



STATEMENT OF WITNESS

STATEMENT OF THOMAS FRANCIS FANNIN

DATED THIS 21st DAY OF APRIL 2008

I, THOMAS FRANCIS FANNIN, declare that this statement is true to the best of my knowledge and belief and I make it knowing that if it is tendered in evidence at the Inquiry I will 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.

1. The Inquiry has disclosed a number of documents to me. Where I make specific reference to a document in my statement I have given the number of the relevant page.
2. In April 1997 I was a Senior Consultant Neurosurgeon in the Regional Neurosurgical Unit at the Royal Victoria Hospital (RVH) in Belfast. I retired in April 2000. On 27th April 1997 I was the Consultant Neurosurgeon on call at RVH and any cases admitted in that 24 hour period would have been under my care.
3. After Mr Hamill's death, I prepared a "Final Comment" which is dated 14th May 1997 and is contained at pages 38551 to 38552. I later gave a statement to the police investigating the death of Robert Hamill which is dated 11th July 1997 and is contained at page 09205.

Involvement in/observations on Mr Hamill's care at RVH

4. Robert Hamill arrived at RVH by ambulance at 0630 on 27th April 1997 having been transferred from Craigavon Area Hospital (CAH). This arrival time is stated in my Final Comment at page 38551 and in the clinical notes.

5. The transfer had been arranged because the CT scanner at CAH was not working. The CAH notes at page **38669** say: "*Attempted CT scan here, broke down, spoke to Mr [REDACTED] Neurosurgery RVH, transfer for CT scan and RICU admission*". Mr [REDACTED] was my Registrar at the time and it appears from these notes that Mr [REDACTED] arranged for Mr Hamill's transfer from CAH to RVH.
6. Notes would have been transferred with Mr Hamill from CAH to RVH but I cannot be sure exactly which ones. I assume that the notes contained at pages **38669, 38670, 38671, 38672** and **38674** would have been transferred.
7. When Mr Hamill arrived at RVH he was admitted to the Intensive Care Unit (ICU). While Mr Hamill was there his care was shared between the ICU and the Neurosurgical Unit with a single set of joint clinical notes for both departments being made.
8. Mr Hamill was seen by Mr [REDACTED] on being admitted. Mr [REDACTED]'s notes are contained at page **38601**. After seeing the patient Mr [REDACTED] would have contacted me, in accordance with usual practice, to pass on the relevant information. I cannot remember what he told me but I assume that he simply went through the information he had written down. I also assume that I would have told Mr [REDACTED] that I would see Mr Hamill as soon as I got in.
9. I would normally have got in at around 8:15am and I assume I saw Mr Hamill for the first time shortly thereafter. I say this is an assumption because I have not got a written note of exactly when I saw Mr Hamill and I cannot now recall the time. After that I would have seen Mr Hamill at least once a day and possibly more frequently as I used to walk through the ward regularly.
10. In my police statement I said, "*We were given to understand that he had been hit by a bottle and put on the ground and immediately rendered unconscious*". This

information may have come from the CAH notes at pages **38669** and **38670** or I it may have been passed on to me verbally.

11. The clinical notes for 27th April 2007 at page **38602** show a short entry by me at 11.15 which reads: "*Collar off. Note he was wearing a neck support. Neck X-Ray is here. Allow him to waken up*". I would have been involved in taking the collar off.
12. When I first saw Mr Hamill he was deeply unconscious. He would have been chemically paralysed and sedated, and on a ventilator. I do not recall whether he had any open wounds or a wound to the back of head and none is recorded in the notes. I have read in the notes that Mr Hamill had a bruise on the left temporal region, although I did not record this. I have also seen the reference in Mr [REDACTED]'s notes at **38601** to there being a scalp haematoma but I cannot recall this either.
13. Mr Hamill had a CT scan when he was admitted to RVH before I saw him. The CT scan report is contained at page **38703**. The scan showed only that there was "*soft tissue swelling in the scalp over the left temporo-parietal region and also over the right temporo-occipital region*". The scan showed no focal abnormality, that is to say there was no blood clot either on the surface of the brain or within the substance of the brain.
14. My view after I initially examined Mr Hamill on 27th April was that he had a closed head injury, as a result of which he was deeply unconscious. The results of the CT scan, combined with my overall impression of that type of injury, led to me think that whilst Mr Hamill was still deeply unconscious, he did not have a major head injury. We felt that he would probably start to wake up over a period of days.
15. I also note here that the initial CT scan report refers to "*a little prominence of the subarachnoid space*" then concludes, "*Appearances suggest a mild degree of*

frontal lobe atrophy". This just indicates a slight abnormality, possibly of a congenital nature. This was not related in any way to the injuries Mr Hamill sustained in the incident in question. There was no concern about these results.

16. I note the other entries in the clinical notes for 27th April at page **38602**. Dr [REDACTED] wrote at 10:40am, before I saw Mr Hamill, "*Stop sedation/Relaxation. Beginning to open eyes*". Mr [REDACTED] wrote at noon, "*Wakening up, pulling on all lines and tubes*" and then later at 1800 he wrote, "*Some purposeful movement, very agitated, not opening eyes...*" All these entries indicate Mr Hamill became very restless and agitated.
17. My next entry in the clinical notes is on 28th April 1997 at page **38603**. I wrote: "*very restless, localising ?cerebral irritation. Leave CT scan in the meantime*". This means that we had considered doing another CT scan but felt it was inappropriate because Mr Hamill was very restless which meant we would have had to anaesthetise him to do the scan.
18. On 29th April 1997 Mr Hamill was transferred from the ICU to the Neurosurgical Unit. It can be seen in the clinical notes for that day at page **38603** that Mr Hamill was "*Less agitated – off sedation*" whilst he was still in ICU and then the entry at **38603** records his transfer at 1300.
19. On 30th April 1997 Mr Hamill had a second CT scan. The results of this scan are contained at page **38705**. As the CT scan report and the clinical notes at page **38605** show, there was no change from the previous scan.
20. It is evident from the multiple entries in the clinical notes dated 1st May 1997 at bottom of page **38605** and on pages **38606** to **38607** that Mr Hamill became increasingly agitated again after having been transferred from the ICU.

21. There is an entry in the clinical notes at page **38608** dated 5th May 1997 by Mr McCann, a Consultant Physician from the Rehabilitation Department. I requested the rehabilitation assessment. It is common practice to ask the rehabilitation physicians to assess at an early stage how severe the patient's condition is and whether inpatient or out patient rehabilitation would be appropriate at some future date. It was Mr McCann's view that Mr Hamill had "*cerebral irritation*". This is a clinical description of a person "waking up" after a head injury and Mr Hamill's extreme restlessness and thrashing about, as recorded in the clinical notes, was a sign of cerebral irritation.
22. The clinical notes on 7th May at **38608** state: "*Pyrexia. 40 degree Celsius. Blood cultures taken. Chest x-ray ordered*". I am told that Mr Hamill went for the x-ray at around 1430 on 8th May but I am not aware of the exact timing of the x-ray and I have not seen a result of it. If the x-ray had shown anything dramatic, I am sure I would have been informed by my juniors.
23. I would have seen Mr Hamill on my ward round on the morning of 8th May 1997 but I did not make any notes and I cannot recall what his condition was. There was a sudden, dramatic deterioration in Mr Hamill's condition on the afternoon of 8th May 1997. The entry in the clinical notes by staff Cardiologist by Dr [REDACTED] at page **38608** to **38609** records that the cardiac arrest team was called at 1540 and attempted to resuscitate Mr Hamill. The subsequent entry at page **38609** by Mr Unni, the Consultant Anaesthetist, notes that resuscitation was abandoned after 20 minutes at 1610. Dr Patel then wrote a final comment in the clinical notes at 1645. This comment is at pages **38609** to **38610**.
24. I assume that I must have been present at some stage during the resuscitation attempt because Dr Patel's comment at page **38610** records that he spoke to me. The notes say: "*Discussed with TFF. Decision to discontinue resuscitation. Family distraught.*" TFF is me. I interpret from these notes that I was consulted as to

whether to continue with the resuscitation. I do not recollect being present, however.

Opinion on cause(s) of Mr Hamill's death

25. As I recorded in my police statement at page 09207, *"Initially, it had been considered that this was relatively minor brain injury but the possibility of secondary insult such as hypoxia and the effects of high blood alcohol had also been taken into account"*.
26. It is my recollection that at the stage of the second CT scan I felt that Mr Hamill would start recovering over a period of perhaps a week or ten days. I thought he would become less agitated, start to open his eyes and perhaps start speaking. In the long term I thought he might have some of the common effects one sees after a head injury such as problems with short-term memory and changes in personality, but that he would be otherwise functioning reasonably well.
27. In relation to hypoxia, I wrote in my Final Comment at page 38552 that *"it was thought by other observers that much of his problem was related hypoxia presumably at the scene of the accident"*. I repeated those comment in my police statement at page 09206 to 09207, and noted that I shared this view. I added that the hypoxia was *"perhaps compounded by a relatively high blood alcohol at the time of injury"*. I felt that hypoxia contributed to Mr Hamill's the cerebral irritation noted by Dr McCann. I think that the scene of the incident is the only time Mr Hamill would have been hypoxic. I base this assumption on my observation that the oxygen levels recorded in the RVH clinical notes are all high.
28. My Final Comment, written on 14th May 1997, states that Mr Hamill's death *"was an extremely unexpected outcome and it was thought that he may have been suffering from a septicaemia or perhaps a pulmonary embolus"*. The discharge summary, contained at page 38772 and of the same date, states: *"primary diagnosis: closed head injury. Subsidiary diagnosis: ? cerebral hypoxia ?"*

septicaemia” and then below: “*Relatively minor head injury. Probably hypoxic at the scene. Sudden collapse, ? septicaemia. Ultimate death*”.

29. I prepared the discharge summary, which is purely for the hospital records. The information recorded on it reflects the suspicion we had that the cerebral hypoxia had made the head injury worse, and that a widespread blood infection or septicaemia had caused his sudden collapse. We did not know why he had deteriorated so suddenly ten days after his injury and this seemed a reasonable theory as to the cause of death at the time.
30. I said in my police statement at page **09207**, written in July 1997, that after Mr Hamill’s death, “*Several possibilities were considered including the possibility of a pulmonary embolus from a deep venous thrombosis, a septicemic episode or possibly even a malignant neuroleptic syndrome which can occur occasionally and secondary to the use of neuroleptic drugs of various types*”. I have been asked why malignant neuroleptic syndrome was not included in the discharge summary, even though I referred to it in my police statement as one of the causes of death we considered. I can only assume we considered this condition subsequently. I have never seen a case of malignant neuroleptic syndrome but I know it is very rare. I cannot recall, and I cannot see from the notes, whether it was tested for, or ruled out, in Mr Hamill’s case.
31. I have seen the autopsy report of Professor Crane which concludes that the cause of death is a diffuse axonal injury and I would entirely agree with him. Diffuse axonal injury is a perfectly acceptable diagnosis. A person with this condition would be unconscious, certainly in the early stages, and they might well be extremely agitated and restless, as Mr Hamill was. Diffuse axonal injury sometimes shows up on a CT scan, but more often than not it does not. The condition may cause a brain to become swollen. A second CT scan may show slightly squashed ventricles or slight haemorrhaging. Mr Hamill’s second CT scan showed none of this.

32. I am sure diffuse axonal injury is something we considered because many patients do have that type of injury. The prognosis for a person with the injury is variable. If it is severe, then the patient may die. If patients do survive it, they are very often left with significant residual handicaps such as severe memory disturbance, spasticity of the limbs or personality change.
33. I have two further comments on Dr Crane's autopsy report. Firstly, I note the reference to the hairline fracture of the front part of the skull. I would say in relation to this that it would not necessarily show up on a CT scan. Secondly, I agree with Dr Crane's comment at page **09568** that, "*Alcohol intoxication exacerbates the effects of head injuries and may have played a part in the fatal outcome*".
34. I did not discuss Mr Hamill with Professor Crane. Forensic pathologists are restricted from discussing cases.

Contact with the Hamill family and the police

35. I have been asked whether I had any contact with Mr Hamill's family. Item 11 on the nursing notes from 30th April 1997 contained at page **38566** states: "*Sister spoken to by Mr Fannin and Mr Fannin will speak to the relatives after 3.00pm today*". Item 10 in the notes at page **38567** confirms that I spoke to the family in the afternoon. I certainly remember speaking to one of Mr Hamill's sisters who was a nurse. She seemed to be the spokesperson for the family. I am almost certain and I did speak to the family on a daily basis at some stage. Because the offices and secretaries were on the ward itself, I was frequently walking through the ward. It would be common for relatives to ask how a patient was doing as I walked through. I cannot recall what Mr Hamill's family was told about his diagnosis and prognosis or what information they gave me.
36. I cannot recollect what contact I had with the police regarding Mr Hamill. I obviously had some contact because it is clear that I produced a police statement. I

do not recollect making the statement, however. I also not recall whether I spoke to any police while Mr Hamill was in my care. I would not have recorded any such contact in my notes.

SIGNED:

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THOMAS FRANCIS FANNIN

DATED:

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