23<sup>rd</sup> January 2008

Dr Evans Consultant Paediatrician Singleton Hospital Sketty Lane Sketty SWANSEA SA2 8QA

Dear Dr Evans

Re: Claire Margaret Roberts, date of birth 10 January 1987

Thank you for agreeing to assist the Police Service of Northern Ireland in their investigation of the circumstances surrounding Claire's death.

am providing you with the following papers:

a. Claire's full medical notes.

b. Verdict on Inquest. The findings at the bottom of this Verdict provide a brief summary of Claire's history.

c. A letter from Dr Walby, RBHSC, dated 16/12/04, which sets out some of the history to our investigation.

d. A photocopy of a statement from Mr Alan Roberts, Claire's father, consenting to doctors and others assisting police in their investigation.

e. A statement from Mr Alan Roberts dated 29 September 2005. A statement from Dr Maconochie.

g. A statement from Dr Sands.

h. A statement from Dr Young.

A statement from Dr Steen.

J. A statement from Dr Webb.

k. Autory Report - Dr Herron
If you believe there may be other material that would assist you in forming an opinion on this case please contact me to obtain the same.

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You will note that the cause of death given on the Verdict on Inquest is cerebral oedema due to meningo-encephalitis, hyponatraemia due to excess ADH production, and status epilepticus. Police have instructed and been advised by a Consultant Paediatric Neuropathologist regarding meningo-encephalitis as a relevant factor in Claire's death. Police now wish to receive advice from you in relation to the relevance of hyponatraemia as a factor in Claire's death. Can I ask you to consider the following and advise police accordingly?

1. Do you believe that cerebral oedema caused Claire's death? If not, what, and why, do you believe should have been recorded on the Verdict on Inquest?

If you believe cerebral oedema was the cause of death:

- 2. Was hyponatraemia a factor in the cause of the cerebral oedema?
- 3. What was the cause of the hyponatraemia? Is there evidence of inappropriate ADH secretion? If hyponatraemia was a factor in Claire's death, can it be caused any way other than inappropriate secretion of ADH? Is it possible to know what caused the hyponatraemia?
- 4. How sudden was the onset of hyponatraemia and how significant was its degree? What impact would these factors have had on Claire's condition?
- 5. Have you any comments on the care given to Claire?
  - a. Was the fluid regime properly planned, recorded and implemented? Is there evidence of Claire's weight and degree of dehydration being assessed to allow for a proper regime to be planned?

b. Was the fluid appropriate for Claire's needs? If the fluid would or should not be used today, was its use common in this situation in 1995?

- c. Were the electrolytes tested appropriately and proper attention paid to the results?
- d. As Claire's condition deteriorated, was there a time when you believe the cause of her condition should have been recognised and action taken? When was this, who should have recognised the problem and what should have been done?

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- 6. Do you believe there is evidence that status epilepticus was a factor in Claire's death? Are you sufficiently expert in this regard to give an opinion on that matter? lf not, do you believe we should seek such an expert and can you recommend a colleague with the required expertise?
- 7. Do you believe there is evidence of a breach of the duty of care?
- 8. Do you believe there is evidence that a breach of the duty of care was a cause of Claire's death, or comprised a significant part of the cause of her death?
- 9. If there was a breach of the duty of care and this contributed to or caused Claire's death, can you advise on the extent breach – would you describe it as gross?
- 10. Feel free to highlight any issues which you believe police ought to pursue, or any

Yours sincerely

William R Cross Detective Sergeant

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