

Dr Oliver Stumper

Correspondence: Official Complaint Letter

09/11/09 Ward Round

Dr Anderson told his colleagues during ward round that Hayley was FINE, dad said "excuse me, but the child is not fine" and stood up between Dr Stumper and Dr Anderson. My dad is very calm and laid back and doesn't interfere in other people's business never mind interrupting a ward round but he was just so worried. Dr Stumper listened and organised an x-ray and gases to be taken. Mum said she was embarrassed asking all the time "but what about Hayley's lungs?" Dr Stumper listened to her chest and said she was clear. He asked what happened to the vein in her neck which had been damaged in Belfast. He asked who her doctor was in Belfast and said he would look into talking to her doctor to see if they could provide the same care for Hayley over there.

10/11/2009

3.10pm:

Member of the surgical team came to cut open Hayley's wound. Sanjit was shocked because she had not seen a wound like it before. Dr Stumper came in to look at the wound and asked if it was better or worse, I wasn't really sure because Dad knew more so I asked him - it still looked awful but it wasn't as red and raised on the outside. There was supposed to be a wound care chart attached to Hayley's notes so I thought everyone would know how it was, I wish now I had got Dad to take photos.

Mum jumped up when she saw Dr Stumper and said "what about Hayley's lungs?", he looked irritated "Physio", "will that make her better?", "yes", "Physio" he shouted, then left. Poor mum said she had never seen such a look of utter contempt in all her life.

RAINBOW ROOM

We all took turns hugging Hayley. We told Justine that we were very upset with Dr Stumper. When mum jumped up and asked about Hayley's lungs on Tuesday morning he looked at her with utter contempt. She was a scared granny worried about her granddaughter. He made her feel like shit on his shoe. But mum was right about Hayley's lungs and no one did anything until they started collapsing. Justine talked to Dr Stumper and said he was more than happy to talk to us. We said we were just too upset now and wanted to spend time with Hayley.

I saw Dr. Stumper but didn't talk to him, he upset mum so I thought it was more fitting she talked to him directly, but poor mum didn't leave her room for days, she hadn't the heart for anything. She kept saying the look of contempt on his face would "haunt me til the die I die"

Dr. Stumper looked down on her with complete and utter contempt when she dared ask him about Hayley's lungs. They had collapsed and she was in a head box with 5 litres of oxygen. Mum had been warning everyone about her lungs but they treated her like a joke. My poor mum sat and watched in horror while her beloved granddaughter's head bobbed and whenever she drew it to anyone's attention their response was:

"We've put it in the notes"

"She's only catching up on her sleep"

"She's fine"

"we've seen worse"

Monday 09/11/09

WARD ROUND:

Dr Ben Anderson told his colleagues that Hayley was FINE. My Dad stood between Dr Stumper and Dr Anderson and said "excuse me, the child is not FINE" .

Mum said she was embarrassed asking again and again about Hayley's lungs. Dr Stumper listened to Hayley's chest and said she was clear. He organised blood gases and x-ray scans. Dr Stumper ordered the tests based on Hayley's grandparents concerns, not Dr Anderson's belief/diagnosis that Hayley was FINE.

Dr Stumper; you listened to Hayley's chest on Monday morning and told mum they were clear. The x-ray at 11.30am showed that the right lung was starting to collapse. * Medical notes confirm MASSIVE CONSOLIDATION left lung. VOLUME loss right lung. I saw it. We were told by SHO that "it wasn't serious -no need for concern". I watched my daughter's two lungs collapse Tuesday morning at 1.30am. I saw the x-ray.

The pathetic old granny knew more than you. Tuesday morning when you came in to see Hayley, mum jumped up like a child looking for attention and asked "what about her lungs - what about her lungs?" You looked incredulous and agitated that she dare ask. You shouted out "Physio" and looked around you "will that make her better?" mum asked, "Yes", then shouted "Physio" again and charged out of the room. Three pathetic words; was that the best you could do for a petrified Granny?

Dr Stumper I have contempt for you.

Does it make you feel big to belittle people?

You are in a position of power, you make life and death decisions.

My baby is dead and my Mum is destroyed.

Would it have inconvenienced you so much to make an effort to be more humane?

My poor mum keeps saying "the look of contempt on Dr Stumper's face will haunt me till the day I die".

Correspondence: Telephone Conference – 28 July 2010

I asked Dr Stumper, Head Cardiologist why Hayley's physio was deferred. His excuse just adds INSULT TO INJURY. He told the SHO Niddi – "this child needs physio and I didn't specify this child needs physio the same evening, having said that, I was somewhat horrified in the context of the x-ray that the physio wasn't involved on the same evening but it is true, I did not specifically request, having said that, I would have expected people to act upon an x-ray which was really quite bad at the time".

"I think I admit erm that possibly because my – lets say general instructions to get physio involved and without stating tonight or immediate, erm I think that was an omission and I have certainly learned to be more specific. I thought some things can be transmitted – NON VERBALLY".

Correspondence: Transcript of Coroners Court

The chest x-ray was probably done at around lunchtime, and I, in the evening hand-over, at about 4.30/5 o'clock, asked, "Has anybody seen the chest xray?"

At that stage no-one had actually as yet seen the x-ray, so I looked at the x-ray together with the SHO and we saw basically that there was massive consolidation of the

chest, and I said, "This patient needs physiotherapy."

Q. So, that was on the evening of the 9th.

A. Yes, 9th of November - Monday, 9th of November, at about 1700/1730. And I presumed that we would make efforts to get the physio that same evening, and looking

at the severity of the x-ray, I would have expected that to happen. But I did not check on that and I certainly also failed to ring the physios myself.

Q. So, you would have expected - I am going to put immediate physio, yes?

A. I would have hoped, yes, that she would have had immediate physio, or that evening.

Q. But you did not make that clear and you did not organise it yourself?

A. Yes.

I think, if we would have provided physio

on Monday the 9th, it would have given her a better night from the 9th to the 10th, but I

do not feel that this has directly caused or contributed to her death.

Well, it is the cardiac surgical team and the tissue viability team, as we call them, at the Children's Hospital who had taken over the wound care management, and I would have assumed, and possibly incorrectly, that the cardiac surgeons would have explained

the details of wound care to the family, because also on the Tuesday the 10th, the wound

again was inspected and cleaned by the cardiac surgical team, and as they were the major care providers in that respect, I would have expected them to detail to the family what are the current practices and protocols.

Well, at the time of Hayley's sudden deterioration, we certainly were worried that some of the milk feed in her stomach could have been regurgitated and she could have aspirated that to the lungs. That would have been - that happens. And that also leads to a very acute deterioration and to a collapse.

Correspondence: Transcript of Coroners Court (cont)

"Let's get physio." In my language, that would have meant: "Let's get physio tonight." I have to apologise that this was transcribed on the notes "Defer physio until Tuesday morning 10th November."

Not only did it show increased oxygen uptake but it showed that she had developed respiratory distress, albeit mild?

A. Well, it basically showed that she had increased oxygen requirement, or that her breathing rate also increased.

Q. And intercostal recession?

A. And mild recession.

Q. And that is where she is having to suck in the muscles between the ribs to breathe?

A. Well, she has to work harder to shift the air around, yes.

Q. And it was these changes that the family were concerned about and trying to raise with the medical staff, is that fair?

A. From reading through the statements, yes, that is a correct summary.

Q. And they alerted - this was the grandfather and grandmother, because the mother was not there during the grand ward round on the 9th - they raised these concerns with

you on the 9th, did they not?

A. Yes, and I also examined Hayley at the 9th and I felt her work of breathing is more than what I would expect, I noted that her saturations were below 95% and that she also

needed, I think, 1 litre of oxygen at the time. I was not informed that she was in .3 litre

some 96 hours previously.

A. What I was presented on the 9th of November was a story about her previous cause

and that she was getting slowly better. I have not examined the child prior to the 9th of November in detail, at the time of the ward round.

Q. If she was declining prior to your grand ward round, but you did not know that, is that important information which it would have been useful for you to have known?

A. When I saw Hayley on 9th of November at 11 o'clock, I asked for an x-ray, which I think was the first diagnostic test to instigate further treatment.

Q. Again, could you answer the question? Would that have been important information for you to have known?

A. I would have made the same decision in the sense that I would have requested a chest x-ray, first of all. I probably would have asked the physios at the time rather than waiting for the outcome of the chest x-ray, and I possibly also may have put her into headbox oxygen at an earlier stage.

Q. Thank you very much. And this was precisely the concern that the family were trying to raise, was it not?

A. From reading the statements, yes, that was the concern.

Q. Now, you asked for the chest x-ray. Did the family also ask for that and was it in any way their prompting that caused you to ask for one?

A. Well, looking at Hayley and seeing her breathing and also hearing her story, and I do not remember whether I asked when did she have the last x-ray, but I felt an x-ray was indicated at the time. But it is true that I remember that the family were very upset and let's say pushing towards it, but my clinical opinion and judgment certainly did not let's say contradict this, and I certainly would have asked for an x-ray at the time, irrespective of what the family said to me at the time.

Q. I think the last x-ray - I am sorry, sir. I think the last x-ray had been taken on the 28th of October. Is that right?

A. I do not have that information available.

Q. I know it was in October. It may have been slightly later. Were you surprised that there had been no x-ray taken in the intervening period?

A. Considering Hayley's difficult postoperative period, yes, I would be somewhat surprised.

Q. And if you had ongoing changes, deterioration in the lungs, shown by the x-rays, that would be a cause of concern, is that fair?

A. Yes, it would be of concern.

Q. And the more the deterioration, the more the concern and possibly a referral to PICU - again, is that fair?

A. I don't think that Hayley triggered any of the parameters of PICU referral before the 9th of November. Hayley was transferred back from ICU, I think on the 31st of October, and if you say that her last x-ray was taken on the 28th of October - yes, she probably should have had, warranted an x-ray after that, sometime on the ward. Hayley certainly had extensive physio on PICU. I do not know when Hayley was discharged from physio follow up or input after her stay in ICU or during her stay in PICU.

MR WEITZMAN: If there are problems with breathing, low threshold for chest x-ray, and if you do a series of x-rays and they deteriorate, that is of concern - is that fair?

A. Yes, and certainly the chest x-ray taken on the 9th of November was significantly worse than the one before.

Q. And a deteriorating chest x-ray is one of the - I think you have described them as parameters - one of the criteria for referral to PICU. Is that right?

A. It can be. It can be one of the criteria to refer to PICU. The chest x-ray in Hayley certainly was something which I felt could be addressed effectively with physiotherapy.

Q. Well, let's come on to that. You say it could be addressed with physiotherapy, but

you did not specify when the physiotherapy should take place. Is that right?

A. No, I failed to specify, "Get physio now" but my words were such, and I pointed out the dramatic changes on the x-ray, that I felt it was implicit to get physio at the earliest point in time.

Q. Because in fact the notes recorded at 6 p.m. on the 9th say that physio should be carried out on the 10th of November.

A. These were not my instructions.

Q. So, what has happened, just so that we are clear, is that you are with your SHO and she is making the note of what you are saying needs to be done and because of a failure of communication, she has asked for physio the following day, when you wanted it done that evening?

A. Yes, I certainly would have liked it to be undertaken that evening, looking at the chest x-ray, but it is true that I failed to say, "Get physio tonight."

Q. And you wanted it done that evening because the chest x-ray was serious and there was a pressing need for it?

A. Well, the chest x-ray certainly showed significant changes which I felt were perfectly amenable to physiotherapy.

Q. And there is no doubt that, if the mis-communication had not occurred, it would have been done that night?

A. Yes.

Q. "And despite her being in a degree of respiratory distress, I felt that we had taken all the right steps to make her better. Her blood gas and further blood results did not suggest an acute deterioration which would have required ICU admission at that stage." Dr Stumper, in your statement you make it plain that the criteria you considered as relevant for admission to ICU was the blood gas, and that is precisely the mistake that has been picked up by the Trust's own report.

A. This is not correct. I have written this report on the 19th of January 2010. That was in response to me being informed that Mr Cotton wanted to hold an inquest into the tragic death of Hayley. I have written this report before the examination and also before restudying all of the relevant notes. This, as you point out, is a very extensive paragraph, and I have compressed a lot of the information which went into that one long paragraph. At no stage is the blood gas the only criterion for ICU admission.

Q. Well, you say specifically there, "The blood gas did not warrant a referral to ICU", do you not?

A. This is what is written in that letter.

Q. Well, it is your letter.

Q. And then at page 541, the second part of the letter, you go on to say, "Lung collapse

or consolidation increased the workload on the right ventricle." So, you were clearly

there saying problems in the lung increased the workload on the right ventricle, were

you not?

A. Yes, further increased because the lungs and the heart work together.

Q. And you were treating the lungs, were you not?

A. Yes.

Q. You were not treating the heart at this point. You did not prescribe any medicine for the heart, did you?

Correspondence: Statement

being in a more stable condition. Her blood gas and further blood results did not suggest an acute deterioration, which would have required ICU admission at that stage. I was confident at the time that with the

cardiomegaly. Hayley had an increasing oxygen requirement from 6th November 2009 onwards. When I first saw Hayley on Monday 9th November 2009, her breathing was faster than usual and she had a persistent oxygen requirement. Even though her chest was clear to auscultation, I requested a chest x-ray, which showed extensive consolidation in the left lower lobe and in the right peri-hilar region. With that, I requested her to have physio. Repeat chest x-ray on 10th November 2009 showed

further worsening of the left lower lobe consolidation. Lung collapse or consolidation increased the workload on the right ventricle. However, as Hayley's right ventricle