STATEMENT OF WITNESS

STATEMENT OF: PETER JOHN SHAW

Name *Rank*

AGE OF WITNESS *(If over 18 enter "over 18"):* OVER 18

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 2 day of MAY 2006

William R Cross

SIGNATURE OF MEMBER *by whom statement was recorded or received*

WILLIAM R CROSS, D/SERGEANT

PRINT NAME IN CAPS

P J Shaw

SIGNATURE OF WITNESS

I am now retired but in November 1995 I was employed in the Royal Group of Hospitals as a Medical Technical Officer. My duties were to check all operating equipment, such as lights, monitors, anaesthetic machines, operating tables. I assisted in positioning patients on the tables, and I assisted in setting up the theatre for an operation. During the operation my role was to assist the anaesthetists in their duties and if needed to act as a second runner. I have 27 years experience in that role, commencing in 1978. D/Sergeant Cross has asked me if I have any personal recollection of a renal transplant operation on Adam Strain, 4 years on 27th November 1995. I cannot specifically recall being present during that operation but I have been informed by Tommy Ryan, my line manager, that he has checked the notes and that I was on duty that day, but that I mean I was on call and therefore would have been called in for an operation commencing at 0700 hours. As part of my duty I would have checked that transducers used in the measurement of arterial blood pressure and a second in measuring central venous pressure were working.

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In doing that I started fluid through the transducer not under pressure to clear any air bubbles, then the fluid bag was put under pressure at 300 mmHg, then the transducer was plugged into the monitor, a tap was turned to atmosphere and the zero button on the monitor was pressed and if the transducer was working a straight line marked zero was produced. Then I used to switch the tap from atmosphere to the patient, I used to tap the transducer looking at the monitor and if it was working I could see a corresponding wave form on the monitor. I then lined the transducer with the patient's heart by line of sight or sometimes with a spirit level, then everything was zeroed. The transducers were attached to an "ether screen" which is a bar in the shape of "L" attached to the table. Once the transducers were attached to the ether screen then the zeros were unaltered if the table was moved during the operation. I will explain the order I did this in again. Firstly when the patient was anaesthetised on the table I lined the transducers up with the patient's heart and fixed them in position on the "ether screen". They were then zeroed. I can recall one or two transducers being discarded at the zeroing stage and very infrequently during the operation. In these cases I installed a new transducer. It was correct practice in such cases to send a faulty transducer back to the manufacturer, and to inform your line manager. D/Sergeant Cross has asked me if I can recall any issues arising during this operation which gave rise to concern. I can recall nothing specifically. I cannot remember specifically any issues arising about blood gas result, CVP, quantities of fluid administered, or of Adam failing to revive at the end of the operation. In response to D/Sergeant Cross I can confirm that I have no recollection of the identities of the medical staff involved in this operation.