

NAME OF CHILD: Claire Roberts

Name: Joanne Hughes

Title: Dr

Present position and institution:

I am a Consultant Paediatrician with an interest in Inherited Metabolic Disorders working in the Children's University Hospital, Temple Street and Our Lady's Children's Hospital, Crumlin in Dublin, since July 2011.

Previous position and institution:

[As at the time of the child's death]

In October 1996 I was a paediatric Senior House Officer (SHO) in the Royal Belfast Hospital for Sick Children (RBHSC) based on Musgrave Ward.

Membership of Advisory Panels and Committees:

[Identify by date and title all of those between January 1995- November 2011]

I am a member of the Royal College of Paediatrics and Child Health. I am currently on the Clinical Governance Committee in the Children's University Hospital, Temple Street, since October 2011. I was the chair of the Junior Doctors Committee in RBHSC from August 2008 until June 2011.

Previous Statements, Depositions and Reports:

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

None

OFFICIAL USE:

List of previous statements, depositions and reports attached:

Ref:	Date:	

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 to your statement.

- (1) State the position you held in the Royal Belfast Hospital for Sick Children (RBHSC) on 21st October 1996 and describe your experience in that position in the RBHSC or any other hospital prior to 21st October 1996.**

On the 21st of October 1996 I was a Senior House Officer (SHO) in RBHSC, based in Musgrave Ward. I started as an SHO in RBHSC on the 7th of August 1996. From 7th of August to the 1st of October I was based in the Accident and Emergency Department, starting in Musgrave Ward on the 2nd of October. My duties would have been to see acute admissions, to take a history and examine patients before formulating a differential diagnosis. Patients would be discussed with a more senior doctor and investigations (blood, urine, x-ray) arranged as indicated. I would take bloods, place intravenous lines and give intravenous medications as prescribed.

Prior to working in RBHSC I had worked as a paediatric SHO in Antrim Area Hospital for 1 year and as a general medical SHO for 2 years prior to that. I worked as a junior house officer from Aug 1992 until Aug 1993. I qualified from Queen's University Belfast in July 1992.

- (2) Describe your work commitments to the RBHSC from the date of your appointment to the position you held in RBHSC on 21st October 1996 and particularly over the period 21st October 1996 to 23rd October 1996.**

From 7th of August to the 1st of October I was based in the Accident and Emergency Department. On the 2nd of October I started as a SHO with the Musgrave Ward team. On the 21st of October I worked a normal day (9am to 5pm) based on Musgrave Ward. On the 22nd of October I worked on Musgrave Ward from 9am to 5pm then from 5pm to 10pm I was on-call for medical patients throughout the hospital. This involved seeing any acute medical admissions and any other duties that were requested by nursing or senior medical staff.

- (3) State the times at which you were on duty between 21st October 1996 to 23rd October 1996 and in particular:-**

- (a) Whether you were present in the hospital or**

- (i) Present 9am to 5pm in Musgrave Ward on 21st October
- (ii) Present 9am-10pm 22nd of October. On duty in Musgrave Ward until 5pm. On-call for medical patients throughout the hospital from 5pm to 10pm.
- (iii) Present 9am to 5pm in Musgrave Ward on 23rd October

- (b) Whether you were on call during that period**

- (i) On call from 5pm - 10pm on 22nd of October.

(c) What contact you had with Claire and her family during that period including where and when that contact occurred

(i) I have no recollection of any contact with Claire or her family during that period.

(4) Describe what you considered to be your role in relation to and responsibilities towards Claire and her family over the period from her attending A&E in RBHSC on 21st October 1996 until 23rd October 1996 when ventilatory support was withdrawn, and in particular:

(a) From Claire's attendance at A&E at RBHSC until her arrival in Allen Ward

(i) I was not part of the medical team looking after Claire at this point.

(b) While Claire was in Allen Ward until her admission to PICU

(i) During the period of on-call, 17.00 to 22.00 on the 22nd of October. I would take bloods and administer medication if necessary. I would see patients if asked to do so by nursing staff and inform my senior colleagues if any concerns.

(c) From admission to PICU until her death

(i) I was not part of the medical team looking after Claire at this point.

(5) Describe your role, responsibilities and actions in relation to:

(a) Claire's fluid administration, monitoring and management

(i) Claire's fluids were prescribed by Allen Ward team. I have no recollection of being asked to prescribe fluids during the period of on-call on the 22nd.

(b) The making and recording of observations of Claire including determining and reviewing the frequency of those observations

(i) The making of observations was determined by the team looking after Claire during the day. I have no recollection of being contacted about this during the period of on-call.

(6) In relation to the actions which you have described above in respect of Claire's fluid management etc. and the making of observations etc.:

(a) Explain the reasons for your actions

(i) I have no recollection of making any recommendations on either fluid management or the making of observations during the period 17.00 to 22.00 on the 22nd of October. Outside of this period I was not part of the medical team looking after Claire.

(b) State which of them you carried out on the express instructions of a clinician, identifying in each case:

(i) The clinician concerned

I was not part of the team who prescribed fluids or made observations.

(ii) The instructions they gave you

I was not part of the team who prescribed fluids or made observations.

(iii) When they gave them to you

I was not part of the team who prescribed fluids or made observations.

(c) Whether you sought advice from or consulted with any other clinicians prior to taking any of those actions, and if so:

(i) Identify the clinicians from whom you sought advice/consulted and state when you did so

I was not part of the team who prescribed fluids or made observations.

(ii) State the nature of the advice you sought/the issues on which you consulted

I was not part of the team who prescribed fluids or made observations.

(iii) State the advice that you received and identify the clinician who gave it to you

I was not part of the team who prescribed fluids or made observations.

(iv) If you did not seek any such advice or consultation, explain why not.

I was not part of the team who prescribed fluids or made observations.

(7) In regard to Claire's medical notes and records, identify precisely 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 did not write in Claire's medical notes.

I rewrote a medicine prescription sheet at 21.30 on the 22nd of October (ref. 090-026-073 and 090-026-074)

I discontinued sodium valproate on the 22nd of October (ref. 090-026-075)

I recorded administration of medication at 17.30 (ref. 090-026-077 - C) and 21.30 (ref. 090-026-077 -D) on the 22nd of October.

(b) The source of the information recorded in the entry

The dose of Midazolam needed changed. There was no room on the prescription sheet to do this and therefore the prescription sheet needed to be re-written with the new dose of midazolam. The dose of the other medications was not changed.

(8) State precisely whether and how you communicated the diagnosis of Claire's condition during and following the ward round on 22nd October 1996 to the members of the medical and nursing team, and when this was done.

(a) I was not present on the ward round on 22nd October as I was not on duty for Allen Ward patients.

(9) State whether you reported Claire's condition including her blood results to any clinician/s at any time during that period, and if so:

I was not present on the ward round on 22nd October as I was not on duty for Allen Ward patients.

(a) Identify the clinician/s to whom you reported and state when you did so

I was not present on the ward round on 22nd October as I was not on duty for Allen Ward patients.

(b) The means by which you conveyed that report e.g. orally, in person, by telephone, in writing etc

I was not present on the ward round on 22nd October as I was not on duty for Allen Ward patients.

(c) State precisely the information conveyed to that clinician

I was not present on the ward round on 22nd October as I was not on duty for Allen Ward patients.

(d) State whether Claire was reviewed or reassessed as a result of that report or whether her care/treatment was changed and provide details thereof. If not:

(i) Explain the reasons why not

I was not present on the ward round on 22nd October as I was not on duty for Allen Ward patients.

(10) Describe the equipment, service and facilities available to RBHSC patients in RBHSC and on the RVH site in October 1996:

(a) During working hours (09.00-17.00) Monday - Friday

CT scan

My recollection is that a CT scanner was available in RBHSC but for CT brain patients had a scan in the neuro-radiology department in the main RVH. The patient would be transferred by ambulance to the main RVH. This would have been sanctioned at a higher level than SHO.

MRI scan

A MRI scanner was available on the RVH site. Most scans were not done as an emergency. These would have been arranged by the team looking after the patient, the MRI unit and the neuroradiologists and would have required ambulance transfer.

EEG

There was an EEG department within RBHSC where EEGs were carried out on request from the team looking after the patient. The need for an EEG would have been discussed with the neurology team.

(b) Out of hours (17.00-09.00) Monday - Friday

CT scan

My recollection is that a CT scanner was available in RBHSC but for CT brain patients had a scan in the neuro-radiology department in the main RVH. This would have to be arranged with the on-call radiographer and radiologist by more senior members of the team looking after the patient. The patient would require ambulance transfer for CT brain in the main RVH.

MRI scan

My recollection is that MRI scans were not available outside of normal working hours in 1996

EEG

My recollection is that an EEG was not available outside of normal working hours.

(c) At weekends

CT scan

My recollection is that a CT scanner was available in RBHSC but for CT brain patients had a scan in the neuro-radiology department in the main RVH. This would have to be arranged with the on-call radiographer and radiologist by more senior members of the team looking after the patient. The patient would require ambulance transfer for CT brain in the main RVH.

MRI scan

My recollection is that MRI scans were not available outside of normal working hours.

EEG

My recollection is that an EEG was not available outside of normal working hours.

for carrying out a paediatric

- (i) CT scan
- (ii) MRI scan and
- (iii) EEG.

(11) Identify the other medical or clinical staff who would be required to carry out and report a paediatric:

(a) CT scan

My recollection is that a radiographer, a radiologist, a nurse and possibly an anaesthetist, if the patient required an anaesthetic, would be required to perform and report a CT scan.

(b) MRI scan and

My recollection is that a radiographer, a radiologist, a nurse and possibly an anaesthetist, if the patient required an anaesthetic, would be required to perform and report a MRI scan.

(c) EEG

An EEG technician would be required to perform the test and a neurologist would be required to report it.

and describe their availability:

(i) During working hours (09.00-17.00) Monday - Friday

CT

During working hours the staff would have been on site but may have been performing other duties. An urgent CT would require co-ordination of all the necessary staff at the same time.

MRI

My recollection is that most MRI scans were not done as an emergency but could be arranged as an urgent case within a few days with the staff required.

EEG

My recollection is that an EEG technician was present during normal working hours 9AM - 5PM Mon to Fri. A neurologist was always available.

(ii) Out of hours (17.00-09.00) Monday - Friday

CT

My recollection is that there was always an on-call radiologist, radiographer and anaesthetist available if necessary.

MRI

My recollection is that MRI scans were not done as an emergency.

EEG

My recollection is that there was no emergency EEG service available.

At weekends.

CT

My recollection is that there was always an on-call radiologist, radiographer and anaesthetist available if necessary.

MRI

My recollection is that MRI scans were not done as an emergency.

EEG

My recollection is that there was no emergency EEG service available.

in October 1996.

(12) State whether you considered requesting:

- (a) a CT scan and/or
- (b) an MRI scan and/or
- (c) an EEG

on examining Claire on 21st and 22nd October 1996. If so, explain why and if not, explain why.

I do not recollect examining Claire on the 21st or 22nd of October and therefore do not recall whether or not I made any recommendations for carrying out a CT, MRI or EEG.

(13) State what the threshold was for requesting a paediatric:

(a) CT scan

I cannot recollect the criteria as this decision would have been made by more senior staff than an SHO.

(b) MRI scan

I cannot recollect the criteria as this decision would have been made by more senior staff than an SHO.

(c) EEG

I cannot recollect the criteria as this decision would have been made by more senior staff than an SHO.

in RBHSC in October 1996.

(14) State what authorisation was required for obtaining a paediatric:

(a) CT scan

This would be authorised following discussion with the consultant looking after the patient and the consultant radiologist.

(b) MRI scan

This would be authorised following discussion with the consultant looking after the patient and the consultant radiologist.

(c) EEG

This would be authorised following discussion with the consultant looking after the patient and the consultant neurologist.

in RBHSC in October 1996.

(15) If you had requested a CT scan, MRI scan and/or an EEG of Claire on 21st or 22nd October 1996 state:

(a) where that would have been carried out

In my recollection I am not certain if a CT brain could be carried out in RBHSC or if it required transport to the main RVH, an MRI scan took place in the MRI unit in Carrickmannon house on the RVH campus. An EEG took place in RBHSC.

(b) how long it would have taken to arrange for Claire

I cannot recollect how long this would have taken in 1996

- (c) how Claire would have been transferred to the venue for the CT and/or MRI scan and/or EEG

If transport was required it would have been by ambulance.

- (d) whether anaesthesia or sedation was likely or necessary, and

I do not recollect meeting Claire and cannot say whether or not an anaesthetic or sedation would have been required.

- (e) how long that journey would have taken.

An ambulance journey would have taken 5 to 10 minutes however waiting on an ambulance becoming available may have taken considerably longer.

- (16) State whether you discussed with any other person carrying out an urgent electroencephalogram (EEG) in order to make a firm and unequivocal diagnosis of non-convulsive status epilepticus, and state:

- (a) With whom you discussed this.

I was not part of the main team looking after Claire and therefore did not have this discussion.

- (b) The time, location and outcome of the discussion and any document recording the discussion.

I was not part of the main team looking after Claire and therefore did not have this discussion.

- (c) Whether you made enquiries about whether a technician and equipment was available to carry out an EEG, the outcome of those enquiries and identify any note of your enquiries and whether a technician or equipment was available to carry out that test.

I was not part of the main team looking after Claire and therefore did not have this discussion.

- (d) What EEG service was available in RBHSC on 22nd and 23rd October 1996.

I cannot recollect what was available on the 22nd and 23rd of October 1996.

- (e) Whether you considered closer observations of Claire on making this diagnosis and when the medicines (diazepam, midazolam and phenytoin) were being administered, and if so, state when and how you considered this, and the result thereof. If you did not consider this, explain why not.

I was not part of the main team looking after Claire and therefore did not consider making these recommendations.

- (17) State whether you considered carrying out more extensive biochemical tests including liver function tests, calcium, glucose, ammonia and toxicology on 22nd October 1996 and if so, explain why these tests were not conducted at this stage given Claire's condition. If not, explain why they were not considered.

I have no recollection of meeting Claire and cannot therefore say whether or not I considered performing these tests.

- (a) Describe the consideration, if any, you gave to carrying out a blood test for electrolytes on 22nd October 1996 to check Claire's serum sodium level.

I have no recollection of meeting Claire and cannot therefore say whether or not I considered performing these tests.

- (b) State whether you discussed with a more senior clinician on 22nd October 1996 carrying out a blood test for electrolytes and if so, identify that clinician and state when this discussion took place.

I have no recollection of discussing Claire with any clinician.

- (i) State whether any decision was made as to whether a blood test for electrolytes was to be conducted on Claire, and if so, what that decision was.

I have no recollection discussing Claire with any clinician.

- (ii) Explain the reasons for not carrying out such a test until the evening of 22nd October 1996.

I was not part of the team looking after Claire during normal working hours and therefore did not make decisions about which tests needed performed and when.

- (18) In assessing, determining and reviewing Claire's fluid management, state:

- (a) State whether you considered prescribing restricted fluids on 22nd October 1996, and if so, state when you considered this and explain why you did not prescribe restricted fluids. If you did not consider this, explain why not.

I was not part of the medical team looking after Claire during normal working hours and have no recollection of being asked to review her fluids during the period of on-call from 17.00 to 22.00

- (b) State whether you considered prescribing a higher sodium containing fluid on 22nd October 1996, and if so, state when and the reasons for considering this. If you did not consider this, explain why not.

I was not part of the medical team looking after Claire during normal working hours and have no recollection of being asked to review her fluids during the period of on-call from 17.00 to 22.00

- (c) State whether you were aware of the possibility of inappropriate ADH secretion in Claire's case on 22nd October 1996, and if so, state whether and how you modified Claire's management and IV fluid regime to address that possibility. If you were not aware of this, explain why not. If you made no modifications to the IV fluid regime, explain why not.

I was not part of the medical team looking after Claire during normal working hours and have no recollection of being asked to review her fluids during the period of on-call from 17.00 to 22.00 I have no recollection of being aware of the possible diagnosis of inappropriate ADH secretion in Claire at this time.

- (d) State whether the continuance of the intravenous fluids started after admission and the application of standard fluid therapy at that time was reviewed and reassessed at any time on 22nd and 23rd October 1996, and if so, state when, by whom, the reasons for the review/reassessment at that time and what the outcome of any such review/reassessment was. If they were not reviewed and reassessed, explain why not.

I have no recollection of Claire's fluids being reviewed during the period 17.00 to 22.00 on the 22nd of October. Outside of these hours I was not on duty for Allen Ward.

- (e) State if you regarded Claire as dehydrated, or potentially dehydrated at any time during your care and treatment of her.

I have no recollection of meeting Claire and cannot comment on what I felt her state of hydration to be.

- (f) In assessing, determining/reviewing Claire's fluid management, state what consideration you gave on 22nd and 23rd October 1996 to Claire's urine output, urine sodium and urine osmolality, when you considered this and what the result was of this consideration.

I have no recollection of being asked to assess Claire's fluid management from 17.00 to 22.00 on the 22nd of October. Outside of these hours I was not on duty for Allen ward.

- (g) State whether you considered measuring Claire's urine output on admission. If not, explain why you did not consider this.

I was not on duty when Claire was admitted.

- (h) State whether you considered catheterising Claire on 22nd October or 23rd October 1996 and if so, state when you considered this and the reasons why. If you did not consider this, explain why.

I have no recollection of any concerns with regards to fluid management and therefore cannot comment on whether or not consideration was given to catheterisation.

(19) "22/10/96 W/R Dr. Sands..." (Ref: 090-022-052)

- (a) State if this untimed note dated 22nd October 1996 at the bottom of the clinical notes at Ref: 090-022-052 was made by you.

This note was not made by me.

- (i) If you made that note, state at what time this note was made.

This note was not made by me. I do not know when it was made.

- (ii) If not, state at what time this ward round note was made and identify the author of that note.

I do not know at what time this note was made or by whom.

- (b) State whether you were on the ward round when Claire was attended and examined on the morning on 22nd October 1996. If not, explain why not.

I was not on the ward round on the morning of the 22nd of October as I was not on duty for Allen Ward.

- (c) State at which time the ward round was conducted and identify the other clinicians and nurses who attended Claire on that ward round.

I am unable to comment as I was not present.

- (d) State whether at that time Dr. Sands was a Senior Registrar Grade.

- (i) In particular, state whether he functioned virtually as a consultant and undertook consultant-level responsibilities.

Dr Sands was a paediatric registrar. As far as I recall it was one of his first registrar posts. He would not have taken on consultant level responsibilities and would have consulted more senior members of staff if he had concerns.

- (e) Explain the reasons why the ward round was not conducted by Dr. Heather Steen on the morning of 22nd October 1996.

I was not on duty in Allen Ward and cannot therefore comment.

- (20) "*Admitted? Viral illness*" (Ref: 090-022-052)

- (a) Explain this note.

I was not on duty in Allen Ward at this time and cannot comment on the notes made.

- (21) "*U+E - Na+ 132 FBC - WCC ↑16.4 Gluc 6.6*" (Ref: 090-022-053)

- (a) State the date and time at which the noted U&E results were received.

I was not on duty in Allen Ward and cannot comment on the notes made.

- (b) Explain the significance of the Sodium, White Cell Count and Glucose results received.

The sodium is just below the lower limit of the normal range.

The white cell count is elevated as indicated.

The glucose is normal.

- (c) Explain the reasons why only the Sodium, White Cell Count and Glucose results were noted and not all the other electrolyte results.

I was not on duty in Allen Ward and cannot comment on notes made.

- (d) Explain the significance of the "+"

The chemical symbol for the sodium cation is Na^+ this is the often how sodium is written in medical notes.

- (e) State whether you assessed the sodium blood chemistry and white cell count results which were recorded and in particular:

I was not on duty in Allen Ward at this time.

- (i) Explain whether you reviewed Claire's fluid regime in light of the results

I was not on duty in Allen Ward at this time.

- (ii) State whether you drew those results to a more senior clinician's attention in order to reassess and review Claire's diagnosis, treatment and fluid balance and regime

I was not on duty in Allen Ward at this time.

- (iii) If so, identify the more senior clinician contacted, state when and how s/he was contacted, and what action, if any, resulted from this contact

I was not on duty in Allen Ward at this time.

- (iv) Explain, if you did not do so, why you did not do so

I was not on duty in Allen Ward at this time.

- (f) Describe the consideration, if any, you gave to carrying out another electrolyte test to check Claire's serum sodium level on receipt of the sodium result received.

I was not on duty in Allen Ward at this time.

- (i) State whether these blood test results would have caused you any concern at all, and if so, the nature of and reasons for your concern, and what steps you took to address, monitor and manage that concern over the course of 22nd and 23rd October 1996. If the test results caused you no concern at all, explain why not.

I have no recollection of Claire's sodium level being brought to my attention during the period 17.00 to 22.00. Outside of these hours I was not on duty.

(22) *"On IV fluids"*. (Ref: 090-022-053)

- (a) State precisely which type and quantity of IV fluids were being administered to Claire on the morning of 22nd October 1996, and at what rate of administration, and the reasons for the type, quantity and rate of administration.

I was not on duty in Allen Ward at this time.

- (b) State your method of calculating Claire's fluid requirements at that time.

I was not on duty in Allen Ward at that time.

- (c) State whether the type, rate and quantity of IV fluids were reassessed and reviewed during the ward round on 22nd October 1996, and if so what was the outcome of that reassessment. If not, explain why not.

I was not on duty in Allen Ward at that time.

(23) *"Intravenous Fluid Prescription Chart*

500mls, No. 18 Soln, 64mls/ltr" (Ref: 090-038-136)

- (a) Identify the person/s who determined this prescription and rate of administration.

I do not recognise this signature,

- (b) State the reasons for the type and quantity of this solution being prescribed for Claire and being administered at this rate.

I was not on duty for Allen Ward patients and cannot therefore comment.

- (c) State the time at which the type and quantity of this solution and rate of administration was prescribed.

I was not on duty for Allen Ward patients at that time and cannot therefore comment.

- (d) State your method of calculating Claire's fluid requirements at that time.

I was not on duty for Allen Ward patients and therefore did not calculate fluid requirements.

- (e) State the name and amount of additives to this solution as recorded on this intravenous fluid prescription chart.

According to the fluid prescription chart there were no additives in this solution. "500mls, No. 18 Soln, 64mls/ltr" (Ref: 090-038-136)"

- (f) Describe any monitoring of Claire's consciousness and serum sodium concentration directed or arranged on her admission to Allen Ward and thereafter, and state when and why this was directed/arranged and who was responsible for that monitoring of Claire and any record made thereof.

I was not on duty for Allen Ward patients at that time.

- (g) State whether the type, rate and quantity of IV fluids were reassessed and reviewed at any time between the end of the ward round and 23.30 on 22nd October 1996 and if so, state what was the outcome of that reassessment and identify where it is recorded in Claire's medical notes. If there was no reassessment or review, explain why not.

I have no recollection of being asked to review Claire's fluids during the period 17.00 to 22.00 on the 22nd October 1996. Outside of these hours I was not on duty for Allen Ward.

(24) "Imp. Non fitting status. /encephalitis/encephalopathy" (Ref: 090-022-053)

- (a) Explain what is meant by "non-fitting status"

My understanding of "non-fitting status" denotes continuous abnormal electrical activity of the brain that is not associated with overt seizure activity.

- (b) Identify the evidence of "Non Fitting status" upon which that diagnosis was based.

I was not on duty in Allen Ward at that time and cannot therefore comment.

- (c) Identify the author of the note "/encephalitis/encephalopathy" and state:

I do not know who made this note, it is unsigned.

- (i) The time when this note was made

I do not know at what time this note was made. It is not indicated in the notes.

- (ii) The reasons for this addition to the medical notes

I do not know why this was added as I was not present at the time.

- (iii) Whether those 2 conditions comprised part of the diagnosis on the ward round, or whether they were part of a diagnosis by another person, and

I cannot comment as I was not on duty for Allen Ward patients at that time.

(iv) If so, state by whom and when that diagnosis was made.

I cannot comment as I was not on duty for Allen Ward patients at the time.

(d) Explain if there were any other alternative diagnoses and, if so, identify each of them and explain why they were not noted on Claire's medical notes.

I cannot comment as I was not on duty for Allen Ward patients at the time.

(e) In particular, state whether you, Dr. Roger Stevenson or Dr. Andrew Sands considered hyponatraemia and/or cerebral oedema as a diagnosis, and explain the reasons why/not, and if so, why this was not recorded in Claire's medical notes.

I cannot comment on Dr Sands or Dr Stevenson's considerations at the time as I was not present. I was not on duty for Allen Ward patients at that time.

(f) State whether you, Dr Roger Stevenson or Dr. Andrew Sands considered that Claire's reduced level of consciousness and poorly reacting pupils were caused by cerebral oedema related to hyponatraemia, and if so, state when and the reasons why you considered this. If you did not consider this, explain why not.

I was not on duty for Allen Ward patients at that time and I cannot comment on Dr Sands or Dr Stevenson's considerations as I was not present.

(g) Explain any discussions you had with the medical, clinical or nursing staff regarding Claire's condition and diagnosis and what tests, scans or investigations were required.

I have no recollection of discussing Claire with any staff during the hours 17.00 to 22.00 on the 22nd of October. Outside of these hours I was not on duty for Allen Ward patients.

(h) State whether you considered monitoring Claire's intracranial pressure at any time, and if so, state when and the reasons why. If not, explain why not.

I have no recollection of meeting Claire during the hours 17.00 to 22.00 on the 22nd of October and therefore cannot say if I considered monitoring intracranial pressure. Outside of these hours I was not on duty for Allen Ward patients.

(i) On 22nd October 1996, state whether you, Dr. Roger Stevenson or Dr. Andrew Sands considered that Claire's condition required to be investigated and/or treated as a matter of urgency, and if so, state when and the reasons why you considered this, and what action you took as a result of that consideration. If you did not consider this, explain why not.

I have no recollection of meeting Claire during the hours 17.00 to 22.00 on the 22nd of October and therefore cannot comment. Outside of these hours I was not on duty for Allen Ward patients. I cannot comment on Dr Sands or Dr Stevenson's considerations at the time.

- (j) State precisely whether and how you communicated the diagnosis of Claire's condition during and following the ward round on 22nd October 1996 to the members of the medical and nursing team, and when this was done.

I was not present on the ward round as I was not on duty for Allen Ward patients.

- (k) State whether you considered requesting a CT scan on attending Claire on 22nd October 1996. If so, explain why and if not, explain why not.

I have no recollection of meeting Claire on the 22nd of October between the hours of 17.00 and 22.00 and therefore cannot recall if I considered requesting a CT scan.

- (l) State what the threshold was for requesting a paediatric CT scan in RBHSC in October 1996.

I cannot recollect the criteria for requesting a CT scan in RBHSC in October 1996 as this decision would have been made by more senior staff.

- (m) State the length of time necessary in October 1996 to arrange an urgent CT scan for a paediatric patient.

I cannot recall how long it would have taken to arrange an urgent CT scan for a paediatric patient in 1996.

- (n) State the length of time required to arrange a non-urgent paediatric CT scan in October 1996.

I cannot recall how long it would have taken to arrange a non-urgent CT scan for a paediatric patient in 1996.

- (o) Explain why a CT scan was not arranged for Claire on 22nd October 1996.

I do not recall meeting Claire between 17.00 and 22.00 on the 22nd of October. Outside of these hours I was not on duty for Allen Ward patients and do not know why a CT was not arranged.

(25) *"Plan Rectal Diazepam*

Dr. Webb..." (Ref: 090-022-053)

- (a) Explain the meaning of this note.

I was not on duty for Allen Ward patients and did not write this note.

- (b) Identify the person who prescribed and administered the "Rectal Diazepam" and at what time it was administered.

I cannot identify the signature of the person who prescribed or administered the rectal diazepam. It appears to have been administered at 12.15 pm according to the prescription sheet.

- (c) State what effect the diazepam had on Claire's presentation and how long that effect lasted. In particular, state whether the diazepam made Claire any more alert or improved her conscious level, and if so, state at what time this occurred.

I was not present to observe whether or not the diazepam had any effect.

- (d) If the "Rectal Diazepam" did not cause Claire to become any more alert or improve her conscious level, state whether Claire's condition, care and treatment was reviewed and reassessed, and if so state when, by whom and what was the outcome of that review. If there was no review/reassessment, explain why not.

I was not on duty for Allen Ward patients at that time.

(26) "22.10.96 Neurology. Thank you. 4pm..." (Ref: 090-022-053)

- (a) State whether you were present when Dr. Webb attended and examined Claire for the first time on 22nd October 1996.

I was not present as I was not on duty for Allen Ward patients.

- (b) State at what time Dr. Webb first attended and examined Claire on 22nd October 1996.

I was not on duty for Allen Ward patients and therefore do not know.

- (c) Identify all persons who were present during Dr. Webb's first attendance and examination of Claire on 22nd October 1996.

I was not on duty for Allen Ward patients and therefore do not know.

- (d) At that time and on 22nd October 1996 what was your understanding of Dr. Webb's role in relation to Claire. In particular did you understand that:

I was not present and therefore cannot comment on either question.

- (i) Dr. Webb was taking over Claire's care from Dr. Heather Steen, or

I was not present and therefore cannot comment on either question.

- (ii) Dr. Webb was providing a specialist opinion and that Dr. Steen remained as the consultant responsible for Claire.

I was not present and therefore cannot comment on either question.

State the basis for your understanding.

I was not present and therefore cannot comment on either question.

(27) "22/10. Time 3.10pm Lasted frequently strong seizure at 3.25.

Duration 5 min

State afterwards sleepy

Initial Mum" (Ref: 090-042-144)

- (a) State whether you or any other member of the medical team witnessed this seizure, and if so, identify the others who witnessed it.

I was not on duty for Allen Ward patients at that time.

- (b) State whether you or any other member of the medical team were informed of this seizure at 15.10 or at any time thereafter, and if so, identify who was so informed, by whom and state when and where you or s/he was so informed. If not, explain why not.

I was not on duty for Allen Ward patients at that time.

- (c) State whether Dr. Webb was aware of this seizure at any time on 22nd October 1996, and if so, state when and how he became aware of it. If Dr. Webb was not aware of it, explain why not.

I was not on duty for Allen Ward patients at that time and do not know if Dr Webb was made aware of this seizure.

- (d) State whether you considered that Claire's seizures on 22nd October 1996 may have been provoked by a drop in sodium level and cerebral oedema, and if so, state when and the reasons why you considered this. If you did not consider this, explain why.

I do not recall being made aware of Claire's sodium level between 17.00 and 22.00 on the 22nd of October. I therefore do not recall considering if her seizures were due to a falling sodium level. Outside of these hours I was not on duty for Allen Ward patients.

(28) "22/10/96 S/B Dr Webb

Still in status" (Ref: 090-022-055)

- (a) State the time at which Claire was "S/B Dr. Webb" for the second time on 22nd October 1996.

This note is not signed or dated therefore I cannot comment on the time.

- (b) State if this note was made by you. If not, state who made that note.

This note was not made by me and is not signed therefore I cannot comment on who made this note.

- (c) If you made that note, explain what is meant by "*still in status*" and the evidence for that diagnosis.

I did not make this note and therefore cannot comment.

- (d) State the time at which that note was recorded in Claire's medical notes.

The time is not noted therefore I cannot comment.

- (29) "22/10 4.30pm. teeth tightened slightly.

Duration few secs.

State afterwards asleep." (Ref: 090-042-144)

- (a) State whether you or any other member of the medical team witnessed this seizure, and if so, identify the others who witnessed it.

I was not on duty in Allen Ward at that time therefore cannot comment.

- (b) State whether you or any other member of the medical team were informed of this seizure at 16.30 or at any time thereafter, and if so, identify who was so informed, by whom and state when and where you or s/he was so informed. If not, explain why not.

I was not on duty in Allen Ward at that time therefore cannot comment.

- (c) State whether Dr. Webb was aware of this seizure at any time on 22nd October 1996, and if so, state when and how he became aware of it. If Dr. Webb was not aware of it, explain why not.

I was not on duty in Allen Ward at that time therefore cannot comment.

- (30) "*Prescription Sheet*

Re-written 9.30pm - 22/10/96" (Ref: 090-026-073)

- (a) Explain why you rewrote the Drug Prescription Sheet at 21.30 and identify the prescriptions which you rewrote.

I do not recall rewriting the prescription but on reviewing the notes the original midazolam dose needed to be changed. The original prescription sheet was full and therefore the whole thing was rewritten.

- (b) State whether you rewrote the sheet on your own initiative or on the direction or advice of another person, and if the latter, identify that person, their position and the basis of that direction/advice.

I have no recollection of rewriting the prescription sheet but would have done so to facilitate the change to the midazolam dose.

(31) *"PARENTERAL DRUGS REGULAR PRESCRIPTIONS*

...22/10/96 Midazolam 2ml...0.1ml/hr to 3ml/hr every 5 mins" (Ref: 090-026-073):

- (a) State the time at which the drug was prescribed

The drug was prescribed at 9.30pm when the prescription sheet was rewritten.

- (b) State the time that the change to the rate of administration was identified

According to the fluid chart and the nursing notes the rate of administration changed sometime between 9-30 and 10-50 pm. The nursing notes record that the change to the rate was complete by 10.40 pm.

- (c) Identify the person/s who directed this prescription and rate of administration

The nursing notes refer to the increase in prescription rate. I do not recollect who directed this.

- (d) State the reasons for this solution being prescribed for Claire and being administered at this rate

I was not present when Dr Webb saw Claire and cannot comment on the reason for the solution or the rate of administration.

- (e) Identify the person who administered this dose of midazolam to Claire, at what time and identify the document where the administration of this dose of medicine is signed for and recorded

I have no recollection of who administered the midazolam. It is recorded on the fluid balance sheet as being administered from 4.30 pm on the 22nd of October at 2 mls per hour and increasing to 3mls per hour at 23.00.

- (f) Explain why the midazolam infusion prescribed on a 'regular prescription' chart rather than an intravenous infusion chart

All medicines were prescribed on a medicine prescription chart before they could be administered.

(32) *"DRUGS ONCE ONLY PRESCRIPTIONS*

22/10/96 Sodium Valproate 210mg" (Ref: 090-026-075)

- (a) Explain why "Sodium Valproate" is scored out on the Drug Prescription Sheet, and the reasons why it was discontinued.

The medicine is scored out as it was discontinued. I cannot recollect why it was discontinued.

- (b) Explain why the "Sodium Valproate" was prescribed on a 'regular prescription' chart rather than an intravenous infusion chart.

All medicines were prescribed on a medicine prescription chart before they could be administered.

- (c) Explain why "Sodium Valproate" was not included when the prescription sheet was rewritten at Ref: 090-026-073.

I do not recollect why the sodium valproate was not included when the prescription sheet was rewritten.

- (d) State when and why the prescription for Sodium Valproate which you made was struck out.

I do not recollect when or why the sodium valproate was struck out.

- (e) State whether this drug was administered, and if so, state the time when its administration commenced and ceased.

According to the prescription sheet 400mg of sodium valproate was given at 5.15pm.

I do not recollect at what time it commenced or ceased.

- (f) State the reason for the administration of this drug to be discontinued and whether it was discontinued on the instruction of any person, and if so, identify the name and position of that person and state when that instruction was given. State also whether it was intended to continue the administration of that medication on 22nd or 23rd October 1996 and if so, explain why it was not continued at that time.

I have no recollection of why this drug was discontinued, who instructed it or when this instruction was given.

- (g) State the number of IV lines attached to Claire at 17.00 on 22nd October 1996 and thereafter.

I have no recollection of the number of IV lines attached to Claire at any time.

(33) "22.10.96

17.00 Claire has had a loading dose of Phenytoin and a bolus of midazolam. She continues to be largely unresponsive...

- Plan. 1) Cover w Cefotamine and acyclovir 48 Hrs - I don't think meningoencephalitis v likely."
(Ref: 090-022-055)

- (a) State the time at which Dr. Webb attended Claire for the third time on 22nd October 1996.

I have no recollection of Dr Webb's attendance and cannot therefore comment on the time.

- (b) Identify all persons who were present during Dr. Webb's third attendance on Claire.

I have no recollection of being present and cannot therefore comment on who was there.

- (c) State whether you were present during Dr. Webb's attendance with Claire at 17.00 on 22nd October 1996 recorded in the clinical notes. (Ref: 090-022-053)

I have no recollection of being present.

- (d) State whether Dr. David Webb communicated to you in terms of urgency and timing of when Claire's blood sample was to be taken. If so, explain why he provided for this advice on timing of the sample; and state when and where Dr. Webb communicated this to you.

I have no recollection of Dr Webb communicating this with me.

- (e) State what the diagnosis of Claire's condition was at that time and explain the reasons for that diagnosis. In particular state what you, Dr. Andrew Sands and/or Dr. David Webb attributed Claire's lack of responsiveness to at that time.

I have no recollection of being present at that time and cannot comment on Dr Webb or Dr Sand's thoughts at the time.

- (f) Explain why Dr. Webb did not "*think meningoencephalitis v likely.*"

I do not recollect being present and therefore cannot comment on Dr Webb's thoughts at the time.

- (g) State whether the cefotaxime was administered to Claire, and if so, state by whom and at what time.

I have no recollection of the events but according to the prescription sheet I administered the drug at 5.30pm on the 22nd of October

- (h) Identify the conditions/illnesses which cefotaxime was to address and state the time at which this medication was administered to Claire on 22nd October 1996.

This was to address meningitis. According to the prescription sheet I administered it at 5.30pm.

- (i) State whether the acyclovir was administered to Claire, and if so, state by whom and at what time.

I have no recollection of events but according to the prescription sheet I administered Acyclovir at 9.30pm

- (j) Identify the conditions/illnesses which acyclovir was to address and state the time at which this medication was administered to Claire on 22nd October 1996.

This was to address encephalitis and according to the prescription sheet it was administered at 9.30pm

- (k) As Dr. Webb decided to "cover" Claire with these medications to treat Claire for certain conditions/illnesses, explain why you did not administer these medications promptly or urgently, and the reasons why these medications were not administered until approximately 21.30 on 22nd October 1996.

The medications were given at the time they were prescribed for.

(34) "2) check viral cultures ? enterovirus - stool, urine, blood and T/S" (Ref: 090-022-055)

- (a) Explain the reasons for the lapse of approximately 4.5 hours between Dr. Webb's request for a blood sample from Claire at 17.00 on 22nd October 1996 and the sample being taken at approximately 21.30.

I was on-call for all medical patients from 17.00 to 22.00 including acute admissions. I do not recollect exactly what I was doing at the time or why the bloods were taken at 21.30.

- (b) State the results of the analysis of the urine samples taken on the ward.

I have no recollection of urinalysis results being brought to my attention between 17.00 and 22.00 on the 22nd of October. Outside of these hours I was not on duty.

- (c) Identify where these results are noted or recorded, and by whom the record or note of the results was made.

There is a note in the nursing notes made at 10pm on the 21st of October that urine sample was sent to the lab for direct microscopy and culture. I was not on duty and do not know who made the note.

- (d) If there is no note or record of the said results, please explain why not.

There is a note in the nursing notes made at 10pm on the 21st of October that urine sample was sent to the lab for direct microscopy and culture.

- (e) State whether you were aware of and took account of the results from the urine analysis in your care and management of Claire. If not, explain why not and state whether you took any steps to ascertain these results or to repeat the urine analysis and your reasons for not/doing so.

I have no recollection of a concern with regards to urinalysis results being brought to my attention whilst on call from 17.00 to 22.00 on the 22nd of October. Outside of these hours I was not on duty FOR Allen Ward patients.

- (35) *"3) Add IV sod valproate 20mg/Kg IV bolus followed by infusion of 10mg/Kg IV over 12 Hrs"*
(Ref: 090-022-055)

- (a) State whether the sodium valproate was administered to Claire, and if so, state by whom, in what dose and at what time.

I have no recollection of events whilst on-call between 17.00 and 22.00 but according to the prescription sheet Claire had 400mg of Sodium Valproate administered at 5.15pm on the 22nd of October. I do not recognise the signature of the person who administered it.

- (b) State what effect that medication had on Claire's presentation and how long that effect lasted.

I have no recollection of meeting Claire at this time and therefore cannot comment on what effect the medication may have had.

- (c) State whether the sodium valproate improved Claire's conscious level, and if so, state at what time this occurred.

I have no recollection of meeting Claire at this time and therefore cannot comment on what effect the medication may have had or when this may have occurred

- (d) If the sodium valproate did not improve Claire's conscious level, state whether Claire's condition, care and treatment was reviewed and reassessed, and if so state when, by whom and what was the outcome of that review. If there was no review/reassessment, explain why not.

I have no recollection of being asked to review Claire between 17.00 and 22.00 on the 22nd of October. Outside of these hours I was not on duty.

- (e) After Dr. Webb's third attendance on Claire, describe the plan of care for Claire from 17.00 onwards on 22nd October 1996 and the arrangements in place for Claire's condition, treatment and care to be monitored, reviewed and reassessed.

I have no recollection of discussing Claire with any member of staff between 17.00 and 22.00 on the 22nd of October. I cannot recall what arrangements were in place.

- (f) After Dr. Webb's third attendance on Claire noted at 17.00 in the medical notes, (Ref: 090-022-055) state whether you considered that Claire's condition required to be further investigated and/or treated as a matter of urgency, and if so, state when and the reasons why you considered this, and what action you took as a result of that consideration. If you did not consider this, explain why not.

I do not recall being present with Dr Webb at the time or being asked to see Claire between 17.00 and 22.00 due to any concerns.

- (36) *"22/10 7.15pm. teeth clenched + groaned.*

Duration 1 min.

State afterwards asleep." (Ref: 090-042-144)

- (a) State whether you or any other member of the medical team witnessed this seizure, and if so, identify the others who witnessed it.

I do not recall witnessing this seizure and cannot comment on whether or not any other member of the medical team saw it.

- (b) State whether you or any other member of the medical team were informed of this seizure at 19.15 or at any time thereafter, and if so, identify who was so informed, by whom and state when and where you or s/he was so informed. If not, explain why not.

I do not recall being informed of this seizure and cannot comment on whether or not any other member of the medical team was informed.

- (c) State whether Dr. Webb or the consultant paediatrician responsible for Claire was aware of this seizure at any time on 22nd October 1996, and if so, state when and how s/he became aware of it. If they were not aware of it, explain why not.

I do not recall if Dr Webb was made aware of this seizure.

- (37) *"22/10 9pm. Episode of screaming and drawing up of arms. Pulse rate ↑165bpm. Pupils large but reacting to light. Dr. Informed. teeth clenched + groaned.*

Duration 30 secs

State afterwards asleep." (Ref: 090-042-144)

- (a) State whether you or any other member of the medical team witnessed this seizure, and if so, identify the others who witnessed it.

I do not recall witnessing this seizure and therefore cannot comment on who else may have witnessed it.

- (b) State whether you or any other member of the medical team were informed of this seizure at 21.00 or at any time thereafter, and if so, identify who was so informed, by whom and state when and where you or s/he was so informed. If not, explain why not.

I do not recall being contacted about this seizure and therefore cannot comment on who, when or where the person was informed.

- (c) State whether Dr. Webb or the consultant paediatrician responsible for Claire was aware of this seizure at any time on 22nd October 1996, and if so, state when and how s/he became aware of it. If they were not aware of it, explain why not.

I do not recall if Dr Webb was made aware of this seizure or not.

- (38) State whether you considered increasing the frequency of Claire's central nervous system and respiratory observations and monitoring of her vital signs on 22nd October 1996, and if so, state when, the reasons why you considered this, and the reasons why no change was made to the frequency of the observations/monitoring at all. If you did not consider this, explain why not.

I do not recollect having any contact with Claire during the period from 17.00 to 22.00 and therefore cannot comment on whether or not I considered recommending any changes.

- (a) State whether you discussed increasing the frequency of Claire's central nervous system and respiratory observations and monitoring of her vital signs with any other person, and if so, identify that person and state when and where you discussed this, and the outcome of the discussion. If not, explain why not.

I do not recollect having any contact with Claire during the period from 17.00 to 22.00 and therefore cannot comment on whether or not I considered recommending any changes.

- (b) When the hourly CNS observations were started, state whether you considered passing a naso-gastric tube and if so, state when and how this was considered and what the outcome thereof was. If it was not considered, explain why not.

I was not on duty when the hourly observations were started.

- (39) State whether consideration was given to admitting Claire to PICU and the reason/s why Claire was not admitted to PICU on 22nd October 1996, and in particular:

- (a) When Claire did not respond to any anti-epileptic medication

I do not recall being asked to see Claire during the period from 17.00 to 22.00 and therefore cannot comment on what consideration may have been given to PICU admission.

- (b) At 21.00 when Claire's GCS dropped

I do not recall being asked to see Claire during the period from 17.00 to 22.00 and therefore cannot comment on what consideration may have been given to PICU admission.

(c) At 23.30 when Claire's serum sodium result of 121mmol/L was noted

I was not on duty at this time.

(40) State the system of referral to PICU in RBHSC in October 1996.

From my recollection the paediatric registrar could contact the anaesthetic registrar and consultant on call if they had concerns about a patient possibly needing PICU admission.

(41) State whether the process to seek advice from a Paediatric Intensive Care Specialist in October 1996 in RBHSC was solely via the treating Consultant or whether junior medical staff could seek support from PICU between 17.00 and 09.00 without necessarily informing their Consultant.

My recollection is that in an emergency the paediatric registrar could seek advice directly from PICU staff informing their consultant when free to do so.

(42) State whether you were aware of the recorded CNS observations (Ref: 090-039-137) on 22nd October 1996, and if so, state what you did as a result thereof and the reasons for this. If not, explain why you were not aware of these CNS observations.

I have no recollection of events between 17.00 and 22.00 on the 22nd of October 1996. I cannot therefore recall whether or not I was made aware of the CNS observations.

(a) State the Glasgow coma score that you consider to reflect the onset of coma.

It is generally recommended that intubation is considered if the GCS is below 8

(b) State at what GCS you would normally have discussed admission to PICU.

The decision to admit to PICU would be made at a more senior level than SHO.

(c) State the protocols, guidelines and procedures in RBHSC between 21st and 23rd October 1996 governing admission of children to PICU.

I have no recollection of any protocols, guidelines and procedures in place in 1996 in RBHSC.

(43) State whether you considered contacting Drs Steen, Dr. Webb, Dr. Sands or Dr. Bartholome on 22nd October 1996 in relation to Claire's GCS and deteriorating condition, and if not, why not, and if so, what exactly was discussed, what they did about it and what the response was.

I have no recollection of events between 17.00 and 22.00 on the 22nd of October 1996 and therefore cannot say if I discussed Claire with any of the Drs mentioned.

- (a) State the threshold for calling a consultant in RBHSC in October 1996.

As an SHO I would have contacted the registrar before contacting a consultant. The registrar would contact a consultant if they needed advice or had concerns. I cannot comment on the threshold for each registrar.

- (b) State the periods of time when Dr. Andrew Sands and Dr. Brigitte Bartholome, Paediatric Registrars, was present on Allen Ward on 22nd October 1996.

I was on call for the entire hospital from 17.00 until 22.00 on the 22nd of October. I cannot recall when I or any other Dr was present in Allen Ward during that time.

- (44) State whether you considered advising Claire's parents of her deteriorating condition and if consideration was given to addressing the situation.

I have no recollection of being aware of Claire's deteriorating condition and therefore cannot comment on whether or not I considered advising Claire's parents of this.

- (45) Identify the Consultant whom you believed to be responsible for Claire and her management, care and treatment between her admission on 21st October 1996 and her death on 23rd October 1996, and explain the basis for this belief.

I was on call from 17.00 to 22.00 and do not recall having any contact with Claire during this period. I do not therefore recall which consultant I considered responsible during this period. Outside of this period I was not on duty and cannot comment on who was responsible.

- (a) Identify the paediatric consultant who was responsible for Claire's care, treatment and management from 17.00 on 22nd October 1996 and thereafter.

I cannot recall which consultant was responsible for Claire from 17.00 on the 22nd of October.

- (b) Identify the duty paediatric consultant on call on the evening of 22nd October and the morning of 23rd October 1996.

I cannot recall who the duty paediatric consultant on call was on the evening of the 22nd of October and the morning of the 23rd of October 1996.

- (46) Identify the members of the paediatric medical team on duty when Claire was admitted to Allen Ward on 21st October 1996, and their respective job titles.

I was not on duty for Allen Ward patients and therefore cannot comment.

- (47) Describe any changes to the members of that paediatric medical team during your care of Claire, the time when each change occurred and identify the additional/new members of the team and their respective job titles.

I was on call from 17.00 until 22.00 on the 22nd of October. I do not recall who else was on call with me at the time. Outside of these hours I was not on call and cannot comment on who was on call.

- (48) Identify the members of the nursing team on duty on 21st October 1996 when Claire was admitted to Allen Ward and their respective job titles.

I was not on duty in Allen Ward and therefore cannot comment.

- (49) Describe any changes to the members of that nursing team during your care of Claire, the time when each change occurred and identify the additional/new members of the team and their respective job titles.

I was on call from 17.00 until 22.00 on the 22nd of October. I do not recall which nurses were on duty at the time. Outside of these hours I was not on call and cannot comment on which nursing staff were on duty.

- (50) In October 1996 state whether nursing care was prescribed by doctors, nurses or both.

Nursing care would be directed by both nursing and medical staff depending on the needs of the patient.

- (51) Identify the ward sister/nurse in charge of Allen Ward between 21st and 23rd October 1996.

I was on call from 17.00 until 22.00 on the 22nd of October. I do not recall which ward sister/nurse in charge was on duty. Outside of these hours I was not on duty.

- (52) Describe the communications that you had with the Consultant responsible for Claire on her admission, including:

I was not on duty at the time.

- (a) Time of each communication

I was not on duty at the time.

- (b) Means by which the communication was made

I was not on duty at the time.

- (c) Nature of each communication

I was not on duty at the time.

- (d) Whether any advice or direction was given by the Consultant in relation to Claire's treatment and care, and if so the nature of that advice or direction

I was not on duty at the time.

- (e) Describe any protocols, if any, in place at the RBHSC on 22nd October 1996 for referral of a patient from the admitting consultant to another consultant due to the unavailability of the admitting consultant.

I cannot recall any protocols in place in 1996. My recollection is that there was always a consultant on call who could be contacted for advice even if it was not about one of their patients.

- (53) State what communication you had with Dr. Heather Steen in relation to Claire between 21st October 1996 and c. 04.00 on 23rd October 1996 including:

I have no recollection of having any communication with Dr Steen in relation to Claire at any time.

- (a) The date and time each communication was made, and the means by which communication was made e.g. in writing, telephone, in person etc.

I have no recollection of having any communication with Dr Steen in relation to Claire at any time.

- (b) Identify who initiated each communication and the reason for each communication being made

I have no recollection of having any communication with Dr Steen in relation to Claire at any time.

- (c) State what information you gave Dr. Heather Steen about Claire during each communication

I have no recollection of having any communication with Dr Steen in relation to Claire at any time.

- (d) State what advice or instructions Dr. Heather Steen gave you in relation to Claire on each occasion and what the plan of care was for Claire following each communication

I have no recollection of having any communication with Dr Steen in relation to Claire at any time.

- (e) Identify any document where each communication is recorded and produce a copy thereof

I have no recollection of having any communication with Dr Steen in relation to Claire at any time.

- (f) If no communication was made, explain why not

I have no recollection of having any communication with Dr Steen in relation to Claire at any time. It was usual practice for an SHO to discuss concerns with a registrar before contacting the consultant on-call. I do not recollect having any discussions about Claire with either the registrar or the consultant.

- (g) State whether Dr. Steen attended and examined Claire at any time between Claire's attendance at A&E on 21st October 1996 and Claire's death on 23rd October 1996, and if so, state the date, time and location of that attendance and examination.

I have no recollection of Dr Steen being asked to see Claire between 17.00 and 22.00 on the 22nd of October. Outside of these hours I was not on duty.

- (54) State what communication you had with Dr. David Webb in relation to Claire between 21st October 1996 and c. 04.00 on 23rd October 1996 including:

I have no recollection of having any communication with Dr Webb in relation to Claire at any time.

- (a) The date and time each communication was made, and the means by which communication was made e.g. in writing, telephone, in person etc.

I have no recollection of having any communication with Dr Webb in relation to Claire at any time.

- (b) Identify who initiated each communication and the reason for each communication being made

I have no recollection of having any communication with Dr Webb in relation to Claire at any time.

- (c) State what information you gave Dr. David Webb about Claire during each communication

I have no recollection of having any communication with Dr Webb in relation to Claire at any time.

- (d) State what advice or instructions Dr. David Webb gave you in relation to Claire on each occasion and what the plan of care was for Claire following each communication

I have no recollection of having any communication with Dr Webb in relation to Claire at any time.

- (e) Identify any document where each communication is recorded and produce a copy thereof

I have no recollection of having any communication with Dr Webb in relation to Claire at any time.

- (f) If no communication was made, explain why not

I have no recollection of having any communication with Dr Webb in relation to Claire at any time. It would be usual practice for a more senior doctor to contact a consultant if necessary outside of normal working hours

- (g) Identify any protocols/guidelines from 22nd October 1996 to date governing the request for and provision of a specialist opinion by another consultant, and the transfer of care and management of a child to another consultant, and furnish copies thereof.

I am not aware of any protocols or guidelines governing the request for a specialist opinion or transfer of care in 1996.

- (55) Identify the person to whom you 'handed over' Claire's management, treatment and care, and the time at which you handed over this care.

I have no recollection of the period from 17.00 to 22.00 on the 22nd of October 1996. According to the on-call rota Dr Neil Stewart was on call from 22.00

- (a) State what information you gave that person about Claire's condition, care and treatment and plan of care.

I have no recollection of what information was passed on.

- (56) Explain the nature and status of the document entitled 'Discharge/Transfer Advice Note' at Ref: 090-007-009, identify who completed that document and state when and where it was completed.

I was on-call from 17.00 to 22.00 on the 22nd of October and would not have seen this document therefore I cannot comment.

- (57) State whether you are a member of a medical defence organisation, and if so, state whether you have communicated with that organisation in relation to the treatment and death of Claire, and if so, state when you communicated with it.

I do not understand the relevance of this question.

- (58) Describe your perception of the seriousness or otherwise of Claire's condition during your care of her, and give the reasons for your view.

I have no recollection of events from 17.00 to 22.00 on the 22nd of October and cannot therefore comment on my perception of the seriousness of Claire's condition at the time.

- (59) Describe your communication with Claire's parents and family and in particular:

I have no recollection of ever communicating with Claire's parents and family.

- (a) State what information you communicated to Claire's parents and family, and what information they gave to you.

I have no recollection of ever communicating with Claire's parents and family.

- (b) Identify to whom you gave this information.

I have no recollection of ever communicating with Claire's parents and family.

- (c) State when and where you told them this information.

I have no recollection of ever communicating with Claire's parents and family.

- (d) Identify where the information you communicated/received was recorded or noted.

I have no recollection of ever communicating with Claire's parents and family.

- (e) State whether you recorded Claire's parents'/family's understanding of this information and their concerns, and if so, identify the documents containing that record. If you did not record this, explain why not.

I have no recollection of ever communicating with Claire's parents and family.

- (f) State if you discussed Claire's condition at any time with her parents. If so, state when, who was present, and what was discussed, where this is noted, and if it was not noted, explain why it was not noted.

I have no recollection of ever communicating with Claire's parents and family.

- (g) State whether you informed Claire's parents/family of the diagnosis, its implications and the treatment needed, and if so, state when you provided this information, to whom and where this communication is recorded. If you did not provide this information, explain why not. If any such communication is not recorded, explain why not.

I have no recollection of ever communicating with Claire's parents and family.

- (60) Prior to 21st October 1996:

- (a) State your knowledge and awareness of the case of Adam Strain, his Inquest and the issues arising from it.

Prior to 1996 I was not aware of Adam Strain nor the inquest or issues arising from it.

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

Prior to 1996 I was not aware of Adam Strain nor the inquest or issues arising from it.

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

Prior to 1996 I was not aware of Adam Strain nor the inquest or issues arising from it.

(61) Since 21st October 1996:

- (a) State your knowledge and awareness of the case of Adam Strain, his Inquest and the issues arising from it.

I am aware that Adam Strain died from hyponatraemia and there has been an inquest. I am aware that subsequently there has been a change to the usual fluids prescribed in children.

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

I cannot recollect the source or when I acquired it.

- (c) Describe how that knowledge and awareness affected your work.

I routinely prescribe fluids with higher sodium content, i.e. 0.45% or 0.9% saline, compared with the 0.18% saline routinely prescribed when I started paediatrics.

(62) 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 level

I cannot recall the specific training I received in fluid management and record keeping as an undergraduate.

- (b) Postgraduate level

Fluid management was routinely part of the training in all paediatric units. I cannot recall the exact training I had but would have had training in prescribing fluids in children in Antrim Area Hospital as part of the SHO teaching programme and again in RBHSC. We were advised to date, time and sign all entries in the medical notes and to sign all entries on fluid and drug prescription charts.

- (c) Hospital induction programmes

I cannot recall exactly the training on fluid management and hyponatraemia that was given in hospital induction programmes. We were advised to date, time and sign all entries in the medical notes and to sign all entries on fluid and drug prescription charts. I cannot remember the details.

- (d) Continuous professional development

I do not recall any particular CPD events with regards to fluid management, hyponatraemia or record keeping prior to 1996.

(63) Prior to 21st October 1996, describe in detail your experience of dealing with children with hyponatraemia, including the:

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

I do not recall this detail.

(b) Number of the children who were aged less than 10 years old

I do not recall this detail.

(c) Nature of your involvement

I do not recall this detail.

(d) Outcome for the children

I do not recall this detail.

(64) Since 21st October 1996, describe in detail your experience of dealing with children with hyponatraemia, including the:

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

I do not recall this detail.

(b) Number of the children who were aged less than 10 years old

I do not recall this detail.

(c) Nature of your involvement

I do not recall this detail.

(d) Outcome for the children

I do not recall this detail.

(65) Identify any 'Protocols' and/or 'Guidelines' which governed Claire's care and treatment.

I do not recollect any protocols or guidelines which governed Claire's care and treatment.

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

(a) The care and treatment of Claire from her attendance on 21st October 1996 to her death on 23rd October 1996

(b) Record keeping

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

- (d) Lessons learned from Claire'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:



Dated:

9/01/12