Child A

INQUEST

- Telephone Conference: Thursday 6th October 2016 @ 1300 hrs

C O I&S (CHAMBERS)

Attending:
- Stephen Cross
- Louis Browne
- Dr Ravi Jayaram
- Dr Murthy Saladi
- Dr David Harkness
- Dr Teresa MacCarrick

Issues To Raise:
- Give Dr Harkness & Dr MacCarrick their witness summons letters.
- Discuss travel arrangements. Taxi from main reception, if we meet at 0715 hrs, gives us time to meet with counsel before the inquest.

OR Can make own way there, meet where and when - Louis Browne.

+ usually take original records - but away being examined?

* NOT RELATED TO THIS INQUEST *

-> I&S response - take printout

-> I&S Inquest -: speak to Dr Jenny Smith? Reasons for Kate Holloway being called. I&S. Dr Smith on leave this week → Helen Thomas.

-> Inquest set for I&S, I&S October. Pre-inquest meeting, Dr Van Den Bergh has been called, is available from 1000 - 1200 hours for meeting on Monday 17th October. - liaise with Claire

+ Review in London → mention to Louis

- Taxi from main reception @ 7.15. Give us an opportunity to meet beforehand in Costa Coffee.

+ I&S, Bundle to Stephen tomorrow.

& mention: Kenan in London
SPC to mention to Louis.

TRAVEL ARRANGEMENTS:
- TAXI FROM MAIN RECEPTION @ 07.15 A.M.

LOUIS: explaining inquest / objective of inquest.
- who, where, when & medical cause of death.
- not anticipating any difficulties.
+ TRUST & FAMILY.
- listed for ½ a day, Coroner believes issues are relatively discreet.
+ insertion of line, and replacement - did it have any impact.
P.M - unascertained.
- Crossed pulmonary arteries - no suggestion it played a part in the death.
- long line and UVC complications - no evidence of those in this case.
- Dr Harkness: unascertained cause of death, so why inquest:
- no obvious explanation = sudden, so Coroner has to hold an inquest.
- enable family to hear evidence from clinicians and question / scrutinise.

-> Dr MacLarick, lines.
- Afternoon of PD day of life. Inserting UVC with assistance of Dr Sally Ogden. Needed for medications / nutrients. Not first time injecting a line, but hadn't done many, hence Dr Ogden.
- common complication for UVC line to enter hepatic vein.
L> reviewed with Dr Jayaram - advised remove line & replace with new line. If deviated again, place a long line
Dr Ogden asked Dr MacLarick if she would be comfortable doing the UVC as Dr Ogden was only Registrar on busy ward.
- Again, UVC deviated into hepatic vein. Reviewed with Dr Ogden and Harkness. Advice, remove. Dr MacLarick then went home.
If on inserting line, if you caused serious damage, how would you know. Ravi - rupture a vessel - heart rate up, baby would

+ Dr Marnerg: Alder Hey work
→ TAXI

Dr SALADI - Coroner asks how did it inform future practice?
· REVIEW -: Royal College of Paediatrics: pattern of deaths appear unusual. Further enquiry required.
Forensic Review.
· Is aware we have had a review, but not that we are having further reviews.
- If review is outside of the remit of your knowledge, then say so.
→ Don't say anything unless you know. REVIEW IS ONGOING.
Q to Dr McCormick - · why was it not possible to get line in correctly. Is that common etc.

Copies of policies on Monday - for RAVI
→ him to deal with any questions.
· send to Rheinberg - latest part of the review.

ACTIONS:
· send to Coroner - bring to attention

MACC
→
I&S