

Witness Statement Ref No.

176/3

**NAME OF CHILD:** Claire Roberts

**Name:** Anthony Peter Walby

**Title:** Mr.

**Present position and institution:**

Retired

**Previous position and institution:**

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

Consultant ENT Surgeon - Royal Group of Hospitals Trust

**Membership of Advisory Panels and Committees:**

*[Identify by date and title all of those between January 1995-December 2004]*

**Previous Statements, Depositions and Reports:**

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

06.09.12 WS176/1

21.11.12 WS176/2

**OFFICIAL USE:**

List of previous statement, depositions and reports attached:

Ref:	Date:	

I wish to comment on the oral evidence given by Dr. Webb on 3rd December 2012 in relation to his Witness Statement for the Coroner in Claire Roberts' case.

As Associate Medical Director my Job Description required me to assist HM Coroner with enquiries and the preparation of statements prior to Inquests. I was also required to liaise with Trust solicitors and give advice and support to staff involved in Inquests.

I understood that a first-hand Witness Statement for the Coroner should contain all the material relevant facts but should not contain comment or opinion, and I guided witnesses in this respect.

When Dr. Webb made his witness statement in 2005 I had been dealing with Trust witness statements for six years. Many had been sent to the Trust's solicitors for approval, and I had become aware that the type of comment that Dr. Webb was making could expect to be queried if legal advice was obtained.

For most hospital doctors it is a unique career experience to make a witness statement for the Coroner, although Dr. Webb had made at least one other statement in respect of Adam Strain previously. My role was to support the doctors who often quite inappropriately burdened themselves with feelings of guilt and remorse whenever there was a poor outcome of their patient's care. Often there was little justification for this and I would point out factors to them that they maybe had not considered.

The Chairman was quite correct in his query (page 286 lines 6-8) was there more to me "convincing" Dr. Webb than my letter of 31st July 2005 to him.

Dr. Webb in his evidence (Page 282, line 17) states that he did not think I would make any amendments to his statement, yet my letter to him of 22nd March 2005 specifically asks him (twice) to produce a draft statement by email. He did not do this but posted a hard copy statement to my office. I read this on 22nd June 2005 and was actually more concerned about the typographical errors including the misspelling of his colleague Dr. Steen's name which I felt would give a very bad impression at an Inquest.

There are two pages in the Inquest file (RGH page nos. 214 and 215) which detail my secretary's attempted contacts with Dr. Webb and his secretary. Dr. Webb and my secretary eventually spoke on 28th July 2005 regarding obtaining an email version of the statement. I was asked did I want to speak to him while he was on the phone. I did, but unfortunately did not make a file note of the conversation which I normally would have done if I had had the file to hand and had made the call myself.

I reminded Dr. Webb that I was an ENT surgeon and that I had particular responsibilities with respect to children with upper airway obstruction. This had led me not infrequently over my 13 years as a Consultant prior to 1996 to be asked to see patients in Allen Ward (of Dr. Redmond or Dr. Steen) for assistance in decisions re maintaining their airway. These children would be treated medically with consideration being given to whether they should be transferred to PICU for observation or for surgical management. I reminded him that our small PICU was normally full in the winter months and that seeking PICU placement for a child who did not actually need immediate airway support was in my experience likely to be unsuccessful. He agreed and accepted my opinion that he was being unnecessarily harsh on himself by his use of the word "mistake" in not seeking Intensive Care placement and he agreed he would change it.

I will definitely have pointed out to him that as it was his statement it was up to him whether he wished to amend it. If a doctor made it clear he did not wish to amend his statement I would have

submitted the statement as drafted to the Coroner's Office. I would never have imposed my views on any doctors making statements for the Coroner.

I believe this addresses the Inquiry's Senior Counsel question as to whether I was in a position to judge, as I had frequently been in a somewhat analogous though different clinical position to Dr. Webb's.

The reason I highlighted the change in my follow-up letter of 31st July 2005 was that because it was such a long statement I wanted to ensure that he had re-read it all and was content particularly with the altered section before he signed it.

By my suggested amending wording I ensured the subject remained live and could be dealt with orally at Inquest if necessary.

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

Signed:

*A.P. Walling*

Dated:

*6th December 2012*