

**NAME OF CHILD:** Claire Roberts

**Name:** Peter Crean

**Title:** Dr.

**Present position and institution:**

Consultant Paediatric Anaesthetist, RBHSC

**Previous position and institution:**

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

Consultant in Paediatric Anaesthesia and Intensive Care, RBHSC

**Membership of Advisory Panels and Committees:**

*[Identify by date and title all of those between January 1995 - November 2012]*

**In N Ireland:**

Chairman of the Paediatric Anaesthetic Group in N Ireland 1999-2004

Member of N Ireland Working Group on Hyponatraemia in Children 2001-2002

Member of the Human Organs Enquire Implementation Sub-group on the guidance to the HPSS and consent 2002-2004.

Member of the Human Organs Enquiry Implementation Sub-group on Public Information and Communication 2003.

Northern Ireland Regional Paediatric Fluid Therapy Working Group 2006.

Member of 'Paediatric Surgery Working Group Phase 1', Department of Health, N Ireland. 2008

Member of the Paediatric ENT Surgery Group, Department of Health, N Ireland, 2008-9

Guideline and Audit Implementation Network (GAIN). Member of Guideline Development Group on Hyponatraemia in Adults. 2008-9

**National:**

Member of Working Group on Paediatric Anaesthesia and Emergency Care in District General Hospitals 2004-6.

"Care of the acutely ill or injured child: a team response" published 2006

Member of External Reference Group, Children's Hospital Service Pilot Improvement Review, Healthcare Commission. 2004-2005

Member of the Children's Surgical Forum, Royal College of Surgeons, England 2005-07

President of the Association of Paediatric Anaesthetists of Great Britain and Ireland 2005-7

'Joint statement on the provision of general paediatric surgery provision in the District

General Hospital', 2006. Member of the working group and co-signatory as President of the APA.  
 Member of working group revising 'Children's Surgery: a first class service'. 2006-07. 'Surgery for children – delivering a first class service' published July 2007  
 NICE Guideline Development Group on Sedation in Children 2008 - 2010  
 NCEPOD Advisor 2009 – 2011 on deaths following surgery in children. 'Are We There Yet?' Published October 2011.

**Previous Statements, Depositions and Reports:**

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

WS-168-2

**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) Please describe the role, function and accountability of your post as Clinical Governance Lead including those individuals to whom you reported, and who reported to you.**

In 2003, I was appointed to the post of Clinical Director for Surgical Paediatrics and Critical Care, RBHSC. This post was not expressly described as 'Clinical Governance Lead' but did incorporate some clinical governance responsibilities, as set out below, and in the attached job description. I would have reported to the Divisional Director.

My governance role within this post was to chair the RBHSC Governance Committee, which met on a three monthly basis.

The Committee was made up by the following:

- Representative from the Incident Reporting (IR1 forms) Management Committee
- Representative from the Research Governance Committee
- Clinical Governance Manager
- Representative from the Risk Management Committee
- Representative from the Pharmacy Committee
- Representative from the Social Services and Child Protection Issues Committee
- Representative from Complaints Management
- Representative from Information Management
- Representative from Infection Control Sub-committee
- Representative from Audit Sub-committee
- Representative from Health and Safety Committee
- Divisional Manager
- Divisional Director

**(2) Please describe your work commitments within the Trust in respect of this role.**

See response in (1).

**(3) Was there a written job description for the role in 2006? If so, please provide copy of the same.**

I have appended the job description for the Clinical Director post when I applied for this in 2003.

**(4) Please state when you were appointed as Clinical Governance Lead and whether you were in this post in 2004-2006.**

As stated in (1) I was appointed to role of Clinical Director for Surgical Paediatrics and Critical Care in 2003 and was in this post during the period 2004 to 2006 (which involved chairing the Clinical Governance Committee).

**(5) Further to the email from Dr. McBride to Dr. Steen dated 2<sup>nd</sup> November 2004 (Ref: WS-177-1 p.4) please confirm the following:**

**(a) Whether you were approached by Dr. Steen in relation to this matter and, if so, please provide all details of the same;**

I have no recollection of having been approached by Dr Steen in relation to this matter. Given my lack of recollection, I consider it to be unlikely that Dr Steen approached me in relation to Claire's case.

**(b) Whether you carried out, or were involved in, any case note review to determine whether Claire's case should be referred to the Coroner. If so please provide copies of the same, if not please state why not;**

I have no recollection of reviewing Claire's case notes.

**(c) Whether you provided any information, advice, analysis or input in respect of this matter and, if so, what (and provide copies of any documents, notes, minutes or records pertaining to it;**

I have no recollection of doing so.

**(d) Did you review the medical notes and records of Claire Roberts during this time and if so why?**

I have no recollection of doing so.

**(e) Did you initiate any search for documents or information on the Patient Administrative System, or any other system in relation to Claire's case?**

I have no recollection of initiating a search for documents or information on the Patient Administration System, or any other system in relation to Claire's case.

**(f) Did you consider a Root Cause Analysis in respect of Claire's case and if so please provide copy of the same. If not please state why not.**

As I have no recollection of having been asked to review Claire's case I am unable to answer this question.

- (g) If you took none of the steps set out above please explain why not, given your position as Clinical Governance Lead.**

I have no recollection of having been asked to review Claire's case.

- (h) If you took none of the steps set out above, please describe what steps you would have taken in such a set of circumstances.**

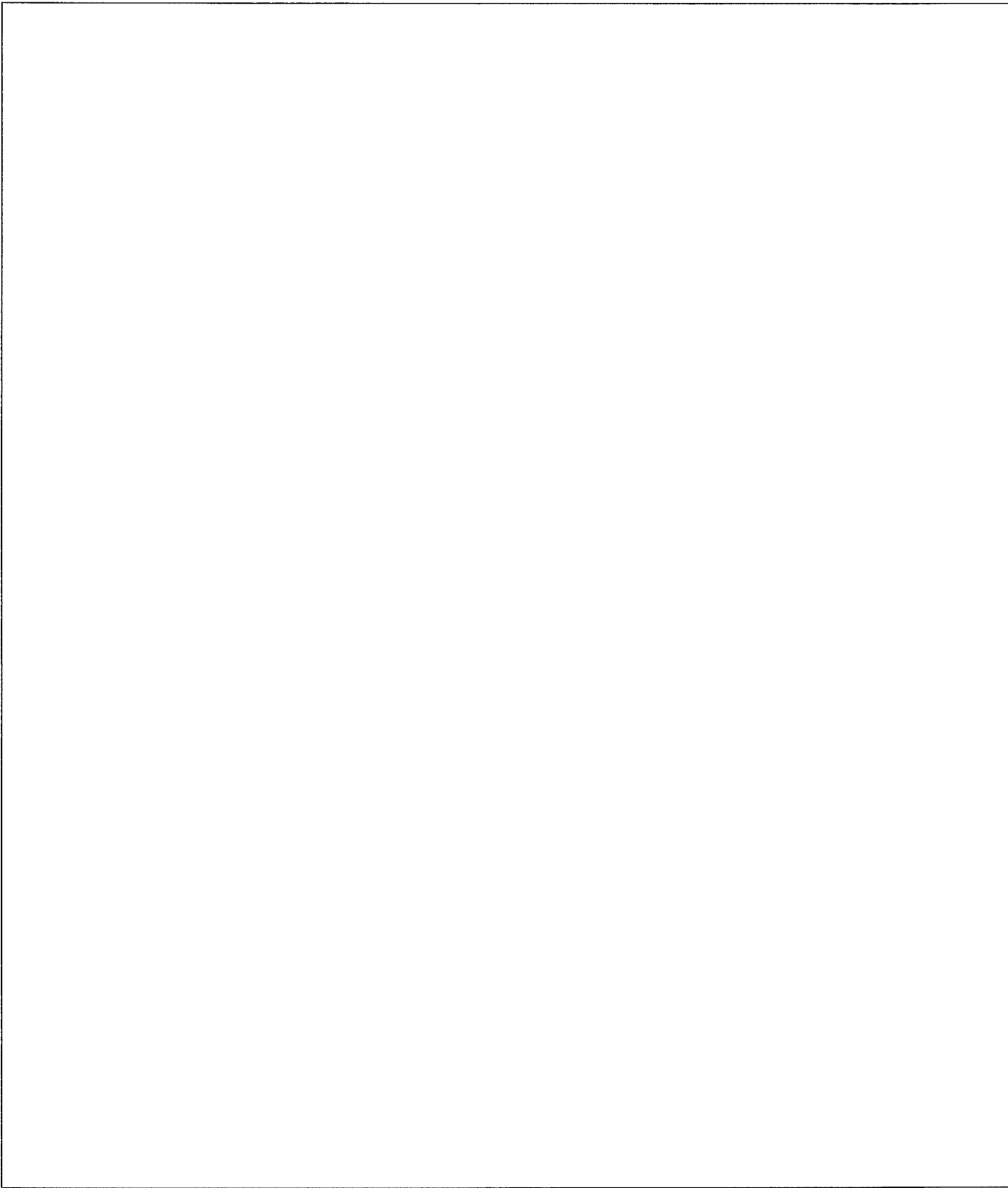
If I had been asked to undertake a case note review of a patient to determine whether a case needed to be referred to the Coroner, I believe I would have obtained a copy of the relevant patient's notes, reviewed them and then formed an opinion. If, upon review of a patient's notes, my view was that the case should be referred to the Coroner I would have notified this to my line Manager, who, as set out above, was the Divisional Director.

- (6) Please provide any further comments you may wish to make.**

No further comments.

- (7) Please identify any further relevant documents or materials.**

No further relevant documents/materials.



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

Signed: *P. Jean.*

Dated: *7 December 2012*

**ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL HEALTH AND  
SOCIAL SERVICES TRUST**

**TITLE OF POST:** Clinical Director for Surgical Paediatrics and Critical Care  
**LOCATION:** Royal Hospitals  
**RESPONSIBLE TO:** Divisional Director  
**REPORTS TO:** Divisional Director

**JOB DESCRIPTION**

**Main Purpose of Job**

The clinical director is a member of the senior management team of the maternal and child health division and hospital council and as such undertakes a corporate responsibility for the management of the Division and Trust and to promote a culture of sharing and openness within the directorate of paediatrics and the division of maternal and child health.

The clinical director will provide clinical leadership for all services within the sub-division for which s/he is responsible. S/he will be responsible for working with the sub-divisional operational group to ensure there are appropriate management arrangements and systems in place to meet the Trusts and Division's obligations.

**Main Responsibilities**

1. To contribute to the corporate management of the Division of maternal and child health as a member of the senior management team of the maternal and child health division and to the Trust through hospital council.
2. To provide effective clinical leadership for all services within the sub-division.
3. To work with the divisional management team to ensure the management of all staff within the sub-division.
4. To give effective leadership in all areas relating to clinical governance.
5. To have responsibility for the effective planning and management of systems and arrangements within surgical paediatrics and critical care. This would include participating in the development of the sub-division's management plan and appropriate arrangements for service planning.
6. To ensure there is a robust system and culture of performance management within the sub-division based upon the Division's management plan and the Trusts agreed performance indicators.
7. To take lead responsibility for all medical staffing issues within the sub-division including:

- an effective system of appraisal for consultants
  - ensuring all appointments are made in line with Trust Policy
  - an effective system for consultant role planning within the sub-division
  - to have lead responsibilities to ensure leave arrangements are co-ordinated for all medical staff in the sub-division to ensure appropriate cover is always maintained.
  - a robust system of management for junior medical staff
8. To participate in building a strong management team within the sub-division.
  9. To ensure there is an effective communication system and network within the sub-division.
  10. To determine and promote an agreed strategic direction for services within the sub-division as part of operational team.
  11. To take a lead responsibility in promoting service change and modernisation in line with Trust Policy.
  12. To lead the development and promotion of clinical networks for services within the sub-division.
  13. Work with the divisional management team to ensure there is a robust system and culture of financial control and management within the division.
  14. To ensure there is an appropriate system of compliant investigation and management within the division.
  15. With the assistance of the directors of education and research to ensure the co-ordination and promotion of education and research within the sub-division.
  16. To ensure that all relevant professional, statutory, departmental and trust policies and requirements are met.

### **General Management Responsibilities**

He/She will

Review individually, at least annually, the performance of immediate subordinate staff, provide guidance on personal development required and advise and initiate, where appropriate further training;

Ensure that the review of performance identified above is performed for all levels of staff for whom he/she has professional management authority;

Maintain staff relationships and morale among the staff reporting to him/her;

Review the organisational plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives and recommend changes when appropriate.



Delegate appropriate responsibility and authority to the level of staff within his/her control, consistent with effective decision making, while retaining overall responsibility and accountability for results.

Participate in the selection and appointment of staff to the sub-division in accordance with the Royal Group of Hospitals procedures.

Take such action as may be necessary in disciplinary and grievance matters, in accordance with the Royal Group of Hospitals and;

Ensure compliance with the Royal Group of Hospitals Health and Safety Policy.

**THIS JOB DESCRIPTION IS NOT MEANT TO BE DEFINITIVE AND MAY BE AMENDED TO MEET THE CHANGING NEEDS OF THE ROYAL HOSPITALS.**

### **THE ROYAL HOSPITALS**

*Employees of The Royal Hospitals are required to support its Mission which states:-*

“It is our fundamental purpose in the Royal Hospitals to provide the highest quality cost effective health care, as an outstanding acute general hospital and tertiary referral centre, through exceptional service to our patients, staff and community in an environment of education, teaching and research”.

### **GENERAL RESPONSIBILITIES**

Members of staff are expected at all times to provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner.

Staff are expected to demonstrate their commitment to The Royal Hospitals by their regular attendance and the efficient completion of all tasks allocated to them.

All staff must comply with The Royal Hospitals' No Smoking Policy.

All duties must be carried out in compliance with The Royal Hospitals' Health and Safety Policy and statutory regulations.

The Royal Hospitals are an Equal Opportunities Employer. You are required to adhere to The Royal Hospitals' Equal Opportunities Policy throughout the course of your employment.

To ensure the ongoing confidence of the public in officers of The Royal Hospitals and to maintain high standards of personal accountability, staff must abide by the Code of Business Conduct.

**THE ROYAL HOSPITALS  
PERSONNEL SPECIFICATION**

**Title of Post: Clinical Director in Surgical Paediatrics and Critical Care**

**Location: Clinical Services Division, Royal Hospitals**

**ESSENTIAL CRITERIA**

1. Professional qualification and registration to appropriate registration authority.
2. Commitment and ability to work corporately.
3. Demonstrates effective leadership skills in a multi-professional environment.
4. Ability to work effectively within a team.
5. Ability to communicate effectively.
6. An understanding of the issues relating to clinical governance.
7. A commitment to service excellence.

**NOTE:**

**Where educational/professional qualifications form part of the criteria you will be required, if short-listed for interview, to produce original certificates issued by the appropriate Authority. If educational certificates are not available an original letter detailing examination results from your school or college will be accepted as an alternative.**

**If successful, you will be required to produce documentary evidence that you are legally entitled to live and work in the United Kingdom. This documentation can be a P45, payslip, P60, national insurance card or a birth certificate confirming birth in the United Kingdom or the Republic of Ireland. Failure to produce evidence will result in a non-appointment.**

**January 2003**