Witness Statement Ref. No.

117/2

NAME OF CHILD: Adam Strain

Name: Rosalie Campbell

Title: Dr.

Present position and institution

Consultant Anaesthetist/Paediatric Intensivist

Addenbrookes Foundation Hospital Trust, Hills Road, Cambridge CB2 0QQ

Previous position and institution:

[Since your Witness Statement of 7th April 2011]]

In Nov 1995 I worked as a locum consultant anaesthetist at the Royal Belfast Hospital for Sick Children

Membership of Advisory Panels and Committees:

[Identify by date and title all of those since your Witness Statement of 7th April 2011]

None

Previous Statements, Depositions and Reports:

[Identify by date and title all those made since your Witness Statement of 7th April 2011] WS-117-1-Rosalie Campbell

OFFICIAL USE:

List of previous statements, depositions and reports attached:

Ref:	Date:	
117/1	07.04.2011	Witness Statement to the Inquiry on Hyponatraemia
	:	

1.

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 such a number then please provide a copy of the document.

I QUERIES ARISING OUT OF YOUR INITIAL STATEMENT

With reference to your Witness Statement dated 7th April 2011, please provide clarification and/or further information in respect of the following:

(1) Answer at p. 1:

"In Nov 1995 I worked as a locum consultant anaesthetist at the Royal Belfast Hospital for Sick Children".

We attach a copy of the RBHSC theatre log including the entries relating to 27th November 1995 (Ref: 094-006-021, Ref: 094-006-022, Ref: 094-006-023 and Ref: 094-006-024). The entry relating to Adam Strain's renal transplant and the other relevant entries for 27th November 1995 have all been highlighted.

- (a) State whether you were working in an operating theatre on the 27th November 1995. If so, then please:
 - (i) Identify the particular procedures in which you were involved and the times at which each patient arrived and departed from theatre in relation to each procedure.

It is very helpful to see a copy of the theatre schedule. From it I can tell that I am recorded as working in theatre on 27th November 1995.

According to the same theatre schedule, I was involved in a number of procedures throughout the day. These include:

A day surgery list starting at 9.10am and finishing at 12.50am

Procedures listed are as follows

- 1. OGD and pH studies 9.10-9.40am
- 2. Left Orchidopexy and Inguinal Herniotomy 9.35 10.45
- 3. Bilateral Inguinal Herniotomies 10.00-11.40
- 4. Excision C.L.node (?cervical lymph) 11.33 12.20
- 5. Right Orchidopexy 12.15 12.50

In the afternoon, I was involved in two further cases

- 6. Excision of Accessory Digits 14.00 14.15h
- 7. Syndactyly surgery on the left hand 14.20 17.45
- (ii) Identify the trainee anaesthetist who was also involved in each of those procedures.

The involvement of an anaesthetic trainee in each case is listed below

Case 1 - OGD and pH studies 9.10-9.40am

Both Dr David Hill and I were involved in this case (Dr Hill has signed the recovery ward discharge note)

Case 2 - Left Orchidopexy and Inguinal Herniotomy 9.35 - 10.45

Both Dr Hill and I were involved in this case

Case 3 - Bilateral Inguinal Herniotomies 10.00-11.40

I was involved with this case; there is no record of any anaesthetic trainee present

Case 4 -Excision C.L.node (?cervical lymph) 11.33 - 12.20

Both Dr Hill and I were involved in this case

Case 5 - Right Orchidopexy 12.15 - 12.50

I was involved, but there is also a signature on the recovery ward discharge paperwork, which I am unable to identify.

Case 6 - Excision of Accessory Digits 14.00 - 14.15h

I was involved with this case; there is no record of any anaesthetic trainee present

Case 7 - Syndactyly surgery on the left hand 14.20 - 17.45

Both Dr Michael McBrien and I were involved in this case.

It is likely that Dr Hill was assigned to work with me on the morning list and Dr McBrien was assigned to me for the afternoon list.

(iii) Identify the consultant surgeon who carried out each of the procedures in which you were involved.

I believe the patients on the day surgery list in the morning were under the overall care of Mr Brown who was listed as the surgeon for my 5^{th} case of the day (right Orchidopexy)

I believe trainee surgeons performed cases 1 - 4 and 6

I believe the consultant surgeon who performed the last case on the list, Case 7, was Mr Small.

(iv) Explain the meaning of the column entitled "Implant No." in relation to each procedure.

The appearance of Consultant surnames in this column suggests that it was used to record the patient's primary consultant (not necessarily a surgeon)

(v) Please mark on the attached plan the location where you were working between 07:00 and 13:00 on 27th November 1995 (the theatre where Adam Strain's renal transplant was being conducted during the morning of 27th November 1995 is shown as marked with a large red X).

I cannot recall which theatre I was working in on 27th November 1995

- (b) State the number of theatres in use on the morning of 27th November 1995 in RBHSC. I have no recollection of the number of theatres in use on this date; however, hospital records show that there were three.
 - (c) Whilst you were working in theatre on 27th November 1995, identify the other persons who were in theatre with you and describe their position and role.

From the information on the theatre schedule I can see Dr Bailie and Dr Khoo were present in theatre with me for the morning list.

I recall Dr Bailie as a trainee surgeon, but I have no recollection of Dr Khoo. The scrub nurses are also listed. S/N Stanford is the only name I can decipher on the schedule. Dr Hill was also present as a trainee anaesthetist.

In the afternoon Dr McBrien was the trainee anaesthetist present and Dr Low, Mr Riaz and Mr Small were the surgeons operating.

(d) Whilst you were working in theatre on 27th November 1995, describe your knowledge of

what was happening relating to and during Adam Strain's renal transplant in an adjacent theatre.

I have no recollection of Adam Strain's renal transplant in an adjacent theatre.

(i) State the basis of your knowledge and how, when and from whom you acquired this knowledge.

I have no recollection of Adam Strain's renal transplant in an adjacent theatre.

(ii) In particular, state whether any person from the theatre where Adam Strain's transplant was taking place entered the theatre where you were working, and if so, identify that person and state what did they say and to whom and what happened as a result thereof.

From the theatre schedule, 094-006-021 – 094 006-024, Mr Brown is registered as one of the operating surgeons during Adam Strain's transplant. He is later recorded performing a day surgery case (Right Orchidopexy) with me as his anaesthetist. I have no recollection of anyone else entering my theatre from the theatre where Adam Strain's transplant operation was taking place.

(e) State your involvement, if any, in Adam Strain's renal transplant on 27th November 1995, including whether at any time during the completion of your theatre list you entered the theatre in which Adam Strain's renal transplant was taking place. If so, state:-

I had no involvement in Adam Strain's renal transplant. I do not recall entering the theatre during his transplant. At the completion of my theatre list (12.50) Adam Strain had already been transferred to ICU

(i) Circumstances in which you left, what you were told and by whom, and the reason why you went into the other theatre

I do not recall entering the theatre where Adam Strain's transplant was in progress.

- (ii) Purpose of your attendance in the other theatre

 I do not recall entering the theatre where Adam Strain's transplant was in progress.
- (iii) Time at which you left the operating theatre where you were working I do not recall leaving the theatre where I was working.
 - (iv) Stage the surgery had reached when you first went into the other theatre, what you observed while you were there including the colour of Adam's skin, his vital signs including blood pressure, CVP, pulse rate, partial pressures of blood or inhaled gases and any other physiological measurement.

I do not recall entering the theatre where Adam Strain's transplant was in progress. I do not have any knowledge of his condition during the procedure.

(v) Identity of those that were in the theatre when you arrived, what they were doing and what they said while you were there. In particular state the identity and number of surgeons and anaesthetists, including trainees, who were present on your arrival

I do not recall entering the theatre where Adam Strain's transplant was in progress. I have no knowledge of the identity of those individuals present other than by reading the names listed on the theatre schedule.

(vi) What you were told whilst you were in theatre, by whom, and what you did as a result

I do not recall entering the theatre where Adam Strain's transplant was in progress.

(vii) Whether you provided advice or carried out a procedure in relation to Adam, and if so, provide details of the advice you gave, describe the procedure(s) you carried out and give the reasons for that advice and procedure(s)

I do not recall entering the theatre where Adam Strain's transplant was in progress. I have no recollection of being asked for or offering advice. I do not recall performing any procedure (other than brain stem testing) on Adam Strain

(viii) What happened whilst you were there

I do not recall entering the theatre where Adam Strain's transplant was in progress.

(ix)The period of time that you remained in the theatre and the time at which you left that theatre

I do not recall entering the theatre where Adam Strain's transplant was in progress.

(x) Adam's condition when you left the theatre, and in particular whether his surgical wound had been closed

I do not recall entering the theatre where Adam Strain's transplant was in progress.

(xi)Whether you returned to the operating theatre where you were working, and if so, at what time

I do not recall entering the theatre where Adam Strain's transplant was in progress.

(xii)Identify all records relating to your attendance and actions both at the theatre in which you were working and that in which Adam's transplant surgery was taking place. If there are no records, please explain why.

I do not recall entering the theatre where Adam Strain's transplant was in progress.

The records (theatre schedule, Ref 094-006-021 – 094-006-024) log my attendance throughout both morning and afternoon lists.

The medical records of the individual children contain my handwritten anaesthetic records.

(xiii) State the number of occasions on which you have been acting as a Consultant Anaesthetist in theatre and have been asked to leave that theatre during surgery to assist in another theatre, and provide details of each occasion and the date and location where this occurred.

I have left my theatre to assist another anaesthetist on many occasions. Although my name would appear in the individual medical records of the patients where I gave assistance, I have no separate record of which situations provoked me to leave my assigned theatre list.

(xiv) State whether you were involved in any review or death meetings / morbidity and mortality meetings relating to Adam Strain, and if so, state when and where these meeting occurred, who was present, what was discussed about Adam Strain and provide any relevant documents

I was not involved in any meetings

(f) Identify any other person who left the theatre in which you were working to go into the theatre in which Adam Strain's renal transplant was taking place and please also state:-I do not recall any person leaving the theatre in which I was working to go to the theatre in which Adam Strain's renal transplant was taking place. (i) The circumstances in which they left, what they were told and by whom, and how you knew where they were going

I do not recall any person leaving the theatre in which I was working to go to the theatre in which Adam Strain's renal transplant was taking place.

(ii) The reason for and purpose of their attendance in the other theatre

I do not recall any person leaving the theatre in which I was working to go to the theatre in which Adam Strain's renal transplant was taking place.

- (iii) Your knowledge of what they did in the other theatre and the basis of that knowledge I do not recall any person leaving the theatre in which I was working to go to the theatre in which Adam Strain's renal transplant was taking place.
- (iv) The time at which they left the operating theatre where you were working I do not recall any person leaving the theatre in which I was working to go to the theatre in which Adam Strain's renal transplant was taking place.
 - (v)Whether they returned to the operating theatre where you were working, and if so, at what time

I do not recall any person leaving the theatre in which I was working to go to the theatre in which Adam Strain's renal transplant was taking place.

(vi) The period of time that they remained in the theatre where Adam Strain's transplant was taking place

I do not recall any person leaving the theatre in which I was working to go to the theatre in which Adam Strain's renal transplant was taking place.

(vii) What they said about Adam, his surgery and what had happened in that other operating theatre, when that was said and by whom

I do not recall any person leaving the theatre in which I was working to go to the theatre in which Adam Strain's renal transplant was taking place. Nor do I recall any conversation relating to Adam Strain's operation.

(viii) What you did during the absence of those persons from the theatre in which you were working

I do not recall any person leaving the theatre in which I was working to go to the theatre in which Adam Strain's renal transplant was taking place.

(g) Identify any procedure, protocol and/or guideline relating to a consultant leaving one theatre during surgery to assist in another theatre.

There are recommendations for the handover of information between anaesthetists in theatre. The guideline published by the Association of Anaesthetists of Great Britain and Ireland is called "Recommendations for Standards of Monitoring during Anaesthesia and Recovery – 4th edition" March 2007

Page 5 reads:-

"Local circumstances may dictate that handing over of responsibility for patient care under anaesthetic may be necessary. If so, hand-over time must be sufficient to apprise the incoming anaesthetist of all information concerning the patient's anaesthesia and the time and details must be noted in the anaesthetic record.

Very occasionally, an anaesthetist working single-handedly may be called upon to perform a brief life-saving procedure nearby. Leaving an anaesthetised patient in these circumstances is a matter for individual judgement. If this should prove necessary, the surgeon must stop operating until the anaesthetist returns. Observation of the patient and monitoring devices must be continued by a trained anaesthetic assistant. Any problems should be reported to available medical staff."

(h) State when you first knew what had happened to Adam, what you understood to be the reasons for this, and the source of that knowledge.

I cannot recall when I was informed of Adam's condition, or by whom.

(i) State whether you had any discussions with Mr. Stephen Brown or any other person in relation to Adam Strain on 27th November 1995, other than in relation to the first set of brain stem tests on Adam Strain, and if so, identify that person and state where and when those discussions took place and the nature thereof.

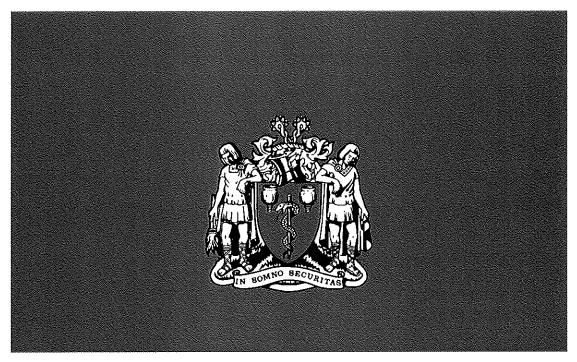
I cannot recall any conversation with Mr Stephen Brown or any other person in relation to Adam Strain.

(j) Other than Dr. Terence Montague, identify any other trainee anaesthetist who you can recall assisted Dr. Robert Taylor (Consultant Paediatric Anaesthetist) in Adam Strain's renal transplant from approximately 08.30 onwards on 27th November 1995.

I have no knowledge of any other trainee anaesthetist assisting Dr Robert Taylor during Adam Strain's renal transplant

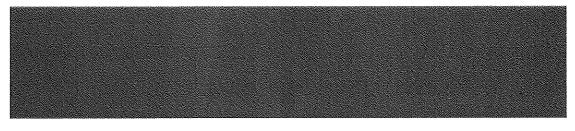
Signed: Kosahi bamphell

Dated: 8th October 2011



RECOMMENDATIONS FOR STANDARDS OF MONITORING DURING ANAESTHESIA AND RECOVERY

4th Edition



Published by The Association of Anaesthetists of Great Britain and Ireland, 21 Portland Place, London W1B 1PY Telephone 020 76311650 Fax 020 7631 4352 www.aagbi.org

March 2007



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SECTION III: THE ANAESTHETIST'S PRESENCE DURING ANAESTHESIA

An anaesthetist of appropriate experience must be present throughout general anaesthesia, including any period of cardiopulmonary bypass. Using clinical skills and monitoring equipment, the anaesthetist must care for the patient continuously. The same standards must apply when an anaesthetist is responsible for a local/regional anaesthetic or sedative technique for an operative procedure. When there is a known potential hazard to the anaesthetist, for example during imaging procedures, facilities for remotely observing and monitoring the patient must be available¹¹.

Accurate records of the measurements provided by monitors must be kept. It has become accepted that core data (heart rate, BP and peripheral oxygen saturation) should be recorded at intervals no longer than every five minutes, and more frequently if the patient is clinically unstable. It is recognised that contemporaneous records may be difficult to keep in emergency circumstances. Electronic record keeping systems are now available, and the Association recommends that departments consider their procurement. It is likely that their use will become routine.

Local circumstances may dictate that handing over of responsibility for patient care under anaesthetic may be necessary. If so, hand-over time must be sufficient to apprise the incoming anaesthetist of all information concerning the patient's anaesthesia and the time and details must be noted in the anaesthetic record.

Very occasionally, an anaesthetist working single-handedly may be called upon to perform a brief life-saving procedure nearby. Leaving an anaesthetised patient in these circumstances is a matter for individual judgement. If this should prove necessary, the surgeon must stop operating until the anaesthetist returns. Observation of the patient and monitoring devices must be continued by a trained anaesthetic assistant. Any problems should be reported to available medical staff.

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