

Witness Statement Ref. No. 253/1

NAME OF CHILD: Claire Roberts

Name: Alan Roberts

Title: Mr

Previous Statements, Depositions and Reports:

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

OFFICIAL USE:

List of previous statements, depositions and reports:

Ref:	Date:	
096-001-004	29/09/05	Statement
096-001-001	25/04/06	Deposition to the Coroner
096-026-356	16/03/08	PSNI Witness Statement

IMPORTANT INSTRUCTIONS FOR ANSWERING:

Please attach additional sheets if more space is required. Please identify clearly any document to which you refer or rely upon for your answer. If the document has an Inquiry reference number, e.g. Ref: 049-001-001 which is 'Chart No.1 Old Notes', then please provide that number.

If the document does not have an Inquiry reference number, then please provide a copy of the document attached to your statement.

I. QUERIES ARISING OUT OF YOUR STATEMENT

With reference to your Statement dated 29th September 2005 (Ref: 089-012-035), please provide clarification and/or further information in respect of the following:

Claire's condition prior to her admission to RBHSC on 21st October 1996

(1) *"Claire attended school on Monday 21 October 1996 and her teacher reported that she had been sick in school before returning home at approximately 15.00. This sickness continued at home with Claire vomiting on two or three occasions. She also had one loose bowel movement at home but no continuous diarrhoea symptoms."*(Ref: 096-001-004)

(a) Please state the dates of any 'episodes', 'convulsions' and 'episodes' that Claire might have had prior to her admission to RBHSC on 21st October 1996.

Claire had no convulsions or episodes prior to her admission on 21 October 1996.

(b) Please state whether Claire was being administered Ritalin any time between 8th October 1996 and her admission on 21st October 1996, and if so:

(i) What amount she was being given, when and how often

None

(ii) What, if any, Ritalin she had been given on the day of her admission

None

(iii) What, if any, other medication she had been given on the day of her admission

None

(c) Please describe Claire's state of health over the weekend 18th - 20th October 1996 including:

(i) Who she came into contact with, particularly anybody who was unwell and any symptoms they may have had

I would describe Claire's state of health over the weekend 18-20 October 1996 as normal.

She visited her Grandparents (Roberts) on Saturday 19 October 1996. She therefore came into contact with both Grandparents, her two brothers, her aunt and her three cousins. It was mentioned during the course of the visit (3 to 4 hours) that Claire's 12 year old cousin had a tummy upset during that week. On Sunday 20 October 1996 Claire attended church with her mother and grandmother (Magill). She later had dinner and spent the afternoon with her Grandparents' (Magill)

- (ii) Any symptoms Claire had of sickness (including fever and vomiting) or any change from her usual self

Over the weekend 18-20 October 1996 Claire had no sickness symptoms, fever or vomiting.

- (d) Please describe Claire's state of health before she was admitted to RBHSC on Monday 21st October 1996 including:

- (i) What she did during the day

Claire attended school on Monday 21 October 1996.

- (ii) How and when you first learned that Claire had been sick that day

I first learned that Claire had been sick that day on returning home from work at around 5:30pm.

- (iii) Claire's symptoms at school, including whether she was vomiting at school

Claire became unwell at school around lunchtime. Her teacher described Claire as pale and lethargic. I am not aware of Claire vomiting at school. (Ref homework diary copy provided to the Inquiry).

- (iv) The time Claire returned home from school

Claire returned home from school as usual at approximately 3:15pm.

- (v) Her condition on her return home from school

When I first saw Claire at around 5:30pm she appeared pale, lethargic and a little unsteady on her feet.

- (e) Please state when Claire had "one loose bowel movement at home."

My recollection is that Claire had no diarrhoea in the days preceding Monday 21 October 1996. My comment about "one loose bowel movement at home" was an attempt to emphasise no continuous bowel movement or diarrhoea.

I have recently discovered a draft letter to Dr Webb, dated 28-03-97, which was never sent but the last paragraph does capture my understanding about any diarrhoea or loose bowel movements Claire had at that time.

(Copy of this draft letter provided to the Inquiry)

- (2) "Claire's GP Dr Savage (Castlereagh Medical Centre) was called for advice; she called to our home at approximately 18.00 to examine Claire. Dr Savage recommended that Claire be taken to Hospital." (Ref: 096-001-004)

- (a) Please describe your conversation with Dr Savage, including what she said about why Claire should "be taken to Hospital."

I do not recall my conversation with Dr Savage but my recall of events is that Dr Savage believed it was advisable to have Claire examined in hospital. Claire did have a learning difficulty, so therefore it was essential not to take any chances if she was unwell.

Admission to RBHSC

- (3) "Claire was admitted to the Belfast Royal Hospital on Monday 21 October 1996 at 19.00." (Ref: 096-001-004)

- (a) Please identify to whom you spoke at Accident and Emergency.

I cannot identify who I spoke to at Accident and Emergency. I do recall speaking to a doctor.

- (b) Please describe the history you gave to the doctor(s) and the nurse(s) in Accident and Emergency, including information regarding her past history of seizures,

vomiting and/or diarrhoea.

Claire sat on my knee in Accident and Emergency. My wife gave the doctor(s) a history for Claire.

- (c) **Please describe, so far as you can recall, what the doctor at Accident & Emergency said to you about Claire's condition and his/her initial diagnosis (diagnoses).**

I cannot recall what the doctor at Accident and Emergency said about Claire's condition or diagnosis.

- (d) **Please describe what information was given to you about the reason for Claire's admission, including who spoke with you regarding this.**

My wife and I were informed that Claire would be admitted overnight for observation. I cannot recall who I spoke to.

Admission to Allen Ward

- (4) ***"She was administered intravenous fluids on Allen Ward over the following hours and Doctors advised my Wife and I that she had a viral infection. We asked about other illnesses and were relieved that Doctors did not think Claire was in danger from meningitis."*** (Ref: 096-001-004)

- (a) **Please identify to whom you spoke upon Claire's admission to Allen Ward.**

I spoke to a nurse on Allen Ward. I cannot identify the nurse.

- (b) **Please describe the history you gave to the doctor(s) and the nurse(s) upon Claire's admission to Allen Ward including information regarding her past history of seizures, vomiting and/or any diarrhoea.**

I did not give a history. My wife gave the doctor a history for Claire.

- (c) **In particular, please comment on whether you told the doctor any of the following regarding Claire's condition (Ref: 090-022-050):**

- (i) ***"Vomiting at 3.00pm and every hour since"***

My wife gave the doctor a history for Claire.

- (ii) ***"Slurred speech + drowsy"***

My wife gave the doctor a history for Claire.

- (iii) ***"Off form yesterday"***

My wife gave the doctor a history for Claire.

- (iv) ***"Loose motions 3 days ago"***

My wife gave the doctor a history for Claire.

- (v) ***"Severe learning difficulties"***

My wife gave the doctor a history for Claire.

- (d) **Please identify to whom you spoke with when you state that:**

- (i) ***"Doctors advised my Wife and I that she had a viral infection."***

We spoke to a doctor. I cannot recall the name of the doctor.

(ii) *"We asked about other illnesses."*

I cannot recall the name of the doctor.

(iii) *"Doctors did not think Claire was in danger from meningitis."*

I cannot recall the name of the doctor.

(e) Please state which *"other illnesses"* you asked the medical staff about upon Claire's admission to Allen Ward.

The other illnesses I asked about was a general question about any other serious illnesses but in particular meningitis.

(f) Please state, so far as you are aware, whether any blood or urine samples were taken from Claire on the evening of 21st October 1996, and if so, how many times they were taken, when, by whom, and for what reason.

I cannot recall any blood or urine samples being taken from Claire on the evening of 21 October 1996.

(i) Please state if anyone advised you of Claire's sodium result of 132mmol/L from a blood sample that was taken on 21st October 1996 (Ref: 090-031-099).

No one advised me of Claire's sodium result of 132 mmol/L from a blood sample taken on 21 October 1996.

(5) *"Claire appeared more settled after 21.00, was asleep so my wife and I left the hospital to prepare for Tuesday morning and our two sons schooling."* (Ref: 096-001-004)

(a) Please state the time at which you left the hospital on 21st October 1996.

I cannot recall the exact time I left the hospital on 21 October 1996, approximately 10:00pm.

(b) Please explain what you mean by *"Claire appeared more settled after 21.00"* and in what respects.

After 9:00pm Claire appeared to be in her nights sleep.

(c) Please identify whom you informed that you were leaving the hospital and state:

(i) Whether you told them when you intended to return.

I cannot recall who I informed about leaving the hospital. My wife would have informed someone, probably a nurse that we were leaving and we would return on Tuesday morning.

(ii) What (if anything) they told you about Claire's condition at that time.

Nothing was discussed about Claire's condition when I left the hospital on 21 October 1996. Meningitis had been excluded and Claire would be observed overnight.

(d) Please describe, so far as you can recall, your understanding of Claire's condition when you left the hospital that evening, based on your impression of her and the information given to you by the doctors/nurses up until that point.

My understanding of Claire's condition when I left the hospital that evening was that she had nothing more than a tummy bug, with no concerns raised about Claire's condition.

Morning of 22nd October 1996

(6) *"My wife and I arrived at the hospital on Tuesday morning and were pleased to be*

advised by nursing staff that Claire had been comfortable through the night. However Claire did not appear to be herself that morning" (Ref: 096-001-004)

- (a) Please state the time at which you arrived at the hospital on the morning of Tuesday 22nd October 1996.

Approximately 9:30am.

- (b) Please identify which member(s) of nursing staff advised you that "*Claire had been comfortable through the night*". Please state when they told you this and please describe any other information that they gave you about Claire's condition.

I cannot identify the nurse. The nurse informed me shortly after I arrived at 9:30am. I do not recall any other information about Claire's condition.

- (c) Please explain what you mean by "*Claire did not appear to be herself that morning*"

When I arrived at the hospital on Tuesday morning I expected to see an improvement in Claire's condition. Claire was still lethargic, drowsy and pale and her condition had not improved from the previous evening.

- (d) Please state if you were present during the 'ward round' on the morning of 22nd October 1996, and if so:

I was present during the ward round on the morning of 22 October 1996.

- (i) Please identify any doctors or nurses that you remember being present at this time

I cannot identify any doctors or nurses present at that time.

- (ii) Please describe what happened during the ward round in relation to Claire, including what was discussed about her condition, care and treatment

I only recall the ward round as being casual and lasting 5 to 10 minutes. My wife and I spoke to the medical team about Claire's past history and her current condition. I recall a doctor explaining that Claire may be experiencing some sort of internal fitting.

- (iii) In particular, please state if anything was discussed in regard to a request for further blood samples being taken for testing, including electrolyte testing, and when this would be done.

I do not recall any discussion for blood samples regarding testing or electrolyte testing.

- (e) Please describe any information given to you during 22nd October 1996 about:

- (i) The name of the consultant responsible for Claire between 21st and 23rd October 1996

This was not discussed

- (ii) A formal takeover of Claire's case by the neurology department

This was not discussed

- (iii) The nature of treatment and its significant side effects

This was not discussed

(iv) Claire's diagnosis

I believe a viral illness was discussed and I also recall a doctor saying that Claire may be experiencing some form of internal fitting.

(v) Claire's prognosis

This was not discussed

I would emphasise that the only doctor(s) I spoke to on Tuesday 22 October 1996 was during the morning ward round.

(f) Please state, so far as you can recall, whether Claire received any oral fluids whilst you were with her and if so describe, so far as you can, what those fluids were, the quantity, when Claire was given them and by whom.

I recall on the Tuesday morning when my wife and I arrived Claire's mouth looked a little dry. My wife gave Claire a few sips of water.

Dr Andrew Sands

(7) "[M]y wife and I expressed our concerns to Dr Sands about her lack of response." (Ref: 096-001-004)

(a) Please state when you first spoke with Dr Andrew Sands, and, in particular, please:

(i) State for how long your conversation with Dr Sands at this time lasted

I now know that the doctor who conducted the ward round was Dr Sands.

I first spoke to Dr Sands on Tuesday 22 October 1996 at approximately 11:00am during the ward round. That conversation lasted for 5 to 10 minutes.

(ii) Describe the history that you gave to Dr Sands at that time of Claire's previous history of seizures and the treatment she had previously received for this.

The history given to Dr Sands was that Claire had a past history of epileptic seizures from the age of 6 months until around the age of 18 months. This was controlled by Epilim. Claire had had no seizures for over 3 years and was off all anti-epileptic medication.

(iii) Describe any other history you gave to Dr Sands at this time including information regarding vomiting and/or diarrhoea.

The history given to Dr Sands was that Claire had been vomiting on Monday 21 October afternoon and evening. There was no discussion regarding diarrhoea.

(iv) Describe the specific concerns that you expressed to Dr Sands about Claire's "lack of response", when you expressed them to Dr Sands and his response to you.

When I expressed my concerns to Dr Sands about Claire's lack of response my concern was that there was no improvement in Claire's response from the previous evening. Claire was normally a very active child therefore I expected to see an obvious improvement in her condition.

(b) State when and where any subsequent conversations with Dr Sands took place, and please describe:

(i) What was discussed, if anything

I had no subsequent conversations with Dr sands.

(ii) Any information he gave you about Claire, her condition or her treatment.

I had no subsequent conversations with Dr sands.

(c) Please state if Dr Sands expressed at any time during your discussions with him:

(i) His view of the seriousness or otherwise of Claire's condition

Dr Sands did not express any view on the seriousness or otherwise of Claire's condition.

(ii) Any concerns about her condition.

Dr Sands did not express any concerns about Claire's condition.

(d) Please describe any possible diagnoses that Dr Sands discussed with you at that time, and any treatment or action he was going to take as a result. In particular, please state if any of the following were discussed with you:

(i) Non-fitting status (Ref: 090-022-053)

I do not recall non-fitting status being discussed. The only description I recall is that Claire may be experiencing some form of internal fitting.

(ii) Encephalitis (Ref: 090-022-053)

Encephalitis was not discussed.

(iii) Encephalopathy (Ref: 090-022-053)

Encephalopathy was not discussed.

(iv) "No seizure activity observed"(Ref: 090-022-053)

I do recall a discussion about the fact that Clare had had no seizures.

(e) Please state if you expressed your concerns about Claire's "lack of response" to any other doctor, and if so, please identify to whom you expressed your concerns, when you did so, what you expressed, and the nature of their response.

Following the ward round I did not speak to any other doctor on Tuesday 22 October 1996.

Lunchtime of 22nd October 1996

(8) "My wife and I stayed with Claire for the rest of that morning and when both grandparents arrived around 13.00 we went for lunch. We actually went into Belfast for some personal items for Claire, in the hope that her viral infection would pass and she would possibly be ready to leave hospital the next day." (Ref: 096-001-004)

(a) Please state whether you thought at that time that Claire had a viral infection and, if so, please explain why

My understanding at that time was that Claire had a stomach bug.

(b) Please describe, so far as you can recall, your understanding of Claire's condition before you left the hospital at around 13.00 based on your impression of her and the information given to you by the doctors / nurses.

My understand of Claire's condition was that she was unwell, lethargic and pale and that her sickness

was no more than a 24/48 hour tummy bug.

- (c) Please state, so far as you are aware, whether any blood or urine samples were taken from Claire between your arrival at RBHSC on the morning of 22nd October 1996 and your leaving at 21.15, and if so, how many times samples were taken, when, by whom, and for what reason (if known).

I do not recall any blood or urine samples taken throughout Tuesday 22 October 1996.

- (i) Please state whether Claire wore nappies following her admission on 21st October 1996.

At home Claire did wear a night nappy. She did not wear nappies during the day. Following Claire's admission on 21 October 1996 she therefore would have had a night nappy.

- (ii) Please describe, so far you are able, the level of Claire's urine output during that period.

I am unable to describe the level of Claire's urine during that period. I do recall Claire's mother changing the nappy purely as a comfort measure.

Afternoon of 22nd October 1996

- (9) *"On returning to hospital at around 14.00 grandparents informed me that a Doctor had examined Claire. I left the hospital at 15:00 to collect our two sons from school with my wife remaining in hospital with Claire."* (Ref: 096-001-004)

- (a) Please describe, so far as you can recall, your understanding of Claire's condition:

- (i) When you returned to the hospital at around 14.00

At around 14:00 Claire's condition was similar to how she appeared that morning. She remained pale and lethargic.

- (ii) When you left the hospital at 15.00

When I left the hospital at around 15:00 Claire still appeared pale and lethargic.

based on your impression of her and the information given to you by the doctors / nurses.

- (b) Please identify, if you can, the doctor referred to by Claire's grandparents as having examined her.

I cannot identify the doctor who spoke to Claire's grandparents.

- (10) *"I returned to hospital at approximately 18.30 with our two sons and my wife informed me that Doctor Webb had examined Claire at 16.00 and 17.00 with a different type of medication being administered. I assumed that his medication was counteracting any viral infection Claire had and was having a sedation effect. Like all children Claire over the years had had several childhood illness from measles to common cold which would have made her unwell for a few days before she would bounce back into action."* (Ref: 096-001-004)

- (a) Please describe, so far as you can recall, your understanding of Claire's condition

when you returned to the hospital at around 18.30 based on your impression of her and the information given to you by the doctors / nurses, including:

I returned to the hospital at around 18:30 and was informed by my wife that Claire had had a seizure around 15:30. Claire was sleeping. At 18:30 I discussed this seizure with my wife and our understanding was that if Claire had been experiencing some form of internal fitting from early morning, then the seizure at 15:30 could have been a build up of that and this was a form of a release. My thoughts at that time were that Claire had a stomach bug but if this was to be a return of Claire's epilepsy the next few days would mean a stay in hospital for further tests.

(i) The basis for your assumption that the "medication ... was having a sedation effect"

My wife informed me that a doctor had examined Claire at 16:00 and 17:00 and that he had prescribed medication. My assumption was the medication was to control Claire's seizure and was therefore having a sedation effect. I did notice a definite change in Claire's level of alertness between the time when I left the hospital around 15:00 and returning at 18:30.

Evening of 22nd October 1996

(11) "Over the following hours to 21: 15 Claire was reviewed by the ward nurse in a way that appeared as general observation and certainly without alarm or concern." (Ref: 096-001-004)

(a) Please state whether you asked any doctor or nurse at any time about Claire's condition (other than Dr Sands as detailed above), and if so please:

(i) Identify whom you asked

Claire's condition was not discussed.

(ii) State when and where you asked

Claire's condition was not discussed.

(iii) Describe what you were told in response.

Claire's condition was not discussed

(b) Please explain if you were informed at any time that:

(i) Non-fitting status epilepticus was a working diagnosis for Claire

No

(ii) Encephalitis was a working diagnosis for Claire

No

(iii) Encephalopathy was a working diagnosis for Claire

No

(iv) Claire was receiving anti-convulsant medication

I was aware that a doctor had prescribed medication at 16:00 and 17:00 and assumed the medication was to control Claire's viral illness and the seizure at around 15:30.

(v) Claire was receiving more than one type of anti-convulsant medication

I was not informed of the number of medications being administered.

(vi) It was believed that Claire may have a neurological illness

I was not informed that Claire had a neurological illness.

(vii) Claire's neurological signs were being observed on an hourly basis

No

(viii) Claire was being assigned a Glasgow Coma Scale score hourly and that this dropped to 6 at 16.00 and 21.00 (Ref: 090-039-037).

No

If so, please identify who told you about it, when and where this occurred, what was discussed, and your reaction to the discussion. If not, please explain how you would have reacted had you known.

If I had known or been informed of (viii) I would have asked what a GCS meant, why Claire required a GCS and it would have raised all sorts of alarms and concerns for Claire's wellbeing.

(c) Please identify the ward nurse(s) who reviewed Claire up to 21.15.

I cannot identify any ward nurse(s).

(d) Please describe any discussions you had with the ward nurse(s) regarding Claire's condition, treatment and/or medication, including when and with whom you had any discussions and the subject of those discussions.

Any discussions I had with ward nurse(s) was at Claire's bedside or adjacent to that. I only recall a very generalised nursing care with Claire sleeping at that time. To highlight the low level of concern I had at that time, I do recall watching television (A Question of Sport) with my son.

(e) Please describe, to the best of your recollection, the nursing care Claire received including:

(i) how often Claire was checked, and

Between 18:30 and 21:15 Claire was checked by a nurse on at least 2 occasions.

(ii) how concerned the nursing staff were for her condition.

I did not get any sense of concern or alarm from the nursing staff regarding Claire's condition.

(12) "We left the hospital at 21:15 with as we thought Claire settled and asleep and a reassurance from nursing staff that Claire was comfortable. We informed the nursing staff that we would return to the hospital the following morning. Throughout Tuesday 22 October no Doctor, nurse or any medical staff indicated to my wife or I that Claire was in a serious condition or in any danger." (Ref: 096-001-004)

(a) Please describe, so far as you can recall, your understanding of Claire's condition when you left to the hospital at 21.15 based on your impression of her and the information given to you by the doctors / nurses.

My understanding of Claire's condition when I left the hospital at 21:15 was that she was comfortable and in her nights sleep.

(b) Please describe the "reassurance from nursing staff that Claire was comfortable", including:

(i) The identity of the "nursing staff"

I cannot identify the nursing staff.

(ii) The nature of the "reassurance" you received

The reassurance from the nursing staff was based on the fact that Claire was sleeping and no one had expressed any concerns regarding Claire's condition. Before leaving the ward my wife called into the nursing station, spoke with the nurses and informed them that we would return the following morning. One of the things my wife emphasised to the nursing staff was to ensure the side of the bed were up in case Claire would roll over or try to get out of bed.

(iii) Whether any medical staff were involved in the reassurance you received

I did not go to the nursing station and therefore did not receive a direct reassurance from the nursing staff. My wife spoke to the nurses.

(c) Please identify "the nursing staff" whom you informed that you "would return to the hospital the following morning".

My wife informed the nursing staff that we would return to the hospital the following morning. I cannot identify the nursing staff.

(d) Please describe the response by nursing staff to your decision to leave for the night.

The response of the nursing staff appeared casual, relaxed and without concern.

Early morning of 23rd October 1996

(13) "I received a call from the hospital at 3:45 Wednesday 23 October to say that Claire was having breathing difficulties and that my wife and I should make our way to the Hospital as soon as possible. On arrival Dr Steen and Dr Webb informed us that there was a build up of fluid around Claire's brain and pressure was being applied to her brain stem. Claire was being sent for a CT scan to confirm this." (Ref: 096-001-004)

(a) Please identify who at the hospital called you at 03.45 on 23rd October 1996.

Dr Bartholome

(b) Please describe, so far as you can recall, if they said anything other than that "Claire was having breathing difficulties".

I recall Dr Bartholome informing me that Claire was going to ICU and my wife and I should make our way to the hospital.

(c) Please state what time:

(i) You arrived at RBHSC.

I arrived at the RBHSC at around 04:30am.

(ii) At what time Dr Steen and Dr Webb spoke to you.

I cannot recall the time Dr Steen and Dr Webb spoke to me but it would have been on arrival at PICU.

(d) Please describe, so far as you can recall, what happened upon your arrival at RBHSC on 23rd October 1996.

I met with Dr Steen and Dr Webb who informed me that there was a build up of fluid around Claire's brain, Claire was in PICU and was being prepared for a CT scan. My wife and I were brought into PICU to see

Claire.

- (e) Please state if you personally had any contact prior to 03.45 on 23rd October 1996 with

(i) Dr David Webb

No

(ii) Dr Heather Steen

No

in regard to Claire's care.

- (f) In particular, please state if, so far as you are aware, Dr Steen attended and examined Claire at any time prior to 03.45 on 23rd October 1996.

I am not aware that Dr Steen attended and examined Claire at any time prior to 03.45 on 23rd October 1996

- (g) Please identify which of Dr Steen and Dr Webb informed you that:

(i) *"There was a build up of fluid around Claire's brain"*

Dr Steen

(ii) *"Pressure was being applied to her brain stem"*

Dr Steen

(iii) *"Claire was being sent for a CT scan to confirm this."*

Dr Steen

- (h) Please describe whether Dr Steen or Dr Webb explained why or how *"there was a build up of fluid around Claire's brain"* and/or *"pressure was being applied to her brain stem."*

Dr Steen advised we would have to wait for the outcome of the CT scan.

- (i) Please describe any other discussions that Dr Steen and Dr Webb had with you at that time.

I do not recall any other discussions with Dr Steen and Dr Webb until after the CT scan.

- (14) *"Dr Steen and Dr Webb later advised us that the outcome of the CT scan confirmed severe fluid build up, that Claire was brain dead and that nothing could be done to save her. At 18:45 a decision was taken by my wife and I to discontinue Claire's life support." (Ref: 096-001-004)*

- (a) Please state when *"Dr Steen and Dr Webb later advised"* you.

I do not recall the time but it would have been after the CT scan.

(b) Please identify which of Dr Steen and Dr Webb advised you that:

(i) *"the outcome of the CT scan confirmed severe fluid build up"*

Dr Steen

(ii) *"that Claire was brain dead"*

Dr Steen

(iii) *"that nothing could be done to save her".*

Dr Steen

(c) Please describe any other discussions that Dr Steen and Dr Webb had with you at that time.

Dr Steen explained that the virus from Claire's stomach has spread and travelled into Claire's brain and caused a build up of fluid. I recall asking Dr Steen if it was possible for any type of surgery or to drill into Claire's skull to drain the fluid, or relieve the pressure build up. Dr Steen informed me that that was not possible. I asked if everything possible had been done for Claire and if anything else could have been done. Dr Steen informed me that everything possible had been done for Claire and nothing more could have been done.

(d) Please describe the conduct and/or behaviour of Dr Steen and Dr Webb during your meetings with them after your arrival at RBHSC on the morning of 23rd October 1996.

I do recall meeting Dr Steen and Dr Webb in a counselling room. My wife had gone to the ladies, so I entered the room. Both doctors appeared animated, particularly Dr Steen. I sensed from their mannerism that they were about to tell me devastating news.

(e) Please state if you were told at any time:

(i) During Claire's admission to RBHSC in October 1996

(ii) Prior to 2004

of Claire's serum sodium levels or her having hyponatraemia or this likely being caused by SIADH.

i) No ii) No

Involvement of the Coroner

(15) *"Why was an inquest not held into Claire's death considering it was sudden, unexpected and without a clear diagnosis? Why did Dr Steen state to me on Wednesday 23 October 1996 at approximately 19:00 that there would be 'no need' for an inquest?" (Ref: 096-001-005)*

(a) Please state whether the possibility of a Coroner's Inquest into Claire's death was discussed with you by any doctor in 1996. If so, please identify the person who discussed it with you and describe so far as you can recall what was discussed this, when and where.

Claire's life support was disconnected at 18:45. At 19:00 Dr Steen stated to my wife and I that there would be no need for an Inquest but the hospital needed to carry out a post mortem on Claire's brain to try to establish and identify the virus responsible for the brain swelling. Dr Steen stated that the hospital and doctors needed to carry out the post mortem so that they could learn from Claire's death. My understanding at that time was an Inquest would only be held into a death which was suspicious or required further investigation.

- (b) If not, please explain whether you would have wanted such an Inquest if it had been suggested to you.**

My understanding at that time was that doctors were aware of the reasons for Claire's death. Dr Steen had explained that a virus had caused the fluid build up around Claire's brain. If I had been informed that there was any unknown or uncertainty regarding the cause of death then I would have consented to an Inquest.

Post-mortem examination

- (16) "Dr Steen highlighted that a post mortem may give answers to Claire's death and help prevent similar tragedies in the future. Was a report issued and did it define hyponatraemia? Why does the post mortem report not mention hyponatraemia?" (Ref: 096-001-005)**

- (a) Please describe what Dr Steen discussed regarding the fact that a post-mortem:**

- (i) "may give answers to Claire's death"**

Dr Steen advised my wife and I that the post mortem may or may not be able to identify the virus responsible for Claire's brain swelling.

- (ii) "help prevent similar tragedies in the future"**

Dr Steen advised that it was important that doctors learned from Claire's death and the reasons for her death which may help prevent similar tragedies in the future.

- (b) Please state when Dr Steen discussed a post mortem examination with you, and where this took place.**

At 19:00. I believe the discussions took place somewhere within PICU.

- (c) Please identify any other doctors who discussed the possibility of a post-mortem autopsy with you, and where and when this took place.**

None.

- (d) Please describe, so far as you can recall, what was discussed, the options you were offered, and the results of the discussions.**

Dr Steen stated that there would be no need for an Inquest but the hospital needed to carry out a brain only post mortem.

- (e) In particular, please describe any discussions regarding:**

- (i) Whether there should/would be a full or limited post-mortem**

There were no discussions regarding a full or limited post mortem.

- (ii) The limiting of the post-mortem examination to a brain-only autopsy.**

Dr Steen advised that the hospital would carry out a brain only autopsy.

- (f) Please state whether the brain-only aspect of the autopsy was recommended to you in any way, and if so, describe how it was recommended and explain why you agreed to this.

The brain only autopsy was advised by Dr Steen to provide answers for the brain swelling and identify the virus. I agreed to this because it was important to understand the reasons for Claire's death and identify the virus responsible.

- (g) Please state whether you requested that the post-mortem examination be limited to 'brain-only' and if so, please explain why you decided to do so.

I did not request a brain only examination. I agreed to Dr Steen's recommendations.

Following Claire's death

- (17) *"Claire's diagnosis on admission to hospital, during her treatment on Allen ward, at ICU and at subsequent meeting in 1996/1997 at the Belfast Royal Hospital was a viral infection. The post mortem report (condensed and full versions) also refers to a viral infection. Subsequent meetings with Dr Steen at the Belfast Royal Hospital continued to state a viral infection. At no time was Hyponatraemia or falling sodium levels defined as a cause for the fluid build up. At a meeting on 7 December 2004 with medical staff from the Belfast Royal Hospital Professor Young stated that hyponatraemia (falling sodium) may have contributed to swelling of Claire's brain and therefore ultimately to her death."* (Ref: 096-001-005)

- (a) Please identify who told you, and any explanations they gave, that Claire's diagnosis was a viral infection:

- (i) *"on admission to hospital"*

Doctor on admission.

- (ii) *"during her treatment on Allen ward"*

Doctor(s) and nurse(s) on Allen Ward.

- (iii) *"at ICU"*

Dr Steen and Dr Webb. Dr Steen explained how the virus in Claire's stomach had spread to her brain.

- (iv) *"at subsequent meeting in 1996/1997"*

My wife and I visited the hospital on the 11 November 1996 to ask about Claire's treatment. We spoke to Dr Sands and asked when the post mortem results would be available and if it would identify a virus.

- (b) Please describe, so far as you can recall, any meetings that took place between you and RBHSC staff in 1996 and 1997 following Claire's death, including the *"subsequent meeting in 1996/1997"*, and:

- (i) The identities of those present at the meeting(s)

I can only identify Dr Steen. Dr Webb may also have been present.

- (ii) When the meeting(s) took place

11 November 1996 and 3 March 1997.

- (iii) What was discussed at the meeting(s).

The meeting on 3 March 1997 was to talk about the post mortem results. Dr Steen informed my wife and I that the post mortem identified a viral infection in Claire's brain but the virus itself could not be identified. Dr Steen advised how an entrovirus starts in the stomach and can then spread to other parts of the body, as in Claire's case. My wife and I asked if everything possible had been done for Claire and if anything else could have been done. Dr Steen reassured us that everything possible was done.

If you have any correspondence from these meetings, please provide a copy to the Inquiry.

- (c) **Please describe, so far as you can recall, what was discussed at the "subsequent meetings with Dr Steen at the Belfast Royal Hospital", including the identities of those present at the meeting, and when the meeting took place.**

There was only one subsequent meeting with Dr Steen on 3 March 1997.

- (d) **Please identify who was present at "the meeting on 7 December 2004 of medical staff from the Belfast Royal Hospital" and describe, so far as you can recall, what was discussed.**

My wife and I attended the meeting on 7 December 2004 with Dr Rooney, Dr Steen, Dr Sands and Professor Young. We discussed Claire's diagnosis, care management, if hyponatraemia played any part in Claire's condition, what Claire's sodium levels were, when blood tests were carried out and what Claire's fluid management was in October 1996. Doctor Steen outlined Claire's treatment and management. Professor Young stated that he had been asked by the RBHSC to provide an independent review of Claire's fluid management. Professor Young started off by saying, that my wife and I probably did not want to hear what he was about to say. He then went on to discuss and explain that the fluids Claire received had a definite effect on her outcome.

Subsequent meetings with RBHSC doctors

- (18) **Please describe any communication you had with the hospital between Claire's death and the UTV Insight programme on 21st October 2004.**

Visit to the hospital on 11 November 1996 and met with Dr Sands.

Letter from Dr Steen dated 18 November 1996.

Meeting with Dr Steen and other doctor(s) 3 March 1997, to discuss the post mortem results.

Letter from Dr Webb dated 21 March 1997.

- (19) **Please describe your actions in the immediate months following the UTV Insight programme on 21st October 2004, including:**

- (a) **Your initial reactions to the programme**

My initial reaction to the Insight programme was the circumstances and the unfortunate outcomes of the three children detailed in the programme were so similar to Claire's outcome. In particular those of Lucy Crawford, who was admitted to hospital and initially treated for a gastroenteritis type bug. The programme highlighted the dangers of IV fluids, the type of fluid administered and fluid overload. I related this to the fact that Claire had received IV fluids and the recollection of doctors describing a fluid build up around Claire's brain. Until that time I was not aware of the condition referred to in the programme as hyponatraemia or low sodium levels.

- (b) **Whom you contacted at RBHSC/RVH after seeing the programme, when you did so, the purpose of your contact, and what was said**

I contacted RVH press office on Friday 22 October 2004. I spoke to a lady called Dymna who stated that the RVH were expecting calls following the Insight programme. She advised me that she would arrange a meeting with Dr Nichola Rooney, Clinical Psychologist. Dr Rooney contacted me later on

Friday 22 October 2004 and I discussed my concerns about Claire's treatment and the Insight programme. Dr Rooney arranged a meeting for Monday 25 October 2004 at RVH.

(c) The actions that RBHSC took to meet you and your wife following your contact

My wife and I met with Dr Rooney on Monday 25 October 2004 at the RVH. We discussed Claire's treatment and our concerns following the Insight programme.

Dr Rooney informed my Wife and I that she would organise a review of Claire's medical notes with regard to fluid management, fluid type and the amount of fluid given. Dr Rooney would also arrange for a review of Claire's treatment from Monday 21 October to Tuesday 22 October 1996.

Dr Rooney contacted me by telephone on Monday 1 November 2004 to say that Claire's notes had been passed onto medical staff for review. She informed me that Dr Steen, Dr Webb, Dr Hicks and Dr Sands would carry out the review and a meeting would be arranged in two to three weeks time.

I contacted Dr Rooney by telephone on Monday 22 November 2004 for an update on the review of Claire's medical notes and a meeting date. Dr Rooney informed me that Dr Steen had all Claire's notes and Dr Steen would be able to chart Claire's treatment. Dr Rooney also advised me that another senior consultant would be reviewing Claire's fluid management.

Dr Rooney contacted me by telephone on Wednesday 24 November 2004 to inform me that Dr Steen had prepared a document detailing Claire's treatment. Dr Rooney advised me that she would like the Medical Director Dr McBride, and a Professor from Queens, Professor Young to look at the document.

Dr Rooney informed me she would then arrange a meeting on 7 December 2004 with my wife and I together with Dr Steen, Dr McBride, Professor Young and Dr Sands.

My wife and I attended a meeting in the RVH on 7 December 2004. (see 17d)

(20) Please describe any communication you had with the RBHSC following Claire's inquest.

None.

(21) Please state if you were asked by RBHSC or the Trust to be involved in any way with a discussion / review / audit about what happened to Claire, your experience, and any lessons which could be learned following Claire's death.

(a) If so, please explain your involvement (if any), and who asked you to be involved and when.

I was not asked by the RBHSC or the Trust to participate in any way in a discussion/review/audit.

(b) If you were not asked, please state whether you would have expected to have been included.

I assumed all investigations/reviews/reports/audits would be part of the RBHSC internal procedures.

Additional Comments

(22) Please provide any further points and comments that you wish to make, together with any documents

S. DeBault

9th August 2012.

the classroom & I'll certainly
send you some.

Cathy

10/21/10 Cathy Dinner & class
money enclosed.
also flowers for the
harvest.

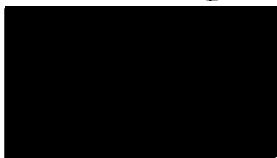
Benjie

Jennifer.

We all went swimming
today as usual. Claire was
fine but at lunch-time she
only ate one sausage & when
we came back to the room she
got really pale & lethargic &
asked to go to sleep. Later
we were singing in the hall &
she recovered her colour
slightly but still wanted to

Sleep.

Cathy



28-3-97

Dear Dr Webb,

Thank you for your letter dated 21-3-97 which summarises the findings of the brain autopsy carried out on our ~~only~~ daughter Claire. As you know Jennifer & I loved and still love Claire dearly and in our attempts to cope with our loss we find that understanding Claire's symptoms and ~~by~~ ~~learning~~ ^{learning} more about her development offers some comfort. We were grateful for the discussion we had with ~~you and Dr~~ Dr Stein and yourself at the Royal on ~~Monday 3-0 March?~~ ~~and perhaps~~ ~~of our~~ ~~at~~ However we find we are still asking ^{ourselves} questions which I have noted below. We would be grateful for any further explanation -

- a) ~~the~~ Was the autopsy able to identify a virus/viral cause either by name or ~~not~~. unknown
- b) ^{if unknown} Will any further ^{testing} investigations be made ~~it~~ in an attempt to identify the virus
- c) Was the virus something that Claire contracted within days of being unwell on the ~~Monday~~ ^{Monday 2am} ~~on Wednesday morning~~ ^{on Wednesday morning} when her breathing ^{became impaired} ~~abnormal~~ ^{Why - Claire was not examined by a doctor from 5pm until}
- d) Is it possible to know more about Claire's developmental brain ~~development~~ ^{ie- when this ~~it~~ takes place ^(between 4-6 months) what ~~the~~ ^{causes} ~~it~~ ^{might} ~~be~~ ^{could} be what Claire's learning potential was ~~has Claire's brain~~ ~~was~~ ~~developing~~}
- e) As Claire developed and approached adolescence ^{puberty} how would her brain cope with an abnormality - is it likely Claire would ~~be~~ ^{suffer} more seizures.
- f) How big ~~is~~ ^{is} a factor was Claire's brain abnormality in her ability to fight the infection.

~~Although we understand~~
~~if possible Jennifer & I would appreciate a copy of the~~
~~coronary report~~

Jennifer & I appreciate the complexity and detail contained in the coronary report, but we would be grateful if we could receive a copy.

Will a report be compiled on Claire's case, if so could we receive a copy?

Although your letter defines the clinical history of diarrhoea we feel that Claire only had one small loose bowel motion on the Friday, with normal bowel motions on Saturday, Sunday and Monday.