

**WITNESS STATEMENT**

Criminal Procedure Rules, r27.2; Criminal Justice Act 1967, s.9; Magistrates' Courts Act 1980, s.5b

Statement of: CHANG, RACHEL ELIZABETH NG

Age if under 18: OVER 18 (if over 18 insert 'over 18')

Occupation: PAEDIATRICIAN

This statement (consisting of 23 page(s) 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, 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.

Signature: R CHANG

Date: 20/05/2019

Tick if witness evidence is visually recorded  (supply witness details on rear)

I am the above named person and live at the address overleaf.

I have been asked by DC Birch from Cheshire Police about my recollections of and involvement with a baby called **Child I** who died on the 23rd October 2015 at the Countess of Chester Hospital, in particular the 14th into the 15th October and the early hours of the 23rd October 2015. Prior to providing this statement I have had the opportunity to review **Child I**'s clinical notes. With regards to the 15th October my recollections are all taken from the notes as I don't really recall that shift except a memory of the handover I shall cover below. With the night she died however it is a mixture of my notes and my personal recollection.

With regards to handovers of babies from Registrar to Registrar, it is similar to how the nurses do it except the whole team is present and we have to do thorough handovers not just for neonatal babies but for all children admitted to the hospital. We have a room on the Paediatrics side where all the day shift Doctors get together with all the Doctors coming on duty and the Consultant. One of the memories I do have about the 15th is the handover itself and Matt Neame was having a really difficult stretch of nights with **Child I** as she had been very ill, night after night. He was really shattered. He was glad to be finishing nights I think, but I can't remember any comment or concerns from him about the 3 nights she had looked after her. He was just very glad to be finished as it had been so understandably stressful.

Matt is an excellent physician and a very dedicated Doctor, he'd been working so hard and he had just been reaching a limit having brought her back so many times.

Signature: R Chang  
2020

Signature witnessed by:

with the consultant, but didn't crash call anyone which obviously would have done if I had suspected a pulmonary haemorrhage, as that would've been considered a medical emergency.

After discussing these episodes with the consultant we then opted to paralyse **Child I** with medications as previously suggested by the Neonatal Transport Team. This decision was to aim to keep **Child I** as still as possible. We thought these two episodes of deterioration may have been related to her physically moving. We have thought the ET tube had been possibly moving internally with that activity, or dislodging secretions which in turn has irritated the lungs, or blocked off the ET tube and caused **Child I** to decompensate. I think after that we sent her to the Women's Hospital because we were reaching the limits of what could be provided for **Child I** at Chester. For instance if she required longer periods of ventilation or a different type of ventilator she would have to be in a tertiary centre, and we just wanted to provide the best level of care for her. The consultant, **Doctor V** I think, came and then discussed it with the transport team. I know from her notes that she went out to the Women's and was back by the 17th October. Again she had done really well there, as the team there had significantly reduced her ventilator support to High Flow Oxygen in the 36 hours she was there.

To be fair, **Child I** had had almost regular events where she would be really sick and then 'bounce back'. Matt Neame had been resuscitating poor **Child I** every nightshift, then every morning at handover I'd be like 'Oh my God, Poor **Child I** and poor you', and then we'd have a day shift of where we would say 'Oh, she's not been too bad' as she had seemingly recovered quite quickly.

The next date I have been asked about is the 23rd October 2015, the night **Child I** died. I was on night shift but didn't see her until she'd had her collapse about midnight I think and all my notes are written in retrospect.

I was crash called at Midnight and I wrote my notes at 0030hours. I would expect if Ashleigh Hudson had informed me, that information would have come via the phone on my bleep. I've now had the chance to read Ashleigh's notes that cover the period immediately before I was called, and that was all new information to me. I just remember saying 'What's happened?', and the nurses informing me **Child I** had been crying and that was all I knew. Immediately in this critical scenario it is not as important to get a full detailed summary of what has gone on, as the Doctor in that moment you deal with what's in front of you and gather the pertinent information during the resus and more once the baby is stabilised.

I recall the events of that night because you never forget when a baby dies under your care. The initial

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