

Witness Statement Ref. No. 182/1

NAME OF CHILD: Adam Strain

Name: Deirdre McMullan

Title: Night Sister in Royal Belfast Hospital for Sick Children

Present position and institution: Retired

Previous position(s) and institution(s): Night Sister, Royal Belfast Hospital for Sick Children
[As at the time of the child's death]

Membership of Advisory Panels and Committees:
[Identify by date and title all of those since January 1995]

Other Statements, Depositions and Reports:
[Identify by date and title all those made in relation to the child's death]

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 such a number then please provide a copy of the document.

PARTICULAR AREAS OF INTEREST

- (1) Please state if you were the Night Sister or the Nurse/Sister in charge of Musgrave Ward for the period between 20.00 hrs on 26th November 1995 and 07.00 hrs on 27th November 1995. If not, please identify this person (if known).

My job was Night Sister in-charge of the Royal Belfast Hospital for Sick Children which included Musgrave Ward.

I worked 3 nights each week and as there is no off duty available for the night of Sunday 26th November 1995 I cannot recall if I was on duty.

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

Signed:

Deirdre McMullan

Dated: *27th October 2011*