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Monday, 8 October 2012

(10.30 am)

(Delay in proceedings)

(11.45 am)

DISCUSSION

THE CHAIRMAN: I thank everybody for coming this morning and I'm sorry we're late. The reasons for sitting late this morning will become clear in the next few minutes.

You'll remember that we were here a fortnight ago and on Tuesday, 13 days ago, an issue was raised about the records, medical records, of patients other than Claire from October 1996 and their potential relevance to one of the issues which concerns us, which is where was Dr Steen, how contactable was she, and to what extent was she involved or did she have responsibility for Claire's treatment on 22 October.

You will remember that we adjourned on 25 September for the purposes of the inquiry making an application to the High Court that, if the Belfast Trust provided us with redacted copies of other patients' records, that the Trust would not be in breach of the right to privacy of those patients.

Before we went to court on Tuesday of last week, we -- through the Trust, but the Trust primarily -- made contact with as many as possible of those patients. It

1 turns out that there were 25 of them. When the Trust  
2 contacted them at the last available address known to  
3 the Trust, it turned out that five were not contactable.  
4 Of the 20 who were contacted, 17 responded. Fourteen  
5 consented to their records being examined and copied in  
6 a very limited form on the basis of the information with  
7 which they had been provided. One family refused and  
8 two other forms were returned to the Trust in a way  
9 which didn't clearly indicate what the views of those  
10 two families were.

11 As a result of that information being put before  
12 Mr Justice Gillen last Tuesday in the High Court, the  
13 judge made an order which was a declaration that  
14 it would not be a breach of the right to privacy and  
15 confidentiality of the patients for their records to be  
16 inspected in a limited way.

17 As a result of that, the inspection took place last  
18 Wednesday, Thursday and Friday. I'm indebted in  
19 particular to my own counsel, Ms Anyadike-Danes, for the  
20 efforts that she put in for three long days going  
21 through the records. I'm also indebted to the Trust for  
22 their support, Trust counsel and in particular Trust  
23 staff who came into this, I think, cold, but were  
24 enormously helpful. I am also grateful to  
25 Dr Scott-Jupp, who as you will know is an expert witness

1           who will be giving evidence in this stage of the  
2           inquiry. He is a consultant paediatrician, who came  
3           over from England on Thursday evening last and spent  
4           Thursday evening and then all day Friday going through  
5           the records to assist in distinguishing between what was  
6           relevant and necessary and what wasn't.

7           The end result of that is that three issues have  
8           emerged, as a result of which we had to go back to the  
9           High Court this morning to advise the court about what  
10          had happened and to obtain confirmation that we could  
11          proceed. Mr Justice Gillen wasn't available this  
12          morning, so this morning's application was heard by the  
13          Lord Chief Justice. The three issues raised with him  
14          were as follows.

15          The first issue is, on the basis of the Trust's best  
16          understanding two weeks ago, we had applied to look  
17          at the records of children who were on either the Allen  
18          or the Cherry Tree wards on 22 and 23 October 1996. And  
19          this is the information which was given to the families  
20          who were contacted. It emerged on going through the  
21          records that some patients were actually on a different  
22          ward, Musgrave Ward, and even if arguably they were  
23          covered by the terms of the order made by me for  
24          disclosure and the order made by Mr Justice Gillen about  
25          privacy rights, the fact that children on the

1 Musgrave Ward were potentially going to have their  
2 records looked at had not been raised with the families.  
3 We have had to go back on that first issue.

4 The second issue we had to go back on was that while  
5 we were focusing in the search on 22 and  
6 23 October 1996, the advice given to us by  
7 Dr Scott-Jupp, or given to counsel who were doing the  
8 inspection, was that even if you redact the notes, in  
9 order for some of the notes to make sense you would have  
10 to refer back a few more days to when the children were  
11 admitted because the record of 22 or 23 October on its  
12 own would not give you the information which was  
13 necessary to say, for instance, how serious the  
14 condition of one of the children was and whether it was  
15 a minor condition which one might not have expected  
16 Dr Steen to be involved in, which would be safely  
17 delegated to junior doctors or whether it was a more  
18 serious condition.

19 Therefore, Dr Scott-Jupp's advice is that in some  
20 cases, we need to look at a few more days prior to  
21 22 October and, in one or two cases, after 23 October,  
22 when they were discharged.

23 So those on one view were two comparatively  
24 non-controversial variations, which we were drawing to  
25 the court's attention this morning in the hope that

1 we would get immediate permission to proceed on that  
2 basis.

3 There was a third and rather more difficult factor,  
4 which had to be raised with the court, which is  
5 this: the Trust has been going back through the records  
6 again and through its computer searches again and has  
7 found that there appear to have been three other  
8 patients of Dr Steen of whom we were not previously  
9 aware. The records of those three patients were not  
10 part of the inspection which took place last week from  
11 Wednesday to Friday, and their records have still not  
12 been inspected. The other consequence of that is that,  
13 prior to Saturday, no effort had been made to contact  
14 these three patients or their families because they had  
15 not been identified before as being relevant.

16 The reason why we did not go to court until Tuesday  
17 last was to allow some days to try to contact the  
18 patients and their families to obtain their consent  
19 before we sought the court order. The Chief Justice  
20 heard the application this morning and has now ruled  
21 that because of the combination of these three factors,  
22 he wants the Trust, with some input from the inquiry --  
23 but it'll be directly done by the Trust -- to contact as  
24 many of these families again as is possible in order to  
25 advise them of these variations in the factors which

1 I have just outlined. And he wants them to have  
2 a chance, if they want to, to raise objections.

3 I hope and it may well be that they don't, but as we  
4 discussed before when we were here two weeks ago, for  
5 very good reasons, we all regard our medical records,  
6 our own medical records, as being very sensitive and  
7 information we want to keep private as much as possible.  
8 So it might be that some of the people will have second  
9 thoughts or some of the new three people being contacted  
10 will express some objection. What the Chief Justice has  
11 ruled is that the efforts to contact everyone should  
12 take place today and tomorrow and that they should be  
13 advised that the case will be listed before the  
14 High Court again on Wednesday morning. On Wednesday  
15 morning he will consider the application, which is in  
16 effect a variation of the order we got last Tuesday, and  
17 at that time he will also consider any objections which  
18 are advanced by any of the individuals who come forward  
19 who have objections. But what he's really doing is  
20 giving those individuals the opportunity to consider  
21 what is being requested of them and to have a little  
22 time to reflect on it before either consenting or  
23 objecting.

24 I'm sorry that there has been this hiccup. It's not  
25 likely, insofar as you can anticipate any of these

1 things, to be a fundamental change in the circumstances,  
2 but we have to allow another 48 hours for this process  
3 to be completed. What we had hoped to do today and what  
4 we envisaged on Friday when we sent you all an update  
5 was that we would distribute this morning the redacted  
6 copies of the relevant patients' records, we would give  
7 everybody the rest of today to consider them, consult  
8 with their clients and then start with Dr Steen's  
9 evidence tomorrow morning.

10 The consequence of this necessity to go back to the  
11 High Court and the Chief Justice's ruling on it is that  
12 you will not see documents before Wednesday morning.

13 I obviously cannot guarantee that there will be no  
14 objections on Wednesday, but if there are objections the  
15 Chief Justice, who is aware of the pressing timetable  
16 and the pressing need for the inquiry to make progress,  
17 has indicated that he will, if possible, consider  
18 objections on Wednesday morning. That's Wednesday  
19 10 October.

20 What I hope will happen on that Wednesday morning  
21 is that we will get the go-ahead, the orders will be  
22 varied, everything will be entirely regularised and that  
23 we will then be in a position to distribute to you on  
24 Wednesday morning documents which we had hoped to  
25 distribute to you this morning. And what we envisage

1           happening, if all that falls into place, is that we will  
2           give you the rest of Wednesday to look at those  
3           documents in the same way as we were going you give you  
4           the rest of today to look at those documents and,  
5           barring some objection or some pressing issue emerging,  
6           we would then start on the morning of Thursday the 11th  
7           with the evidence of Dr Steen.

8           Having said that, let me put in one cautionary note,  
9           which is that until we get clearance from the High Court  
10          on Wednesday morning, there will be no inspection of the  
11          records of the three new patients who have turned up on  
12          the checks which were done by DLS. So as you are  
13          looking through any documents which are distributed to  
14          you on Wednesday the 10th, there will also be, all  
15          things going in our favour, an inspection between  
16          inquiry counsel and Trust counsel of those three new  
17          sets of records.

18          Of course, if any of those three patients or their  
19          families consent before Wednesday and if the Trust has  
20          those files, then the inspection can start before then  
21          because, if they consent, we don't need a court order.  
22          But we do need to plan to go back to court in case we  
23          don't have consent.

24          Can you help me with this, Mr Lavery? When we were  
25          given this information on Saturday morning about the

1 three new patients who had emerged, our understanding  
2 was, at that point, that those files were still in  
3 storage because they hadn't been identified as being  
4 relevant before. Are they in storage today?

5 MR LAVERY: They weren't in storage, but what happened was  
6 the team that was present interrogated the computer  
7 system and carried out various searches of the computer  
8 system, and it was when they put, for example,  
9 Dr Steen's name against a particular ward or then as  
10 against a patient, it was then that these three  
11 patients' names were discovered.

12 THE CHAIRMAN: Okay.

13 MR LAVERY: There were no files as such.

14 THE CHAIRMAN: Okay. Sorry, Ms Beggs can help.

15 MS ANYADIKE-DANES: Sir, I might be able to help with that.

16 MR LAVERY: I should say, I have just been told by my  
17 instructing solicitor, the files are in secondary  
18 storage and they should be discovered today.

19 MS ANYADIKE-DANES: That's exactly the information I was  
20 going to give you. Apparently they're en route.

21 THE CHAIRMAN: That at least means that physically the Trust  
22 and your solicitors will have their hands on the files.  
23 They can't be looked at either until there is consent  
24 from the patients or their parents or, in the absence of  
25 consent, until there's court approval on Wednesday

1 morning subject to any objections that are made.

2 MR LAVERY: That's understood.

3 THE CHAIRMAN: Then, as part of that on Wednesday morning,  
4 we will try to have Dr Scott-Jupp available again, at  
5 least at the end of a phone, which he contributed so  
6 significantly to on Thursday evening and all day Friday.

7 So the end result is: where does that take us to?  
8 It takes us to losing two more days of evidence, losing  
9 Tuesday the 9th and Wednesday the 10th as days of  
10 evidence, and it takes us to, on this best case  
11 scenario, starting with Dr Steen on the morning of  
12 Thursday the 11th.

13 As you know, there's some issue about Dr Steen,  
14 whose ability to give evidence for a full day or perhaps  
15 even half a day is restricted, but I would like that to  
16 be the subject of some discussion after I've finished my  
17 piece this morning. We would then like Dr Steen and  
18 Dr Sands to work around each other on Thursday 11th and  
19 Friday 12th, which means, I'm afraid yet again, that the  
20 witness schedule which was issued to you on Friday  
21 afternoon becomes something which we'll have to redraw.

22 A further knock-on effect is this: you will all  
23 understand why we are not sitting on Monday 22 and  
24 Tuesday 23 October. I'm grateful to Mr and Mrs Roberts  
25 for agreeing that we could sit for the rest of that

1 week, starting on Wednesday the 24th. I think,  
2 realistically, we're now going to be running into the  
3 following week, the week of the 29th. I don't really  
4 see any way to avoid it. The timetable which we issued  
5 on Friday was already tight and, if we take a couple of  
6 days out of that, we inevitably run into the week  
7 beginning 29 October.

8 We would like, as far as possible, to deal with  
9 witnesses chronologically because it makes the unfolding  
10 of the events and what happened to Claire easier to  
11 follow. We will do our best to do it chronologically,  
12 I'm sure, with the support of everybody here and the  
13 various witnesses. That's something which will have to  
14 be discussed over the next 24 hours to try to pin down  
15 a new timetable. But we should try to pin down a new  
16 timetable on the basis that the documents will be  
17 distributed on Wednesday the 10th and the evidence will  
18 start on Thursday the 11th.

19 Before I finish, before anybody else says anything,  
20 when we were here on Tuesday 25 September I appealed to  
21 the families of those who were going to be contacted by  
22 the Trust to understand why it was that we needed to  
23 look at their records or, in some cases, their  
24 children's records in a very limited and restricted form  
25 to try to uncover information and evidence which is

1 relevant to this inquiry. I want to repeat that plea  
2 today. I want to thank the families who have considered  
3 the requests which were made before, whether they  
4 consented, whether they didn't express a clear view, or  
5 whether they objected, because I know this will be the  
6 last thing you want to come back at you 16 years after  
7 your son or daughter has been treated in hospital, that  
8 you're contacted out of the blue and asked to consent to  
9 this.

10 I understand this position. I'm sorry for making  
11 the imposition, but I would be very, very grateful if  
12 the families could be as co-operative and supportive of  
13 the inquiry as they proved to be two weeks ago, and  
14 I would issue the same appeal to the families who are  
15 being contacted for the first time, partly on Saturday,  
16 and again over the next day or two, to see if they could  
17 find it in themselves to help the inquiry. The  
18 documents, when they're redacted, really do not give  
19 a clue about the identity of the patients. Things are  
20 deleted like their dates of birth, their names or their  
21 parents' names, so we minimise the risk of that any of  
22 these other patients would be identifiable. They may be  
23 identifiable to the patients themselves if they read the  
24 transcript, but in all probability, they would not be  
25 identified beyond the patient or the patient's immediate

1 family.

2 Ms Anyadike-Danes, is there anything else we need to  
3 raise at this point? We're really looking today to  
4 bringing people up-to-date and talking about yet again  
5 rejigging the witness schedule.

6 MS ANYADIKE-DANES: No. What I had proposed to do,  
7 Mr Chairman, with your leave, is that when the documents  
8 are released, I was proposing to explain how it was we  
9 had gone about the exercise and to assist people by  
10 drawing their attention to certain things in those  
11 documents which might give an insight into the way we  
12 had regarded them, which doesn't of course exclude them  
13 from having a view on other points and drawing that to  
14 our attention. But I thought that might assist. And  
15 I was proposing to do that then because it may well be  
16 that we will have had an opportunity, hopefully, to have  
17 seen the three new sets of documents and everything  
18 could be done in one go. But unless, of course, you  
19 want me to do it now, Mr Chairman.

20 THE CHAIRMAN: Well, no. What you have just said you were  
21 going to do is what we hoped you would be doing this  
22 morning, but that's fallen backwards by 48 hours. So  
23 the file of documents, unless it changes substantially,  
24 is not going to be a particularly heavy file. It is  
25 a group of documents which is not particularly bulky and

1           when Ms Anyadike-Danes explains, hopefully on Wednesday  
2           morning, she will draw your attention to the specific  
3           references to Dr Steen and also explain the reason for  
4           the presence in the documentation of some other  
5           patients' records or some extracts from other patients'  
6           records to try and set the scene about what was going on  
7           in the Children's Hospital, particularly on 22 October.  
8           To put that in context, as I've said, requires a bit of  
9           expansion, but it'll be done as tightly as possible  
10          because it really isn't our intention to go through each  
11          of these witnesses' records in detail during the oral  
12          evidence. But you need to understand what's in those  
13          records in order to get the picture which is beginning  
14          to emerge.

15                 And this is not just relevant to Dr Steen; it's also  
16          relevant to some other witnesses, like for instance  
17          Dr Sands and Dr Bartholome. Who is for Dr Bartholome?

18   MR GREEN: I am, sir.

19   THE CHAIRMAN: Could you correct me on the pronunciation of  
20          her name? We've had at least three different versions.

21   MR GREEN: You've got it right first time.

22   THE CHAIRMAN: I might have here this morning, but not  
23          beyond. Thank you very much.

24                 So the only essential thing for the rest of today  
25          and into tomorrow, if needs be, is to try to re-arrange

1 a feasible witness schedule on the assumption that the  
2 oral evidence starts on Thursday morning, Thursday 11th.

3 MS ANYADIKE-DANES: I wonder if I might ask one other thing?

4 We have sent out, I believe, lines of questioning, which  
5 are proposed areas that we would like to address with  
6 the relevant witnesses. I think just about every  
7 witness has received that and, if not, they certainly  
8 will over the next day or so. When the file of the  
9 other medical records is made available and people have  
10 had an opportunity to look at that, it would be very  
11 helpful if people indicated whether that gives rise to  
12 any further questioning that they would like us to put  
13 to the relevant witnesses. I think, for example, of  
14 Dr Steen's legal team, that might be possible. It might  
15 be possible for Dr Stevenson, for Dr Sands and maybe  
16 even Dr Stewart, who are all mentioned in one way or  
17 another in these records. That would be very helpful if  
18 people would indicate that and then we can integrate  
19 that into the areas we were proposing to take them.

20 If nothing arises, please don't think you have to  
21 make a question just because I have invited it. If  
22 something really does turn up and you want that matter  
23 pressed because it goes to a particular issue, I'll be  
24 very happy to hear that as soon as you have that view.

25 THE CHAIRMAN: Yes. I should say, in terms of scheduling

1 witnesses, that one thing we're very anxious to do for  
2 Mr and Mrs Roberts is that the timetable which was  
3 issued on Friday had them giving evidence on Tuesday the  
4 16th. Our assumption is that Mr and Mrs Roberts should  
5 give evidence, Mr Quinn, after as many of the doctors  
6 and nurses as possible, but before the inquiry's experts  
7 give evidence. I assume that insofar as this can be  
8 made easier for them, that it would be probably better  
9 if they did it before the weekend, which is followed by  
10 Monday 22 and Tuesday 23 October.

11 MR QUINN: I will take instructions on that point. I can  
12 understand fully where you're coming from on that issue  
13 and I will ask the Roberts about that. It would be  
14 better obviously if they did give evidence after the  
15 witnesses and before the experts if that could be  
16 possible.

17 THE CHAIRMAN: We'll go on the basis that they will give  
18 their evidence after as many as possible of the doctors  
19 and nurses. There may be some availability issues, but  
20 if we can get started on Thursday morning, as we  
21 project, between Thursday, Friday, Monday, Tuesday,  
22 Wednesday and maybe into Thursday of next week, we  
23 should be able to get through a very large majority of  
24 the doctors and nurses.

25 MR QUINN: That would seem to be the way to approach things.

1 THE CHAIRMAN: We'd finish before that short break with  
2 Mr and Mrs Roberts and then there may still be time for  
3 one or two experts. The experts would then resume or  
4 start on Wednesday 24 October and we're into the  
5 following week to finish them.

6 MR QUINN: The only other thing I want to mention is  
7 availability of people over the Hallowe'en recess.  
8 I wanted to raise that in case another hiccup occurs at  
9 a later stage.

10 THE CHAIRMAN: Most people don't have a Hallowe'en recess,  
11 Mr Quinn.

12 MR QUINN: I'm aware some people may be booked some holidays  
13 off.

14 THE CHAIRMAN: We can look at that. The other thing that I  
15 need to touch on -- and we'll come back to you more  
16 clearly on Wednesday -- is about what the knock-on  
17 effect of this is on the following segments of the  
18 inquiry. When will Claire's governance hearing start  
19 and then when will the preliminary part of Raychel's  
20 case start, which is in effect the aftermath of the  
21 death of Lucy Crawford?

22 The position is we have to have Claire's governance  
23 hearing and the preliminary part of Raychel, which is  
24 relates to Lucy, completed before Christmas. And then  
25 after Christmas we can deal with Raychel's clinical and

1 governance hearings, the significantly shorter hearing  
2 about Conor Mitchell and then the department. We have  
3 to have Claire and Raychel preliminary done before  
4 Christmas.

5 Ladies and gentlemen, I'm sorry this isn't as  
6 positive or we haven't made as many progress as I'd  
7 hoped. I hope you understand that we have been making  
8 progress. There have just been one or two hiccups.  
9 I very much hope that they turn out only to be hiccups  
10 rather than anything more serious or substantial.

11 Mr Lavery?

12 MR LAVERY: I just wonder whether it would be possible to  
13 confirm whether or not the Raychel Ferguson hearings  
14 will take place before Christmas.

15 THE CHAIRMAN: The Lucy part? Yes. I think, inevitably, on  
16 the timetable which we came back with in September, the  
17 only part of Raychel herself that we were going to deal  
18 with was in the first week. We were going to do a week  
19 of opening Raychel's direct case as opposed to what I'll  
20 crudely call -- and I hope you'll forgive me -- the Lucy  
21 aftermath. What we had intended to do was to start  
22 Raychel's clinical hearing, do a week of that with the  
23 opening and calling various doctors and nurses from  
24 Altnagelvin and then continue that after Christmas.  
25 I think realistically, because of the weeks we've lost,

1           that will not be possible to do. I apologise to  
2           everyone involved in that, particularly the Fergusons,  
3           because that has just become impossible. But if we get  
4           Claire's governance hearing done and what happened after  
5           Lucy died before Christmas, we will not have been  
6           knocked significantly off track.

7   MR LAVERY: Thank you, Mr Chairman. Can I just say that the  
8           trust are grateful to you, Mr Chairman, for the  
9           acknowledgment of the efforts they've gone into in  
10          respect of this matter. Another matter that you did  
11          also acknowledge is the distress this is causing to the  
12          families and certainly that has been borne out by the  
13          various telephone calls. As you'll appreciate, the  
14          Trust staff have been knocking on people's doors,  
15          they've been making and receiving telephone calls.  
16          There was a helpline over the weekend, which was open,  
17          and certainly that is something that is coming across,  
18          that this is causing some distresses to the families.

19   THE CHAIRMAN: I'm very grateful to the people who are doing  
20          it, Mr Lavery, and I have to say I'm very happy that I'm  
21          not doing it because there must be some very, very  
22          difficult conversations taking place.

23   MR LAVERY: One other point: it had been raised,  
24          Mr Chairman, on behalf of Dr Steen last week that she in  
25          fact had raised this matter with Trust staff, and that's

1 something that the inquiry asked the DLS to look into.

2 I understand that you will have received, by this stage,  
3 a letter.

4 THE CHAIRMAN: And that correspondence is going to be  
5 issued, okay?

6 MR LAVERY: Thank you for that. You'll have seen from that  
7 correspondence that the Trust have no evidence  
8 whatsoever that there was any contact made. In fact,  
9 Mr Walby did -- as you'll have seen from an e-mail back  
10 on, I think, 27 January last year -- had in fact raised  
11 the importance of this issue with her.

12 THE CHAIRMAN: There is some correspondence which, I'm  
13 afraid, has got a bit lost in the flurry of this  
14 weekend, which has been taken up with us contacting  
15 judges and getting into the High Court this morning.  
16 That correspondence will be circulated.

17 Mr Fortune?

18 MR FORTUNE: Sir, are you able to assist us as to where  
19 these three other patients have been found? For  
20 instance, are they patients on any of the wards that  
21 you've mentioned, Allen, Cherry Tree or Musgrave, or  
22 somewhere else in the hospital?

23 THE CHAIRMAN: I think they're on one of those three wards  
24 because, if they aren't, we are going to have to make  
25 another application to the Chief Justice to vary it

1           again. We haven't seen the records. Mr Lavery,  
2           Ms Beggs, do you know what ward we're talking about?

3 MR LAVERY: If you'll allow me a moment. We don't have an  
4           answer to that at this point in time, but certainly  
5           enquiries can be made, Mr Chairman.

6 THE CHAIRMAN: Okay.

7 MR COUNSELL: Mr Chairman, I represent Dr Stevenson, but  
8           perhaps I ask this question also on behalf of others who  
9           have not been involved in what's been happening over the  
10          last ten days. Can I enquire why it is that we can't  
11          have the documentation that was the subject of the order  
12          last week so at least those of us whose clients' names  
13          appear in those documents can start the process of  
14          looking at them?

15 THE CHAIRMAN: It turns out that there were 14 files which  
16          were identified as being relevant and there are only  
17          three of those which are not affected by the issue about  
18          the date or the issue about the ward. And we were  
19          considering before we came in what the value would be in  
20          issuing three out of 14 with it potentially becoming  
21          three out of 17. And the view we've taken, rightly or  
22          wrongly, is that it won't take you very far.

23                 Is there anything else, ladies and gentlemen?  
24                 That's where we are. I'm very anxious for people to  
25                 stay and to liaise with the inquiry secretary and the

1 inquiry legal team about availability of witnesses and  
2 to make arrangements so that we can continue to sit on  
3 the assumption, which I hope turns out to be the right  
4 assumption, that we will get the approval which we need,  
5 I guess, from either the Chief Justice or  
6 Mr Justice Gillen on Wednesday morning so that we will  
7 be back here -- I guess, given our experience this  
8 morning, when we had a hearing at 9 o'clock. The chief  
9 has offered to sit at 9.30, he was going to sit  
10 originally tomorrow, it has been put back to Wednesday.  
11 He was talking about sitting at 9.30. The reality is  
12 there's probably no point in coming here before  
13 11 o'clock on Wednesday morning.

14 If things go in our favour, the records will be  
15 distributed, Ms Anyadike-Danes will give you a brief  
16 summary of what's in those records, which is relevant to  
17 the evidence which will follow, and you will have the  
18 rest of the day to consult with your respective clients,  
19 consider the documents and then we can start on Thursday  
20 morning, all being well. But in any event, we will sit  
21 at 11 o'clock on Wednesday morning for that purpose.

22 Thank you very much.

23 (12.17 pm)

24 (The hearing adjourned until 11.00 am on Wednesday

25 10 October 2012)

I N D E X

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