

to 38603, the first doctor who saw Mr Hamill was Dr [REDACTED] who would have been a Registrar. Dr [REDACTED] was the intensive care doctor in charge of Mr Hamill's care and the junior doctor who was directly involved in his care and has written on the notes was Dr [REDACTED]. The notes contained at page 38601 show that the neurosurgeon who saw Mr Hamill on his arrival at RVH was Mr [REDACTED].

5. The notes show that the Consultant in charge in the ICU on 28 April 2007 was Dr [REDACTED]. He was the Director of intensive care at that time. There is another entry in the notes on that day that I can not decipher and I do not know who wrote it. It may have been a neurosurgeon rather than one of the ICU doctors.
6. I would have become the doctor in charge of Mr Hamill's care in the ICU at around 08:00 to 09:00 on 29 April 1997 and I would have stayed in charge until he was transferred to the Neurosurgical Unit at 13:00 that day. I was only responsible for his care in the ICU. From the notes I can see that the Consultant neurosurgeon in charge of Mr Hamill's care on 29 April 1997 was Mr Tom Fannin. This is confirmed by Mr Fannin's final summary letter, which is contained at pages 38772 to 38773.
7. The neurosurgeons had major involvement in Mr Hamill's care when he was in the ICU. They would have been responsible for decisions regarding neurosurgical issues and the ICU medical and nursing staff would have been responsible for all other respects of this care. Ultimately it was the Consultant in charge of the ICU at any particular time that had overall responsibility for Mr Hamill's care.
8. I prepared my statement dated 15 September 1997 from the clinical notes. The statement is contained at pages 09203 to 09204. As far as I can remember I made this statement at the request of the police. I have no idea why it took so long for the statement to be made but I would not particularly question the delay because sometimes it may be months after a patient has left before some legal element is