Of Advisory Panels And Committees:

[Identify By Date And Title All Of Those Between January 1995-December 2010]

Regional Advisory Group For Cerebral Palsy Register - January 2010 and ongoing.

Other Statements, Depositions and Reports:

[Identify by date and title all those made in relation to the child's death]

PSNI statement 093 - 032, as below.

OFFICIAL USE:

List of previous statement, depositions and reports attached :

Ref:	Date:	
093-032	02.05.06	PSNI 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 such a number then please provide a copy of the document.

I QUERIES ARISING OUT OF YOUR PSNI WITNESS STATEMENT

With reference to your PSNI Witness Statement dated 2nd May 2006 (Ref: 093-032-084), please provide clarification and/or further information in respect of the following:

(1) *"In 1995 I was a first term SHO in Paediatrics based at the Royal"*

(a) Describe your work commitments to the Royal Belfast Hospital for Sick Children (RBHSC) from the date of your appointment as a SHO and particularly over the period 26th November to 28th November 1995.

I was appointed as rotational Paediatric SHO on 2 August 1995.

My daytime commitment (9 AM to 5 PM) was to the Community Paediatric Unit based at the Cupar Street Clinic (North and West Belfast Trust).

I was part of an on-call Rota which covered RBHSC, Paediatric Intensive Care (PICU) and Paediatric Medical Specialties, between 5 PM and 9 AM on weekdays and for 24 hour cover at weekends.

My work commitment for the period requested in November 1995 included a resident on-call period between 5 PM and 9 AM commencing on 27 November 1995. I finished work in RBHSC at 9 AM on 28 November 1995.

(b) State the times at which you were on duty between 26th and 28th November 1995 and in particular:

- whether you were on duty and present in the hospital at all times or
- whether you were on call during that period.

I was resident, on duty, in the hospital between 5 p.m. 27th of November 1995 and 9 a.m. on 28 November 1995. I was otherwise not on duty within the RBHSC

(c) State what contact you had with Adam between his admission on 26th November 1995 and the withdrawal of ventilatory support from him on 28th November 1995, including where that contact took place, its nature and purpose

- I would have met Adam at commencement of my duty on 27 November 1995 at 5 p.m., at the handover ward round in PICU. I was on duty as a Paediatric SHO, with six months

experience. I was therefore first on-call and had duties including admission of patients, blood sampling, prescription of medications and fluids and assessment of problems as they occurred. In this junior position I would have been seeking advice from Registrar or Consultant level as appropriate. At this point in my training I would mainly have been receiving instructions and discussing management with both Registrar and Consultant staff, rather than making decisions independently.

- In Adam's case I would have been following the instructions of the Consultant team and Registrar involved in his care on that evening. I would have been carrying out basic intensive care management, including blood sampling for full blood count, urea and electrolytes and blood gases and requesting a chest x-ray. At my stage of training on that evening and in a case as complex as Adam's I would not have been making any significant changes to care without first consulting with senior colleagues.
- I wrote in the medical notes on one occasion (058-035-140). The entry is not dated or timed but follows, directly Dr Savages note at 11 PM on 27 November 2005. I would have written this note as he did the late evening ward round (11pm 27/11/95). It states that Dr Savage conducted the ward round and suggested that we commence dialysis overnight on the basis of 10 cycles for 30 min each. I would have been advised to recheck Urea and electrolytes in the morning directly by Dr Savage. The next note follows on 28 November 1995 at 1 AM by the Locum Registrar (058-035-141)
- I was then on duty for the rest of the night, working directly under the direction of the Locum Registrar, who also consulted again with Dr Savage (058-035-141) .
- I then went off duty from PICU at 9 AM on 28 November 1995, prior to withdrawal of ventilatory care.

(d) Describe your experience, as at 26th November 1995, of assessing the electrolyte results of a child who was being prepared for a renal transplant

I was not involved in the assessment of electrolyte profile, in a child being prepared for renal transplant in this case. At this point in my training, I would have had no such experience and would have been consulting senior staff for advice.

(e) Describe what you considered to be your role in relation to and responsibilities towards Adam from learning on 26th November 1995 of a potential donor kidney for him until 28th November 1995 when ventilatory support for him was withdrawn, and in particular:

- from Adam's admission to RBHSC until his arrival in theatre
- while Adam was in theatre until his admission to PICU
- from admission to PICU until his death

I was involved in Adam's care from my commencement of duty at RBHSC PICU at 5 PM on 27 November 1995 and terminated at 9 AM on 28 November 1995, at which time I would have left the hospital and resumed duty at the Cupar Street Community Clinic. I have clearly documented my involvement in (1) (c) above. My role in his care was as a junior SHO taking instructions, during a resident on-call period.

(2) *"I have no recollection of erecting fluids pre-operatively. I have checked available notes and can find no mention of having done so. I can see from page 140 of the original notes that I made an entry in relation to Dr Savage's ward round. This entry is noted[sic] dated or timed, though I have signed it. It follows an entry made by Dr Savage at 11.00pm. I have no personal knowledge of any other aspects of his care."*

(a) State if your written entry on Adam's medical notes at Ref: 058-035-140 relates to 26th November 1995 or 27th November 1995 or 28th November 1995

27th of November 1995,
between Dr Savages note of 11 PM and Dr McKnight's note at 1 AM (28/11/95)

(b) Explain why you made this note

I was documenting instructions, for care during the night, provided by Dr Savage during his late evening ward round.

(c) State if Dr Savage directed that urea and electrolytes (U&E) be rechecked in the morning, and if so, how he communicated that to you

Yes, Dr Savage would have directed recheck electrolytes in the morning, to me in person, during his ward round.

II ADDITIONAL INFORMATION

(3) Describe in detail the education and training you received in fluid management (in particular hyponatraemia) and record keeping through the following, providing dates and names of the institutions/bodies:

(a) Undergraduate education

I attended Queen's University Belfast, Medical School commencing studies in September 1987 and graduated in June 1992. I received standard medical undergraduate education in fluid management and chemical pathology and passed the appropriate modules to medical degree standard.

I received practical, ward -based education during this period also.

(b) Postgraduate education and training

I have over 15 years of paediatric experience and have been qualified as a doctor for 19 years. During that period I have undertaken regular updates and training in relation to fluid management. I have a Membership examination from the Royal College of Physicians in Edinburgh and the Royal College of Paediatrics and Child Health (RCPCH) (Edinburgh, June 1997). This Membership examination included training modules in fluid and electrolyte management, in neonates and children of all ages. It would have covered hyponatraemia specifically, as this is a clinical problem that all paediatricians need to be aware of.

I have a Certificate of Completion of Specialist Training from the RCPCH- January 2004. This certificate signifies completion of paediatric training to a level suitable to apply for consultant posts. This represents significant training and experience, both in fluid management and record-keeping.

(c) Hospital induction programme;

I have attended each Hospital induction programme during my training period. These would all have included a section on fluid prescription and electrolyte management, as appropriate to the time when they were delivered. Similarly emphasis would have been put on good communication and record-keeping. Training, monitoring and audit in relation to both these areas of work has significantly improved over the course of my paediatric career.

(d) Continuous professional development

I have been a Consultant since May 2004. I have up-to-date CPD records as part of the Appraisal process with the Royal College of Paediatrics and Child Health. I have taken part in the hyponatraemia training, provided by BMJ online learning (Appraisal 2010). The Paediatric unit UHD was subject to inspection by RQIA (2010) in relation to training issues and management of fluid balance with particular reference to prevention and management of hyponatraemia in the unwell child and therefore training was updated at this time. DH SSFS guidelines on paediatric parenteral fluid therapy are followed and are part of my practice.

(4) Prior to 26th November 1995:

(a) State your knowledge of children with hyponatraemia

I was a junior paediatric SHO at this point. I would have been aware of the risk of hyponatraemia in young children when they are unwell and would have had basic training in relation to this. Again, in this circumstance and with this level of training I would have been seeking senior advice in any child with significant electrolyte imbalance.

(b) State your experience of children with hyponatraemia, including the:

- **estimated total number of such cases, together with the dates and where they took place**
- **number of the children who were aged less than 6 years old**
- **nature of your involvement**
- **outcome for the children**

See (4) (a)- I would not have had significant experience of managing children with hyponatraemia at this point in my career. I would have had basic knowledge and training. I would have known how to assess, do calculations in relation to sodium deficits and prescribe fluids at a level appropriate for a junior SHO. I would have at this point in my career consulted senior help/opinion in these cases.

(5) Describe in detail your role, if any, in the care and treatment of Adam prior to 26th November 1995, including the fluid management regime employed on each occasion and the lessons you learned from your prior treatment of Adam.

I had never met Adam prior to 5 PM on 27 November 1995 and therefore cannot respond to this question.

(6) Describe in detail your experience, since 27th November 1995, in the care and management of

children with hyponatraemia

Since this time I have undergone significant paediatric training including taking the Membership Examination of the Royal College of Paediatrics and Child Health, undergoing Registrar training in Paediatrics and completing the Certificate of Specialist Training in General Paediatrics.

During this time I would have cared routinely for children admitted to acute units with hyponatraemia, for a variety of reasons. In routine paediatric practice this would normally relate to the unwell child who requires careful fluid management whether that be with oral rehydration or intravenous fluids, with caution, if needed and as per DHSSPS guideline.

I have never since been directly involved in a Paediatric case of hyponatraemia with a fatal outcome.

- (7) Identify precisely on Adam's medical notes and records the entries that you made or which were made on your direction and state below:**

- (a) when each of the identified entries was made**

I made one entry in the medical notes (058-035-140)

This is undated and untimed but follows directly and in chronological sequence after Dr Savage's entry on 27th of November 1995 at 11 PM, and prior to the next entry at 1 AM on 28th November 1995.

- (b) the source of the information recorded in the entry**

The entry details instructions given by Dr Savage during his late evening ward round.

- (8) Identify any 'Protocols' and/or 'Guidelines' which governed Adam's renal transplant surgery**

I was not involved in this part of Adam's care and therefore cannot comment on what was available with regards to protocols and guidelines at the time of Adam's surgery.

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

- (a) The care and treatment of Adam from his admission for the renal transplant surgery on 26th November 1995 to his death on 28th November 1995**

- (b) Record keeping**

- (c) Communications with Adam's family about his care and treatment in respect of the renal transplant surgery**

- (d) Lessons learned from Adam's death and how that has affected your practice**

- (e) Current 'protocols' and procedures -**

- (f) Any other relevant matter**

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

Signed: *Jayne L R* Dated: *4th April 2011.*