

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