STATEMENT OF WITNESS

STATEMENT OF: ANDREW SANDS, REGISTERED MEDICAL PRACTITIONER
Name *Rank*

AGE OF WITNESS (if over 21 enter "over 21"): OVER 21

NOT SIGNED IN POLICE OFFICER'S PRESENCE

TO BE COMPLETED WHEN THE STATEMENT HAS BEEN WRITTEN

I declare that this statement consisting of 2 pages, each signed by me is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence at a preliminary enquiry or at the trial of any person, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Dated this Sixth day of July 2005

SIGNATURE OF MEMBER by whom statement was recorded or received

SIGNATURE OF WITNESS

Re: Claire Roberts (deceased) DOB: 10/01/87

I am a registered medical practitioner and consultant in paediatric cardiology. I graduated from the Queen's University Belfast on 1st July 1992. My professional qualifications are MPhil, MB, BCh, BAO, MRCP.

May I first express my sympathy with Claire Robert's parents and wider family, having spoken quite recently with them I realize that the passage of time has done little to lessen their grief. At the time of Claire's admission I was employed by the Royal Group Hospitals Trust. I had commenced my first substantive post as a paediatric registrar on the 7th August 1996. Previously I had worked as a locum registrar in paediatric cardiology. I was based in Allen ward in the Royal Belfast Hospital for Sick Children.

I met Claire on the morning of 22nd October 1996. I was conducting a ward round with at least one senior house officer who recorded the ward round notes. It is likely also that there was a senior nurse in attendance. My recollection is that Claire's mother was also present. Claire had been admitted the previous night and the recorded notes suggested a short history of vomiting small quantities, increasing lethargy and impaired level of consciousness. As Claire was not drinking, intravenous fluids, started after admission were continued at maintenance dose. She was given (dextrose 4%/0.18% saline). This was standard fluid therapy at that time.

Claire's past history of seizures and developmental delay were noted as was her elevated white cell count (16.4 thousands/Ul) and slightly low serum sodium (132 mmol/l). On examination Claire's pupils reacted only sluggishly to light. She was largely unresponsive and appeared pale. She appeared to have bilateral upper motor neurone signs. I was very concerned that Claire had a major neurological problem and suspected she was in "non-fitting" status epilepticus. Other recorded differentials were encephalitis or encephalopathy. My recollection is that Claire's mother felt this was not Claire's usual condition, although when unwell she would commonly be lethargic and that she expected her to improve soon. However I (and the ward team) felt that she was really very unwell. A dose of diazepam was given rectally (5mg). I believe this was after contacting Dr. Webb (consultant paediatric neurologist). I recall spending quite some time with Claire and her mother trying to get a clear history and an idea of Claire's normal behaviour. We contacted the Ulster Hospital Dundonald and requested old notes to be faxed to assist with this. Hourly CNS observations were started.

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I personally went to talk to the consultant paediatric neurologist on call. The paediatric consultant under whom Claire was admitted was unavailable: although I believe she was kept informed by telephone. I described Claire's problem to the paediatric neurologist and told him I thought a CT scan of brain might be required. He came and assessed Claire in Allen ward. He also saw her once if not twice more during the afternoon and prescribed further treatment. I do not recall being present in the mid-afternoon. It may be that I had teaching or other duties. However, I did not feel that Claire's condition had changed. I did administer an intravenous dose of sodium valproate as requested by the neurologist, at 5.15pm. I do not recall if Claire's care had been formally taken over by the neurology team. I note that a further serum electrolyte result is recorded in the chart although it is not clear when this was requested or taken.

I was not on call that night but heard of Claire's sudden collapse subsequently. I was naturally very shocked and saddened. After her death I was asked by nursing staff to speak to Claire's mother and father on the ward. I did this on 11th November 1996 as recorded. I explained, as far as I was able, the course of events but said that I would ask Dr. Steen to discuss the post-mortem findings (of which I was not aware) as soon as possible.

SIGNATURE OF STATEMENT MAKER: Andrew J Sands