

Chronology

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| 1900 | Construction of 'Myrtle Street' began. |
| 1902 | Construction of 'Myrtle Street' completed. |
| 1946 | National Health Service Act 1946. |
| 1948 | Heart collection (now stored at ICH) commenced. |
| 1950s | Collection of children's body parts (now stored at ICH) commenced by Dr Ralph Latham, Lecturer in Oral Anatomy. |
| 1951 | European Convention on Human Rights ratified by UK Government. |
| 1955 | Fetal collection (now stored at ICH) commenced. |
| 1961 | Human Tissue Act 1961. |
| 1966 | Greenwood Trust Funding allows for employment of Dr Audrey Smith as research technician at ICH. |
| April 1968 | Professor Donald Heath appointed Head of Liverpool University Department of Pathology. |
| November 1968 | Mr Roy Barter appointed HM Coroner for Liverpool. |
| April 1970 | Mr Henry Meade appointed Chief Medical Laboratory Scientific Officer (MLSO) at Alder Hey. |
| December 1970 | Dr Latham leaves Liverpool. |
| 1973/1974 | Research on the children's body part collection ceases. |
| April 1974 | Wholesale NHS re-organisation, Liverpool Area Health Authority becomes responsible for Alder Hey. |
| October 1974 | Professor Frank Harris appointed Professor of Child Health and Head of Department. |
| 1975 | 'Myrtle Street' leased to Liverpool Area Health Authority. |
| April 1977 | Mr Meade promoted to Senior Chief for Pathology at Alder Hey. |
| 1978 | 'Myrtle Street' leased to Mersey Regional Health Authority. |

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| July 1978 | Mrs Karen England appointed MLSO. |
| October 1979 | Dr Smith awarded MPhil. |
| April 1982 | Liverpool District Health Authority assumes responsibility for Alder Hey. |
| 1984 | Coroner's Rules 1984. |
| September 1985 | Professor Harris appointed Dean of the Faculty of Medicine at University of Liverpool. |
| 1986 | ICH opened at Alder Hey. |
| January 1986 | Ms Gwen Connell appointed research technician at ICH. |
| April 1986 | Professor Graeme Davies appointed University Vice Chancellor. |
| May 1986 | Miss Sheila Malone appointed Alder Hey Unit General Manager. |
| September 1986 | Dr Jean-Marie Bouton retires from Alder Hey as Consultant Pathologist. |
| November 1986 | Dr Salih Ibrahim appointed locum Consultant Pathologist at Alder Hey. |
| November 1986 | Foundation for the Study of Infant Deaths (FSID) request University proposals for converting vacant consultant's post in paediatric pathology at Alder Hey into a 'Chair'. |
| March 1987 | FSID offer University £250,000 over five years to fund supporting staff for the Chair. |
| July 1987 | Mrs England becomes Acting Chief MLSO at Alder Hey. |
| August 1987 | Professor Jonathan Wigglesworth resigns as external assessor to Selection Committee for the Chair having expressed concerns over the provision of the clinical service. |
| September 1987 | Mrs Elizabeth Clapham appointed MLSO. |
| October 1987 | Professor Wigglesworth and Professor Anthony Risdon write to Alder Hey, concerned that a satisfactory histopathology service will not be possible on a part-time basis. |
| November 1987 | Job description for the Chair published. |
| December 1987 | Dr Anthony Barson, prospective applicant for the Chair, expresses major concern at the University's short-term use of charitable monies and failure to consider the long-term development of the clinical service. |

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| 1988 | Anatomy Regulations 1988. |
| 1988 | Coroner's Act 1988. |
| February 1988 | Dr Smith writes to Professor Harris regarding the need to obtain proper consent for research; Dr Ibrahim writes to Mr Barter about the absence of consent for the heart collection. |
| April 1988 | Selection Committee appoints Professor van Velzen Chair of Fetal and Infant Pathology. |
| June 1988 | Mrs England appointed Chief MSLO permanently. |
| July 1988 | Professor Richard Cooke appointed Professor of Neonatal Medicine. |
| August 1988 | Dr Ibrahim leaves Liverpool. |
| August 1988 | Professor Harris retires as Dean, to be replaced by Professor John Beazley. |
| September 1988 | Professor Dick van Velzen takes up post: Mrs Margery Clark is employed as his personal assistant. |
| November 1988 | Dr Peter Simpson appointed Regional Medical Officer for Mersey Regional Health Authority. |
| 1989 | Alder Centre established. |
| 1989 | Heart collection transferred from Myrtle Street Children's Hospital to ICH. |
| January 1989 | Ms Fiona McGill appointed MLSO. |
| July 1989 | Polkinghorne Report. |
| Summer 1989 | Professor van Velzen's unit moves from Alder Hey to 'Myrtle Street'. |
| August 1989 | Professor van Velzen writes to Dr Simpson identifying the lack of financial provision for the fetal and placental service. |
| August 1989 | Mr Roger Franks appointed Consultant Cardiothoracic Surgeon at Alder Hey. |
| November 1989 | Dr Yuen-Fu Chan appointed Clinical Lecturer in Pathology at the University and Honorary Consultant Paediatric Pathologist at Alder Hey. |
| November 1989 | Mr Pearse Butler appointed Project Manager at Alder Hey to facilitate the transition to Trust status. |

- December 1989 Professor van Velzen seeks additional technical resource (widely copied letter).
- December 1989 Professor van Velzen produces five-year paper for regional paediatric, fetal, placental and perinatal pathology service.
- December 1989 Professor Harris leaves Liverpool.
- January 1990 Professor van Velzen continues quest for proper funding of the Regional Fetal Pathology Services.
- January 1990 Professor David Lloyd becomes Acting Head of Department of Child Health at the University.
- March 1990 Professor van Velzen writes to the University Vice Chancellor advising him of the lack of funding for the fetal and perinatal service.
- April 1990 Mr James Birrell appointed Unit Financial Manager at Alder Hey.
- April 1990 Dr Smith appointed Research Fellow at the University.
- June 1990 First detailed letter of complaint to management from a family regarding Professor van Velzen's failure to finalise post mortem reports.
- July 1990 Miss Malone retires as Unit General Manager.
- January 1991 Professor Cooke appointed Head of Department of Child Health at the University.
- February 1991 Mr Butler suggests proposals to Unit III for the provision of fetal pathology services.
- March 1991 Professor van Velzen contributes to the second Alder Hey overall business plan: 'PM histology is still not possible, final PM reports are not delivered'.
- March 1991 Mr Butler's capital programme for the early years of the Trust makes provision for the return of Professor van Velzen's unit to Alder Hey.
- March 1991 Dr Chan leaves Liverpool.
- April 1991 Royal Liverpool Children's Hospital and Community Services NHS Trust created (Alder Hey). Mr Butler Chief Executive, Mr Birrell Director of Finance, Dr John Martin Medical Director, Mr Peter Tallentire Director of Personnel and Mrs Patricia Hooton Director of Nursing.
- June 1991 Professor Davies retires as University Vice Chancellor.
- July 1991 Backlog of 240 fetus at Alder Hey noted.

- August 1991 Terms agreed between Alder Hey and Unit III for the provision of fetal pathology services.
- August 1991 Professor Beazley retires as Dean to be replaced by Professor Michael Orme.
- August 1991 Mr Meade promoted to Service Manager of Pathology at Alder Hey.
- September 1991 Mr Paul Eccles appointed MLSO.
- October 1991 Dr Myat Mon Khine appointed Lecturer in Fetal and Infant Pathology at the University and Honorary Senior Registrar at Alder Hey.
- October 1991 Dr Vyvyan Howard appointed Senior Lecturer in Anatomy at the University.
- November 1991 Mr Butler asks Professor van Velzen for details of post mortem backlog following complaints by clinicians regarding Professor van Velzen's failure to finalise reports.
- November 1991 Mr Jason Sweeney and Miss Louise Costi appointed Medical Laboratory Assistants (MLAs).
- December 1991 Professor van Velzen's failings in respect of the fetal contract noted (only five post mortems performed).
- 1992 Professor Cooke becomes a member of the Grant Review Panel of FSID.
- 1992 Mill Road Hospital closes, the fetal collection (ICH) ceases.
- January 1992 Dr David Isherwood appointed Clinical Director for Pathology at Alder Hey.
- January 1992 Mrs Clark ceases her role as Professor van Velzen's personal assistant.
- July 1992 Mr Butler and Mr Birrell visit Professor van Velzen, confirm the intention to move the unit back to Alder Hey and ask for details of staff.
- August 1992 Professor van Velzen's document 'Fetal and Infant Pathology located at the Alder Hey site' claims research and NHS work is so interlinked it is impossible simply to move the clinical side back to Alder Hey. The document lists fictitious staff said to be working in the unit.
- August 1992 Working Party set up by Liverpool Obstetrics and Gynaecology Services NHS Trust makes recommendations as to the sensitive disposal of fetal tissue.
- September 1992 Professor Philip Love becomes University Vice Chancellor.
- October 1992 Professor Ian Grierson appointed Professor of Ophthalmology at the University.

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| October 1992 | Dr Marco Pozzi appointed Consultant Cardiac Surgeon at Alder Hey. |
| November 1992 | Professor van Velzen falsely tells Mr Butler he has cleared the full backlog of fetus and placentae for 1991. |
| November 1992 | Miss Roxanne McKay, Consultant Paediatric Cardiac Surgeon at Alder Hey resigns. |
| December 1992 | University Working Party on pathology. The view is expressed that Professor van Velzen is not doing his six clinical sessions and must be made to do so. |
| 1993 | Flow of hearts to ICH from Professor van Velzen's unit dries up. |
| 1993 | Final research papers on the fetal collection (ICH). |
| 1994 | Professor Cooke becomes a member of the Scientific Advisory Committee at FSID. |
| Jan/Feb 1993 | Increase in complaints to clinicians regarding Professor van Velzen's failure to finalise post mortem reports. |
| February 1993 | Professor Orme visits the Vice Chancellor to report his unease with Professor van Velzen and says Mr Butler would like Professor van Velzen to go. He describes Professor van Velzen as 'articulate, plausible and streetwise' and someone who will not go without making a fuss. |
| March 1993 | Faculty Board meeting ratifies Working Party on Pathology recommendation that funds for senior lecturer position be removed from Professor van Velzen's unit. He demands a review of the decision. |
| March 1993 | Professor van Velzen and Mrs England's paper 'Re-establishment of Histopathology and Neuropathology Reporting of Post Mortem Service in RLCH Alder Hey NHS Trust' highlights the failure to perform histology which 'constitutes an incomplete and professionally and clinically speaking unsatisfactory if not unacceptable service'. |
| April 1993 | Clinical Directorate restructured. Dr Isherwood retires as Clinical Director of Pathology, to be replaced by Professor Helen Carty as Clinical Director of Support Services (including Pathology). |
| April 1993 | Professor van Velzen writes to Professor Carty: there is no 'delay' in PM histology, 'this hospital does not receive any PM histology'. |
| April 1993 | Professor Heath retires as Head of University Department of Pathology, to be replaced as Acting Head by Dr Jim Burns. |

- May 1993 Contributions to the University Review set up following Professor van Velzen's demand. Professor Orme – history of service problems, recent improvement to previous poor research output; Professor Cooke – unclear as to Professor van Velzen's contributions to research; Professor Carty – concerns regarding failure to perform histology, finalise reports and unreliability; FSID – Professor van Velzen's commitment exemplary; Mr Stephen Walkinshaw – overall adequate service.
- May 1993 Meetings of Clinical Directors assess Professor van Velzen and Mrs England's paper: Mr Butler to deal.
- May 1993 FSID Scientific Advisory Committee discuss Centre award of £500,000 over five years to facilitate research into cot death.
- May 1993 Mrs England becomes Service Manager of Cardiac and Intensive Care Directorate.
- June 1993 University Review.
- July 1993 Mr Butler tells Professor Orme that in view of the removal of funding for the senior lecturer for Professor van Velzen's unit, in breach of the original agreement, he may remove NHS funding for Professor van Velzen's post and create an NHS post in paediatric pathology.
- August 1993 Professor Orme offers Mr Butler reinstatement of funding for five-year senior lecturer post for Professor van Velzen's unit.
- September 1993 Mrs Jacqueline Waring becomes Chief MLSO. Containers holding retained organs at 'Myrtle Street' are moved to the basement.
- September 1993 Professor John Ashton becomes Regional Medical Officer at Mersey Regional Health Authority.
- September 1993 District Audit of Pathology Services confirms all clinicians felt the Alder Hey histology service had deteriorated over previous two years.
- September 1993 FSID put out £500,000 research grant to competitive tender.
- October 1993 Mr Birrell leaves his position as Director of Finance at Alder Hey.
- October 1993 Professor Christopher Foster appointed Head of University Department of Pathology (to take up post in June 1994).
- November 1993 Professor van Velzen suggests reinstatement of histology service through purchase of microtome and training of mortuary technicians.
- November 1993 Mr Butler leaves Alder Hey.

- December 1993 Mr Alan Sharples replaces Mr Birrell as Director of Finance.
- December 1993 Ethical approval given for research project by Professor Grierson, Professor van Velzen and Mr Mark Birch using fetal and neonatal eyeballs.
- December 1993 Ms Hilary Rowland appointed Chief Executive at Alder Hey.
- February 1994 Professor Ronald Kaschula appointed locum consultant paediatric pathologist at Alder Hey.
- February 1994 Business plan for pathology department at Alder Hey indicates PM histology is 'to be introduced'.
- March 1994 Ms Rowland visits 'Myrtle Street'.
- May 1994 Mrs Clark, now in the Legal Department, writes to Mr Barter seeking clarification of the ownership of 'post mortem tissue'.
- May 1994 Professor Carty writes to Professor van Velzen referring to his having expressed concern regarding the 'utilisation of stored tissue and the potential pitfalls for the hospital'.
- May 1994 Complaint by a mother made to Ms Rowland states Professor van Velzen exceeded consent when performing post mortem examination.
- June 1994 Mr Barter responds to Mrs Clark regarding the ownership of post mortem tissue.
- June 1994 Professor Foster takes up post of Head of University Department of Pathology, replacing Dr Burns.
- July 1994 Ms Rowland responds to the complaint made in May 1994. She accepts Professor van Velzen's explanation and an opportunity to discipline is lost.
- August 1994 University successful in obtaining £250,000 grant from FSID in multi-disciplinary application led by Professor Peter Pharaoh. Bristol University awarded similar sum.
- August 1994 £110,000 Wellcome Trust grant awarded to Professor Grierson, Professor van Velzen and Mr Birch for their research project involving fetal and neonatal eyeballs.
- October 1994 Dyson Report on pathology services in Merseyside delivered in draft: productivity in terms of reports and MLSO workload of prepared reports lowest in the region yet non-pay costs extremely high. Recommends internal review of histopathology department to clarify the breakdown between service and research workloads.

- November 1994 Confidential memo from Mr Tallentire to Ms Rowland exploring procedure for disciplinary action against Professor van Velzen.
- December 1994 Mr Tallentire leaves Alder Hey.
- December 1994 Professor Kaschula leaves Alder Hey.
- December 1994 Professor Foster, with Alder Hey's support, removes Professor van Velzen from any responsibility for Alder Hey work which is now to be covered by Dr Khine. Professor van Velzen is to do fetal and perinatal work and research only. When told he takes unauthorised leave.
- 1995 Liverpool Maternity Hospital and Liverpool Women's Hospital, Catherine Street, close.
- 1995 'Myrtle Street' leased to the University.
- January 1995 Professor van Velzen's authority for further expenditure frozen after £68,000 deficit found on audit.
- January 1995 FSID express concern (and are reassured by Professor Orme) at the Alder Hey reorganisation.
- January 1995 Professor James Neilson tells Mr Alan Kosmin to provide evidence of ethical approval for his research project which involves the use of fetal and neonatal eyeballs.
- February 1995 Professor Foster demands that Professor van Velzen clear the fetal, perinatal and placental post mortem backlog by mid-April.
- February 1995 Professor Foster tells Professor van Velzen to stop any research project which does not have proper ethical approval; Professor Grierson orders the collection of eyes to stop.
- February 1995 Ms Therese Harvey becomes Director of Human Resources at Alder Hey.
- March 1995 Professor van Velzen alerts Professor Foster to the fetal collection (ICH) which he says has no Ethical Committee approval, parental consent or pathology supervision.
- March 1995 Mr Sweeney (MLA) leaves 'Myrtle Street'.
- March 1995 Draft job description for senior lecturer post refers to 'paediatric tissue bank'.

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| Spring 1995 | Draft service level agreement drawn up by Professor Foster deals with the collection of tissue samples: 'establishment of the correct diagnosis with the minimum of interference will be the priority'. |
| April 1995 | Professor Carty writes to senior clinicians with list of post mortems where histology has not been done seeking their instructions in relation to the retained 'organs'. |
| July 1995 | Ms McGill (MLSO) leaves 'Myrtle Street'. |
| August 1995 | Mr Eccles (MLSO) and Miss Costi (MLA) leave 'Myrtle Street'. |
| August 1995 | Professor Carty writes to Ms Rowland and Professor Foster regarding the distribution of the heart and lung specimens at 'Myrtle Street'. |
| August 1995 | Dr Khine appointed Consultant Paediatric Pathologist at Royal Liverpool University Hospital. |
| September 1995 | Mrs Waring (Chief MLSO) leaves 'Myrtle Street'. |
| October 1995 | Professor Orme provides 'reference' to Canadian High Commission for Professor van Velzen. |
| November 1995 | Correspondence involving Professor Carty, Ms Rowland and Professor Foster regarding the transfer of containers and material on the decommissioning of 'Myrtle Street'. Specimens required by Alder Hey to be transferred there, hearts and lungs to ICH, specimens not required by Alder Hey to be left in 'Myrtle Street' as research material. Mr Barter's instructions sought in relation to 'unprocessed tissue' from CPMs. |
| November 1995 | Professor Foster widely copies letter to Vice Chancellor referring to 'grave and detrimental effects' of Professor van Velzen's activities. |
| December 1995 | Mrs England becomes Service Manager of Theatres Directorate and the Acting Service Manager of Directorate of Clinical Support Services. |
| December 1995 | Professor van Velzen resigns and leaves Liverpool. |
| January 1996 | Dr George Kokai appointed Honorary Consultant and Senior Lecturer in Paediatric Pathology. |
| March 1996 | Regional Health Authorities abolished, NHS Executive Regional Offices established. Trust changes its name to Royal Liverpool Children's Hospital NHS Trust. |
| July 1996 | Professor Orme retires as Dean, to be replaced by Professor Bernard Wood. |

- March 1997 Dr Martin retires as Medical Director of Alder Hey, to be replaced by Dr Campbell Davidson.
- June 1997 Professor Wood retires as Dean, to be replaced by Professor Peter Johnson.
- August 1998 Professor Carty retires as Clinical Director for Support Services.
- November 1998 Practice Notes for Coroners issued by Coroner's Society.
- February 1999 Mrs England becomes Acting Director of Operational Services.
- June 1999 Mr Barter retires as HM Coroner for Liverpool, to be replaced by Mr Andre Rebello.
- September 1999 Professor Robert Anderson gives evidence to the Bristol Inquiry, referring to Alder Hey's heart collection. Mrs England writes to the Bristol Inquiry confirming there was no discussion with parents about organ retention.
- September 1999 Parents begin asking Alder Hey whether their children's hearts have been retained. Mrs England asked to manage the incident. Ms Rowland states that practice at Alder Hey has not differed from other hospitals.
- September 1999 Mrs England tells Ms Rowland of the store of organs at 'Myrtle Street'. Ms Rowland writes to parents of children whose post mortem examinations had been performed at Alder Hey between 1988 and 1995 inviting them to ask for information.
- October 1999 Organs held at 'Myrtle Street' and ICH catalogued by Alder Hey. Alder Hey issue press release: devastated so many organs stored without the knowledge of the hospital, its doctors or parents. Dr Stephen Gould appointed to provide internal inquiry report.
- November 1999 Mr Meade leaves Alder Hey.
- November 1999 PITY II established.
- December 1999 Lord Hunt announces Inquiry, Panel appointed and convene.
- December 1999 Professor Johnson is told of the fetal and children's body part collections (ICH).
- December 1999 Dr Gould produces internal inquiry report.
- January 2000 Parents become aware that Alder Hey are taking small samples of organs before returning them, without seeking consent.
- February 2000 Chief Medical Officer's census returned by University and Alder Hey.

- February 2000 Inquiry opens at Norwich House, Liverpool; draft procedures agreed by all parties.
- February 2000 Secretary of State for Health issues directive that no further tissue should be destroyed.
- March 2000 Stephen White's organs mistakenly destroyed by Alder Hey. Lord Hunt demands report and refers the case to the Inquiry. Mr Frank Taylor, Trust Chairman resigns, Mrs Judith Greensmith appointed as Chair. Ms Rowland steps down and Mr Anthony Bell appointed Acting Chief Executive. Mrs England steps down as Acting Director of Operational Services. Special Incident Project Board (SIPB) set up under leadership of Mrs Kate Jackson.
- March 2000 Inquiry notified by University of 'fetal eye' collection.
- May 2000 Inquiry's oral hearings commence. Clinicians' seminar held at Alder Hey.
- June 2000 Alder Hey declare six-week moratorium on disclosure of information to parents about organ retention. Dr Gordan Vujanic undertakes a complete re-cataloguing exercise.
- July 2000 Inquiry's oral hearings completed.
- August 2000 Existence of cerebellum collection (146 cerebella) disclosed. Fifty-eight parents who have had second funerals are affected. Following re-cataloguing, Alder Hey can now say 62 parents previously told they were unaffected by organ retention are in fact involved. Alder Hey also say some organs will never be positively identified.
- October 2000 Human Rights Act 1998 comes into force incorporating the Convention on Human Rights into domestic law.

Appendix 1. List of Representatives

Parties and their Representatives before the Inquiry

Counsel to the Inquiry

Mr J James Rowley of 28 St John Street, Manchester

Solicitor to the Inquiry

Mr Stephen Jones of Pannone & Partners, Manchester

| <i>Parties</i> | <i>Representatives</i> |
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| Royal Liverpool Children's NHS Trust (Alder Hey) | Miss Sally Smith QC and Mr Owain Thomas, instructed by Mr Allan Mowat of Hill Dickinson, Liverpool |
| University of Liverpool | Robert Francis QC and Mr John Benson, instructed by Mr James Pinsent of DLA, Liverpool |
| NHS Executive North West | Miss Melanie Isherwood, Davies Arnold Cooper of Manchester |
| PITY II | Mr Iain Goldrein QC and Mr Scott Donovan, instructed by Mr Ian Cohen of Goodmans, Liverpool |
| Other Parents | Mr Peter Skelton, instructed by Mr Robin Makin of E. Rex Makin & Co, Liverpool |
| Professor Helen Carty | Mr Peter Fitzpatrick of Theodore Goddards, London |
| Mr Henry Meade | Mr David Jacks of Weightmans, Manchester |
| Professor Cooke | Mr Michael Ryan of Ryan Solicitors, Cheadle Hulme |
| Professor Lloyd | |
| Dr Khine | |
| Dr Martin | |
| Professor Harris | Mr Kaiser Nazir instructed by Mr Geoffrey Daunt of Beechcroft Wansborough, Leeds |

Appendix 2. Issues Document

Development of Main Issues

Issues are to be referred to by Issue Section Number followed by grid reference e.g.1.B.2.

1. Parents' Concerns
2. Hospital Post-Mortem Examinations
3. Coroner's Post-Mortem Examinations
4. Actual Use of Retained Tissue
5. Pathological Issues
6. Laboratory Procedures
7. Laboratory Resources
8. Management Systems and Intervention
9. Legal Framework
10. Recommendations

1. Parents' Concerns

| A | B | C | |
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| See later sections for a detailed exposition of many Issues concerning parents: | <p>In particular, sections entitled:</p> <p>2. Hospital Post-Mortem Examinations</p> <p>3. Coroner's Post-Mortem Examinations</p> <p>4. Actual Use of Retained Tissue</p> <p>are of particular interest to parents; but they are understandably keen to know the answers to all questions posed within this document.</p> | | 1 |
| In addition parents are concerned with the following Issues which highlight aspects of other Main Issues or do not fall neatly into any one of them. | Why were post-mortem examinations often carried out remote from the place of death? | Why were many parents not told that their child's body would be taken to Alder Hey for examination? | 2 |
| | Why was <i>tissue</i> in fact removed, retained or used for <i>medical purposes</i> so often outside the realms of parents' perception? | | 3 |
| | Why were they given little or no explanation as to what was to happen at post-mortem? | <p>Should parents be told in future what happens, or would this upset them unnecessarily?</p> <p>Why cannot parents be told what they need to know sympathetically but with reasonable detail so that they understand?</p> | 4 |
| | Why did the Trust and University do nothing about the store of organs until the news was out by chance as a result of the Bristol Inquiry? | Why were the organs of their children left to languish in the Myrtle Street basement, often miles away from their original homes? | 5 |
| | Why wasn't the fact that parents have no choice or control in a Coroner's post-mortem made clear to them at the time in a sympathetic as against perfunctory fashion? | How could it be that, where there was no choice or control, organs were retained without any consultation at the end of the process of Coroner's post-mortems? | 6 |
| | Were some parents told that their child's organs would be buried in the Hospital grounds after the post-mortem? | If so, why? | 7 |
| | Why were parents allowed to think that they were burying a complete body when they were not? | Why have parents had to go through a second period of grief and mourning many years after the event? | 8 |

| A | B | C | |
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| | Why was the Hospital unable to tell them what organs had been retained quickly and definitively? | Why were some parents told inaccurate information? Why have some had to go through a second burial or cremation only for further organs to be discovered and a third to be required? | 9 |
| | Why were sections taken from organs recently before their return without the knowledge or consent of parents? | | 10 |
| | What was the procedure to ensure that parents were told the results of post-mortem? | If parents weren't told, why? Why was the result given often in perfunctory form? | 11 |
| | Why has the Hospital not been more supportive of parents in their second grief and in their need to know precisely what was done to their child's organs? | How can the Hospital now arrange speedily for definitive information to be given to them? Should counselling now be available for the parents on request or in all cases? | 12 |

2. Hospital Post-Mortem Examinations

| A | B | C | |
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| What criteria were applied in determining whether a Hospital post-mortem should be carried out? | <p>Who determined the criteria?</p> <p>From where were the criteria obtained?</p> <p>Who applied the criteria in any case?</p> | Provide documents. | 1 |
| What reasonable enquiry was actually made? | <p>By whom?</p> <p>Of whom?</p> <p>When?</p> <p>Where?</p> | | 2 |
| | With what level of information and advice? | <p>Did anyone explain that parents could object to a Hospital post-mortem ?</p> <p>Did anyone explain the difference between a post-mortem to identify cause of death only under Section 2 and a post-mortem to include the removal of body parts for <i>medical purposes</i> under Section 1.(2); and that lack of objection to the first was not incompatible with objection to the second?</p> <p>Did anyone explain that some or all organs would be removed from the body as a matter of course even if not to be retained but returned to the body?</p> <p>Did anyone explain what organs might be retained and the circumstances in which they might be retained?</p> <p>Did anyone explain as a matter of course that organs such as the heart and brain required to be fixed before sectioning, which could not be carried out within the usual time-scale of a funeral, that would therefore take place without those organs?</p> <p>Did anyone define the word tissue on the form and in what way?</p> <p>Did anyone explain what would happen to any organs removed after post-mortem in terms of research, education or therapy?</p> | 3 |

| A | B | C | |
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| | Was any written information given as a matter of course? | What? | 4 |
| | Was there any opportunity for advice or reflection? | For how long? From whom? What obtained? If not, were there matters going to reasonable practicability which militated in the circumstances against delay? | 5 |
| | What form(s) was used and what did it say? | Did parents actually read it? Did they, or ought they reasonably to have understood it properly? Was the form specifically explained to them? Why did the form not seek separate "consents" under Section 1.(2) and Section 2? How were parents to understand from a reading of the form that they might "consent " to one but not the other? Were there times when Hospital post-mortems were carried out without a signed form? Was a record sometimes made only in the clinical notes? Were there instances where no record was made at all? | 6 |
| | Did any parents actually object when asked? | If so, what happened then? Did anyone try to persuade them? Did the Hospital carry out any Hospital post-mortems in the face of parental objection? If so, which children? | 7 |
| | What rank of clinician actually obtained the "consents"? Was it delegated informally to non-medical staff? | What rank should have obtained the "consents"? If so, to whom and by whom? | 8 |

| A | B | C | |
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| | How did the clinicians approach the task of obtaining the “consents”? | What training or instruction was given? When in terms of their career? By whom? Was there any continuing education or monitoring? Was there any strategy to allow for the grief and shock of relatives so as to provide for reliable/informed “consent”? | 9 |

3. Coroner's Post-Mortems

| A | B | C | |
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| <p>Did the Hospital authorities always report deaths to the Coroner that required to be reported under the Coroners' Act?</p> | <p>If not, why not?</p> <p>Why are inquests recently being opened into deaths many years ago if they were reported at the time?</p> | <p>Was there any pressure placed on parents to consent to a Hospital post-mortem in the case of deaths that ought properly to have been reported to the Coroner?</p> <p>If so, who applied such pressure and at whose behest?</p> | 1 |
| <p>What were the procedures adopted for communication between Hospital and Coroner?</p> | <p>In writing? Provide anonymous specimen documents to preserve confidentiality.</p> <p>With what detail did the Coroner give any instructions?</p> <p>Over the telephone?</p> | <p>How were these circulated in the Lab. so that all relevant people were aware of the Coroner's instructions?</p> <p>How did those in the Department know the content of any oral communication?</p> <p>What records were made of telephone conversations? Entries in the Day Books? Notes? Memo's? Provide specimens if available.</p> | 2 |
| <p>How did pathologists exercise their discretion over time as to which organs to remove and retain for examination, in answering the question as to how the victim died?</p> | <p>Did they exercise their discretion differently from a Hospital post-mortem when they had authority under Section 1.(2) for retention for <i>medical purposes</i>?</p> <p>Did different pathologists exercise their discretion differently, or the same pathologists differently at different times?</p> | <p>If so, how did the approach differ?</p> <p>If not, how is it to be reconciled with the narrow question <i>How?</i> to be answered in the context of a Coroner's post-mortem?</p> <p>If so, why?</p> | 3 |
| <p>How did the Coroner formally release the body?</p> | <p>What information did he have as to the preliminary results?</p> <p>Did he know what organs had in fact been retained at the time he released the body?</p> <p>Was any specific justification ever given, or asked for to retain whole, multi, and complete sets of organs?</p> | <p>How was it communicated? If in writing, provide specimens.</p> <p>By whom and to whom at the Coroner's Office?</p> <p>If so, how did he gain that understanding?</p> <p>Was the Coroner ever asked in practice to authorise the retention of organs for later testing after the release of the body?</p> <p>Was the Coroner ever asked to allow the use of organs taken at post-mortem as if obtained and retained for medical purposes under Section 1.(2)?</p> | 4 |

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|---|---|--|----------|
| <p>Was the Coroner aware that large numbers of organs were being retained?</p> <p>Was he aware of the Myrtle Street basement and its use?</p> | <p>How?</p> <p>When?</p> <p>Through whom?</p> <p>Provide documents.</p> | <p>What did he do about it?</p> <p>Did he challenge the scope of retention as going beyond the ambit of a Coroner's post-mortem?</p> | 5 |
| <p>How was it that large numbers of even Coroner's examinations remained incomplete?</p> | <p>How should the procedures have concluded and within what time scale?</p> <p>What communication was there between the Hospital and the Coroner justifying the delay in and ultimately the failure in provision of final reports?</p> <p>What communication was there between the Coroner and the Hospital chasing and ultimately demanding final reports?</p> | <p>Provide any documents.</p> <p>Provide any documents.</p> | 6 |
| <p>What information was given to the parents with regard to Coroner's post-mortem examinations?</p> | <p>By the Coroner?</p> <p>By the Hospital?</p> | <p>Orally or in writing? Provide any documents.</p> <p>Were they told that organs might be retained for further testing after the release of the body?</p> <p>Were they told that organs would be widely removed even if only to be returned to the body for burial?</p> <p>Were they told that some organs required to be fixed and would not be available at the usual time for disposal of the body?</p> <p>Were they, if it be the case, told that the post-mortem would be carried out as if under Section 1.(2) and organs retained for research purposes?</p> <p>If not, why not? Why were parents not asked to give a parallel lack of objection or authorisation to keep organs after the process was over?</p> | 7 |
| <p>Did the Coroner ever give any directions or instructions for suitable and dignified disposal of organs retained after release of the body?</p> | <p>What?</p> <p>When?</p> <p>To whom?</p> <p>What happened to hearts and brains after fixing when the process was over?</p> | <p>Did the Hospital ever give any indication to the Coroner as to how it disposed of organs after release of the body?</p> <p>When, by whom and how?</p> | 8 |

| A | B | C | |
|---|--|---|-----------|
| Did the Hospital ever seek directions from the Coroner as to disposal? | When? Through whom? Provide documentary evidence. | What response did the Coroner give? Provide documents. | 9 |
| Was there any procedure whereby the Coroner gave general advice, information and support to parents whose children were undergoing post-mortem? | What? When? By whom? | Orally? In writing? Provide any documents? | 10 |
| Were parents told as a matter of routine the result of Coroner's post-mortems? | By whom? By what means? In what detail? Were they given a copy of the post-mortem report? | If not, why not? | 11 |

4. Actual Use of Retained Tissue (N.B. Over the entire period and not just 1988–1995)

| A | B | C | |
|---|---|---|----------|
| What <i>tissue</i> was actually used for research? (If answers cannot readily be given, what does this say of the procedures and record keeping?) | By whom? | If anyone outside the Trust or University: Under what terms (providing any documents here and in the following questions)? | 1 |
| | With what permission? | What documents or records exist to prove “permit to work”? Provide them. | 2 |
| | For precisely what research? | Was the research published? Where? Provide copies/ a bibliography. If not published, where are the notes and preliminary drafts/findings? Provide copies. Of what relevance and quality? If not, why not? | 3 |
| | Was there funding for research available from outside the Trust or University? | From whom? How much? Under what terms? Provide copies of any agreement or memoranda/correspondence. | 4 |
| What <i>tissue</i> was actually used for educational purposes? (ditto) | By whom? | If anyone outside the Trust or University, Under what terms? (ditto) | 5 |
| | For whom? In what way(s)? Where? | | |
| What <i>tissue</i> was actually used for <i>therapeutic</i> purposes? (ditto) | Precisely what purposes? With what authority or permission? When? | Documents/“permits to work”? Provide. | 7 |

| A | B | C | |
|--|---|--|-----------|
| | Was any use made of <i>tissue</i> for therapy by anyone outside the Trust or University? | By whom? In what circumstances? How? Under what terms? Provide any agreements or memoranda. | 8 |
| Has <i>tissue</i> not been used at all or not over long periods? | Why not? Why continue to keep it? Why take it in the first place? | | 9 |
| Has any <i>tissue</i> been disposed of? | By whom? When? By what method? What records are there? | | 10 |
| | Has any <i>tissue</i> been disposed of by way of gift or other transfer to a third party? | To whom and when? For what purpose? For what, if any, remuneration? Under what terms? Provide any agreement or memoranda. | 11 |

5. Pathological Issues

| A | B | C | |
|-----------------------|---|---|----------|
| Professor van Veltzen | <p>Who was responsible for advertising the new post?</p> <p>What response was there to the advertisement?</p> <p>What procedure was there for the appointment?</p> <p>Who took the decision to appoint?</p> | <p>What was the number of applicants?</p> <p>What was the quality of applicants?</p> <p>Who were any other applicants?</p> <p>How did it work out in practice?</p> <p>What consultation was there and co-operation between the University and the Trust on the appointment?</p> <p>Was there any dissent?</p> <p>Provide documentary evidence of the procedures, events, deliberations and decisions.</p> | 1 |
| | To whom was he answerable at both Trust (clinical work) and University (research etc.)? | <p>What did they do?</p> <p>What records are there of communication, providing them?</p> | 2 |
| | Who, at both Trust and University, were responsible for implementation of the Review Committee's recommendations? | <p>What steps were taken to monitor the new Department and Professor?</p> <p>By whom?</p> <p>With what result?</p> <p>What was done between 1988–1993 and then 1993–95?</p> <p>How were matters allowed to reach crisis point in 1993–95?</p> <p>How did the Trust and University interact on this crucial issue? Please provide all documents.</p> | 3 |

| A | B | C | |
|---|--|---|----------|
| | <p>Were complaints made against Professor van Veltzen or the running and performance of the Department while he was in charge?</p> | <p>By whom?</p> <p>When?</p> <p>With what content? Provide documentary evidence where made in writing.</p> <p>Were the complaints acted upon? When? How? By whom? Any records?</p> <p>To whom were the complaints made and to whom passed on?</p> | 4 |
| | <p>Were complaints made to Professor van Veltzen?</p> | <p>By whom?</p> <p>When?</p> <p>With what content? Provide documentary evidence where made in writing.</p> <p>With what follow up?</p> <p>Provide all documentary evidence and in particular any evidence of:</p> <p>disciplinary proceedings,</p> <p>notes of interview,</p> <p>written warnings,</p> <p>notes of oral warnings,</p> <p>formal and informal advice,</p> <p>annual or other review.</p> | 5 |
| | <p>Were complaints made by Professor van Veltzen?</p> | <p>To whom?</p> <p>When?</p> <p>With what content?</p> <p>What follow up?</p> <p>Provide all documents over and above the complaints contained in previous lists.</p> | 6 |

| A | B | C | |
|---|---|--|----------|
| | <p>What were the true circumstances surrounding the departure of Professor van Veltzen?</p> | <p>Who were the driving forces?</p> <p>When did the process of departure begin?</p> <p>What procedures were implemented?</p> <p>Why did it take so long?</p> <p>What steps were taken to obtain and then maintain a clinically acceptable pathology service once the problems were evident?</p> <p>Was any money paid over to Professor van Veltzen on his departure? If so, how much, by whom and for what purpose?</p> <p>Ultimately, what was the real reason for the departure and the lapse of the Chair?</p> | 7 |
| | <p>What informed Professor van Veltzen in his clinical decisions as to the need for the removal and retention of organs?</p> <p>Were there any criteria that he applied, and if so, what and from where did they emanate?</p> | <p>Why remove all organs including the brain and reproductive organs on so many occasions?</p> <p>Was it for research purposes only as against what was reasonably required to establish cause of death?</p> <p>Why such extensive removal and retention in Coroner's post-mortem examinations, and especially in infant road traffic cases?</p> <p>Why continue to remove and retain if there was little or no anticipated opportunity to carry out a detailed examination?</p> <p>How did Professor van Veltzen's practices compare with those of pathology staff before and after him at Liverpool and with prevailing reasonable professional standards in the UK?</p> | 8 |

| A | B | C | |
|--------------------|---|--|-----------|
| | <p>What provision did Professor van Veltzen himself make for ensuring reliable/informed lack of objection in parents?</p> | <p>What considerations did he give to the form(s) in use?</p> <p>What training and advice did he give to clinical staff?</p> <p>Were the clinical staff who actually obtained signatures to the forms aware of his practices and the difficulties in the Department?</p> <p>What provision did he make for an explanation to parents of the difference between a post-mortem simply to establish cause of death and one with the retention of organs for medical purposes?</p> | 9 |
| Other pathologists | <p>Who was responsible for overseeing their performance?</p> | <p>What did they do?</p> <p>What changes were brought about at all relevant stages and why?</p> <p>What steps were taken to improve performance after Professor van Veltzen's departure? When and by whom?</p> | 10 |
| | <p>How did their clinical practices and performance compare with those of Professor van Veltzen?</p> | <p>Consider all the considerations set out above in relation to Professor van Veltzen himself.</p> <p>In precisely what ways did they differ?</p> <p>Why?</p> <p>Were there any resource constraints over time, so as to form a comparison?</p> <p>If so what constraints, explaining their application?</p> | 11 |

6. Laboratory Procedures

| A | B | C | |
|--|---|---|----------|
| What procedures were there in terms of Laboratory Day Books etc. for the keeping of an accurate record of precisely what <i>tissue</i> was removed, examined, retained and later used? | Itemise all documents that were part of any systems over time. Can access be given to the records for inspection? | How come there was such disarray in 1999 when the problems came to light in public if basic records had been kept to a decent standard? | 1 |
| How were clinicians notified of the results of post-mortem examinations? | If orally, by whom and generally where if not over the telephone? If in writing, in what form? | Preliminary reports? Letters? Final reports? Any late addenda following detailed histology? | 2 |
| What was the procedure for obtaining <i>tissue</i> for <i>medical purposes</i> at a later stage? | Was there any “permit to work” system? Was there a record in any Laboratory Day Book or its equivalent? Was there a record kept of the <i>medical purpose</i> to which <i>tissue</i> was put? | Can access be given for inspection of any such records? | 3 |
| Was any distinction made in procedure and practice in using organs retained under Coroner’s post-mortems as against Hospital post-mortems? | What distinction? With what record keeping, so that it can be seen that the procedure worked? Were any “consents” obtained from either the Coroner or the parents to use <i>tissue</i> obtained after Coroner’s post-mortems? | | 4 |
| Was any distinction made in procedure as to clinical approaches to Coroner’s as against Hospital post-mortems? | Did practice differ over time? Did all pathologists at any given time always follow the same practice? | If so, why and who? | 5 |
| What procedures were there for disposing of <i>tissue</i> including whole organs following post-mortem or subsequent use for <i>medical purposes</i> ? | By whom? What method? What paperwork? | Did procedures change over time? Were any organs buried in the Hospital grounds as one parent on the Panorama programme suggested she had been told? | 6 |
| What were the procedures for fixing brains and hearts? | How long did it take? How was the procedure speeded up in cases of urgency? How often were brains and hearts examined without fixing? | | 7 |

7. Laboratory Resources

| A | B | C | |
|---|---|--|----------|
| <p>What were the resources available on an annual basis in real terms over time?</p> | <p>How were such resources allocated within the Trust and Universities? Provide relevant documents.</p> <p>Who made the decisions? Provide documents going to all relevant decisions.</p> <p>Was there any procedure for challenge or appeal for further funds?</p> | <p>Once funding had been allocated, who made the decisions as to how it was spent and prioritised within the Department of Foetal and Infant Pathology?</p> <p>How were decisions as to allocation reached and by whom? Provide all relevant documents.</p> <p>Were any such challenges or appeals made?</p> <p>When, by whom and with what result? Provide all relevant documents.</p> | 1 |
| <p>How many qualified paediatric pathology staff were available at any given time, and in particular between 1988 and 1996?</p> | <p>Provide a detailed chronology of all staff, including Registrars on rotation from Broadgreen Hospital.</p> <p>How many hours per week over time were each providing, so as to reach a total number of clinical hours available at any given point (over the entire period and not just 1988–1996).</p> <p>Who was responsible for organising, disciplining and recruiting staff at any given time?</p> | <p>What were those concerned doing if not engaged in clinical duties?</p> <p>How many hours per week should have been provided if anyone was not in fact fulfilling their role properly?</p> <p>How does the provision of resources over time compare with any differing workload (see below)?</p> | 2 |
| <p>How many support staff were available to assist with clinical work and secretarial duties at any given time?</p> | <p>Who were they?</p> <p>What were their duties?</p> <p>What were their hours?</p> | <p>How does the provision and allocation of support staff as a resource differ over time and compare with the workload (see below)?</p> | 3 |
| <p>How many post-mortems were required each week – maximum, minimum, average?</p> | <p>How long did each stage take on average?</p> <p>By whom was each stage carried out?</p> <p>How did the workload differ over time over the whole period and not just 1988–1996?</p> | <p>Initial dissection, sectioning and macroscopic examination?</p> <p>Writing preliminary report?</p> <p>Preparation of tissue blocks?</p> <p>Histological examination?</p> <p>Any delayed examination, saying why delay was needed?</p> <p>Writing final report?</p> <p>Can a total number of hours for post-mortems required be seen from records or reliably estimated over time to see any trends?</p> | 4 |

| A | B | C | |
|--|--|--|----------|
| <p>How many other procedures were required each week – maximum, minimum, average?</p> <p>How did the workload differ over time over the whole period and not just 1988–1996?</p> | <p>Surgical biopsies?</p> <p>Renal biopsies?</p> <p>Oncological biopsies?</p> <p>Frozen sections?</p> <p>Gastro-enterological biopsies?</p> <p>Pulmonary biopsies?</p> <p>Needle biopsies?</p> <p>Frozen sections?</p> | <p>How long did each take on average?</p> <p>How long was required for reporting?</p> <p>Can a total number of hours of such work be seen from records or reliably estimated over time to see any trends?</p> <p>Any others?</p> | 5 |

8. Management Systems and Intervention (N.B. Over the entire period and not just 1988–1995)

| A | B | C | |
|--|--|---|----------|
| <p>What was the management hierarchy over the Department of Foetal and Infant Pathology?</p> | <p>Who?</p> <p>What responsibilities?</p> <p>What powers to act without higher authority?</p> <p>To whom, in turn, were they accountable in senior Trust and/or University management?</p> | <p>Provide any contractual documents/ memoranda going to the relationship between Trust and University.</p> | 1 |
| <p>How did the hierarchies of the Trust and Universities coexist?</p> | <p>What responsibilities did each side have?</p> <p>What responsibilities did they in fact share?</p> <p>How often did Trust and University management teams meet to deal with pathology issues?</p> | <p>What was the system for reporting and auditing?</p> | 2 |
| | <p>How did the management of the Department of Foetal and Infant Pathology and the wider Department of Pathology coexist?</p> | <p>How did they communicate?</p> <p>Memo's; minutes of meetings; formal correspondence (provide any documents).</p> <p>What communication was there in fact relevant to the issues in this Inquiry?</p> <p>Where did ultimate responsibility lie?</p> | 3 |
| | <p>Did the arrangements differ over time?</p> | <p>How?</p> <p>Why?</p> <p>Who?</p> | 4 |
| <p>How did clinicians and the Pathology Hierarchies interact?</p> | <p>Who were the key players at all relevant times?</p> <p>Who devised the systems for communication of post-mortem results within the Trust?</p> | <p>What were the systems?</p> <p>Who had responsibility for overseeing the systems in practice?</p> | 5 |

| A | B | C | |
|--|--|--|----------|
| What happened when post-mortems were not completed? | <p>What did the clinicians do when they had no definitive post-mortem reports?</p> <p>What did the Coroner do when he had no definitive post-mortem reports?</p> <p>What should each have done to rectify the situation?</p> | <p>How did clinicians inform clinical management in the future when they did not have final post-mortem reports?</p> <p>Were any decisions taken in the management of subsequent pregnancies/child deaths that might have been avoided with a full post-mortem report?</p> | 6 |
| | How was any audit of performance carried out without completed post-mortems? | <p>Who was responsible for the audit of clinical performance?</p> <p>What was the system?</p> <p>Who complained and to whom? Documents.</p> <p>What was the system for communication and meetings?</p> <p>How did the Trust and University coexist on this vital issue?</p> <p>What memo's, minutes and correspondence were there?</p> | 7 |
| Who was responsible for Estates management and in particular for the use of Myrtle Street? | <p>What were the systems for the management of the premises?</p> <p>What inspections took place?</p> | <p>When?</p> <p>By whom?</p> <p>With what records?</p> <p>With what communication to wider management of both Trust and University?</p> | 8 |
| | What happened in relation to the transfer of ownership of Myrtle Street and the movement of Infant Pathology to Alder Hey? | <p>Who decided it?</p> <p>When?</p> <p>For what reasons?</p> <p>With what audit at the time?</p> <p>With what records, meetings and communication?</p> | 9 |

| A | B | C | |
|---|---|--|-----------|
| <p>What role did FSID have in relation to management systems and the payment of staff/provision of resources?</p> | <p>Who was responsible at FSID?</p> <p>What meetings did they attend?</p> <p>What was the system for communication with FSID?</p> <p>Who was the interface with FSID at the Trust and the University?</p> <p>When things began to go wrong, what communication took place?</p> | <p>What documentary evidence is there?</p> <p>Between whom?</p> <p>In what form? Complaint? Request for more money?</p> <p>With what content? Documents.</p> <p>With what result?</p> | 10 |
| <p>What did FSID get out of the relationship?</p> | <p>What agreement was there? Provide.</p> <p>Was any research carried under any agreement with them?</p> <p>At what times was such research carried out?</p> <p>How long did it take?</p> <p>How did it fit into the clinical timetable?</p> <p>Who was responsible for fitting the timetable of clinical work and research together?</p> | <p>What system did FSID have for monitoring any research carried out on their behalf or as a result of their funding?</p> <p>What did any such monitoring reveal?</p> <p>Provide the timetables/logs. to show how the system worked.</p> | 11 |

| A | B | C | |
|--|---|--|-----------|
| <p>What were the recommendations of Profs. Wigglesworth and Risdon, following their review in 1987/88?</p> | <p>How did Trust and University management set about implementing the recommendations?</p> <p>Who was responsible?</p> <p>Who actually oversaw the implementation of the recommendations?</p> | <p>Provide a copy of the review paper and minutes of subsequent meetings and decisions.</p> <p>What did they do?</p> <p>What systems did they have for monitoring the new set up?</p> <p>To whom did they answer?</p> <p>What was the method of communication? Memo's, minutes, correspondence, face to face meetings? Provide all documents.</p> <p>How did matters come to be left until in crisis in 1993–95?</p> | 12 |
| | <p>Was the move to Myrtle Street part and parcel of the outcome of the review?</p> | <p>If so, why was Myrtle Street chosen?</p> <p>Who, in practice, had rights of access to the premises themselves?</p> | 13 |
| | <p>How did the review committee come to be established in 1993?</p> | <p>What did it do?</p> <p>How did it communicate?</p> <p>With what records? Provide.</p> <p>What did they recommend? Provide report?</p> | 14 |
| <p>What role did Regional management play?</p> | <p>What were the layers of systems and procedures above those set out in answer to the above questions?</p> <p>In what circumstances was Regional management to be involved?</p> | <p>Was Regional management in fact involved or copied in to correspondence etc. on any issues?</p> <p>What did they do or advise at each stage?</p> <p>If the situation varied over time, and in particular between the Mersey Regional Health Authority and the NHS Executive North West, in what ways?</p> <p>Provide all documentary evidence.</p> | 15 |

9. Legal Framework To inquire into the extent to which the Human Tissue Act 1961 has been complied with.

| A | B | C | |
|---|--|---|----------|
| S.1.(1) – <i>request of the deceased that his body... be used after his death...</i> | This section is not relevant to an inquiry into <i>infant</i> deaths. | Interesting points as to the validity of such a request in older children may, but are unlikely to, arise in the course of this Inquiry. | 1 |
| S. 1.(2) – <i>removal of body parts for medical purposes – therapeutic purposes/medical education/research.</i> | <p>S.1.(2)(a) is as unlikely to be relevant in the case of <i>infant</i> deaths as S.1.(1).</p> <p>In the case of S.1.(2)(b), although interesting points may emerge as to conflict between relatives and difficulty in tracing them, the overwhelming issue for the Inquiry relates to the question:</p> <p><i>“did the Hospital Authorities, after such reasonable enquiry as was practicable, have no reason to believe that the parents objected to usage for medical purposes (as distinct from simple post-mortem examination)?”</i></p> | <p>Is this question purely objective, or partly subjective and partly objective?</p> <p>Can one have the state of mind required under the Act, without having asked the parents and given them an explanation suitable to <i>all the relevant circumstances including the extent of removal and the usage intended?</i></p> <p>Does “<i>such reasonable enquiry as may be practicable</i>” define the extent of information to be given as well as attempts required to trace relatives?</p> <p>How far should such an explanation have gone?</p> <p>When should it have been given?</p> <p>Should the word <i>tissue</i> have been defined for parents as encompassing whole organ removal?</p> <p>What issues fall within the ambit of practicability?</p> <p>Do considerations of geography, family composition, time, play a part and if so, to what degree?</p> <p>Are the terms <i>therapeutic purposes, medical education and research</i> appropriate in the context of current medical and legal thinking?</p> | 2 |

| A | B | C | |
|--|--|--|----------|
| S. 2 – Hospital post-mortem examinations. | Questions similar to those under S.1.(1)(b) are to be posed. | <p>Did the Hospital after reasonable enquiry have no reason to believe that the parents objected to a post-mortem examination?</p> <p>How much detail is required of the reasonable enquiry?</p> <p>Should a hospital give parents information about the post-mortem process, including the chance/likelihood that whole organs might be removed and not returned to the body for burial?</p> <p>Can one have the required state of mind under the Act, without having told the parents to gauge their reaction?</p> | 3 |
| Retention/disposal of tissue held at the conclusion of Coroner’s post-mortem examinations. | <p>What is the legal status of tissue after the Coroner’s process is over?</p> <p>Does the Human Tissue Act 1961 reattach to the tissue once the Coroner’s process is complete, such that reasonable enquiry of the parents etc. is required before the Hospital can act to retain or dispose of the tissue?</p> <p>Do the parents have a right to possession of such tissue for the purposes of disposal, notwithstanding the prior disposal of the body?</p> | <p>When, in this context, is the Coroner’s process over, or deemed to be over?</p> <p>Could this realistically apply to whole organs only, or would the duty have to apply to <i>all tissue</i>?</p> <p>Do the Hospital Authorities have the right to retain or dispose of the tissue, already lawfully removed in the Coroner’s process, outside the application of the Human Tissue Act 1961?</p> | 4 |

10. Recommendations

| A | B | C | |
|--|---|---|----------|
| Recommendations cannot really begin to be considered until all the evidence has been obtained and evaluated. | | | 1 |
| Nevertheless | The continued application of the Human Tissue Act 1961 in its current form, not requiring the <i>consent</i> of parents in respect of the removal etc. of <i>tissue</i> , a word itself full of ambiguity to the layman, will be in the forefront of the Panel's deliberations. | How can relatives be given sufficient information at a time of grief, without unnecessarily increasing grief, so as to provide the basis for reliable and informed consent? | 2 |
| | The Panel will consider how the need of medical science and clinicians for accurate post-mortem information can be balanced with the concerns of families for loved ones and the proper dignity to be accorded to human organs after burial of the body. | | 3 |
| | Wider considerations of the common law, relating to property rights in human tissue and genetic research, are beyond the scope of this Inquiry. | Such considerations are unsuitable for consideration in a confidential setting, and are properly within the public as against private domain. | 4 |
| | In terms of recommendations for the future, the Panel will be interested in compliance with the fundamental concepts of <i>human rights</i> . | | 5 |
| | As to religious considerations, recommendations are likely to be on the basis of respect for all positions within the context of human rights, and a detailed consideration of comparative religions is not anticipated. | | 6 |

Appendix 3. Parents' Questionnaire

The Royal
Liverpool
Children's
Inquiry

Parents' Preliminary Written Evidence

Please return as soon as you are able to do so.

If, but only if, you wish to remain anonymous, please detach this front page and you need not sign at the bottom.

Royal Liverpool Children's Inquiry

Parents' Preliminary Written Evidence

All evidence will be confidential for the use of the Inquiry only

Please give your answer in the space beside each question. If you do not have enough space for your answer, please carry on at the end on the “continuation sheet”.

This form is split into 4 sections. **Everyone should try to fill in Sections 1 and 4.**

In addition, you should try to fill in **either Section 2 or Section 3.**

- Section 2 deals with “Hospital” post-mortem examinations. If you were asked by the Hospital to sign a form, then your child almost certainly had a “Hospital” post-mortem. If so, you should try to fill in Section 2 but not Section 3.
- Section 3 deals with “Coroner’s” post-mortem examinations. If you had contact with the Coroner or the Coroner’s Officer, your child almost certainly had a “Coroner’s” post-mortem and you should try to fill in Section 3 and not Section 2.
- If you are still uncertain, try to fill in as many answers as you can in all sections. Do not worry if you are unsure. When we have obtained all the documents, if you have made a mistake we will write to you again with the important documents and you will have another chance to answer the questions.

Above all, we understand the trauma you were suffering and the pressures you were under at the time. If you can't remember, don't worry. Just do the best you can to tell us what you remember. We hope that you will be able to fill in the form without professional help; but if you need it you can get help from any of the following people.

1. If you are represented by solicitors, you can ask them for help.
2. You can always ask the Parents' Support Group for help.
3. You can get help from the Community Health Council.
4. Stephen Jones, the Solicitor to the Inquiry, will be pleased to help you or answer any general questions that you may have.

Section 1 – General Information
(This section applies to you)

1. Where did your child die?

Only answer the Questions 2–4 if you were not at the Hospital when you were first told that a post-mortem examination was to be carried out.

2. How were you told (e.g. telephone, message via another relative or other)?
3. Who told you (e.g. doctor, nurse or other, senior or junior, name if known)?
4. Can you remember what you were told at this time, and, if so, tell us what you remember and anything that you said?
5. Did anyone speak to you about the post-mortem examination generally?

If so:
 6. Who was it (e.g. doctor, nurse, pathologist, Coroner, Coroner's Officer or other, young or old, senior or junior, name if known)?

7. Did anyone tell you where the post-mortem examination would take place, and if so where?

8. If not, where did you expect that it would take place?

9. Did they tell you why they wanted to do a post-mortem examination?

If so:

10. What did they say?

11. Were you asked if you had any questions?

If so:

12. Do you remember what you asked and what you were told? (Please tell us as much as you can remember.)

13. Were you given any written information?

If so:

14. What sort of document was it?

15. What do you remember that it said?

Section 2 – Hospital Post-Mortem Examinations Only
(See page 1 for help in deciding if this section applies to you)

1. Were you given a chance to think about it or get advice before you gave any “consent”?

If so:

2. How long did you have?

3. Did you get any advice?

If so:

4. Who from?

5. What advice did they give you?

6. Did anyone explain to you that you could object to a Hospital post-mortem?

13. Did anyone tell you that whole organs, such as the heart, would be removed from the body?

If so:

14. What organs did they tell you about?

15. Did they say what would happen to the organs?

If so:

16. What did they say would happen to them?

If they did not tell you what would happen to them:

17. What did you think would happen to them when the post-mortem examination was over?

18. Where were you when you signed (e.g. ward, office, or other – please specify)?

19. Who was with you when you signed (e.g. friend, family member or other – please specify)?

20. How long after (or before) the death of your child were you asked to sign?

21. Did anyone tell you the result of the post-mortem?

If so:

22. Who told you?

23. Where were you when you were told?

24. What did they tell you was the result?

25. Did anyone tell you that the result might not be final because the organs had not yet been examined under the microscope?

26. Do you now feel that you fully understood why a post-mortem examination was carried out? In your own words, tell us if you feel let down.

Section 3 – Coroner's Post-Mortems Only
(See page 1 for help in deciding if this section applies to you)

1. Did anyone contact you after you had first been told of the need for a post-mortem examination?

If so:

2. Who contacted you (e.g. Coroner, Coroner's Officer, doctor, pathologist, other)?
3. What did they tell you and what did you tell them? (Tell us as much as you can remember.)
4. How long after you were first told that there would be a post-mortem were you told that the body was available for the funeral?
5. Did anyone tell you at that stage that the body might be returned to you for the funeral without all the organs? Did you realise that this was possible?

6. Did anyone tell you that some organs took longer to examine fully than the usual time allowed between death and a funeral?

7. Did the Hospital at that stage ask you to fill in a form to do with keeping any organs for “medical purposes” (“medical purposes” means for therapy, medical education or research)?

If they did, please fill in any questions in Section 2 that you can answer as well, to tell us what happened at that time.

8. Did anyone tell you the result of the post-mortem examination?

If so:

9. Who told you?

10. Where were you when you were told?

11. What did they tell you was the result?

12. Did anyone tell you that the result might not be final because the organs had not yet been examined under the microscope?

13. Do you now feel that you fully understood why a post-mortem examination was carried out? In your own words, tell us if you feel let down.

If your child's organs have been returned for burial or cremation:

7. Did the Hospital tell you that samples had been taken at the time of the original post-mortem?

8. Were you told that samples would be taken prior to release?

If samples were taken prior to release:

9. Did the Hospital ask for your consent before those late samples were taken?

10. How do you feel about the handling of the situation by Alder Hey since the news broke?

11. Is there anything else at all that you want the Inquiry Panel to know?

Signed..... Date.....

(Name in Capitals).....

(Please correct any errors in the details on the front page for our records)

Continuation sheet.

Appendix 4. List of Witnesses

Witness List (Excluding Parental Evidence)

In addition to 43 parents, whom we have not listed in order to preserve anonymity, the following individuals gave evidence to the Inquiry. In each instance, save where indicated, a formal statement was prepared on behalf of the witness by Stephen Jones, Solicitor to the Inquiry, following personal interview. Those witnesses marked with an asterisk also gave oral evidence to the Inquiry during the course of the hearings between 11 May and 14 July 2000.

DR ROBERT ARNOLD – Consultant Paediatric Cardiologist at Alder Hey since 1975.

PROFESSOR JOHN ASHTON – Regional Medical Officer for Mersey Regional Health Authority (and thereafter North West Regional Health Authority) from September 1993, now Regional Director of Public Health and Regional Medical Officer of North West NHS Executive.

ROBERT ATLAY – Consultant Gynaecologist since 1970, ex Chairman of Liverpool Obstetrics and Gynaecology Division, Medical Director of Liverpool Women’s Hospital Trust, from April 1992 to July 2000.

***ROY BARTER** – HM Coroner for Liverpool from 1 November 1968 to 30 June 1999.

PROFESSOR JOHN BEAZLEY – Dean of the Faculty of Medicine, University of Liverpool, from September 1988 to August 1991, also Professor of Obstetrics and Gynaecology.

***JAMES BIRRELL** – Unit Finance Manager and thereafter Director of Finance at Alder Hey from 1990 to October 1993, now Regional Director of Finance and Performance Management, NHS Executive North West.

***PEARSE BUTLER** – Project Manager at Alder Hey from November 1989 and Chief Executive of the Trust from 1 April 1991 to November 1993.

***PROFESSOR HELEN CARTY** – Consultant Paediatric Radiologist at Alder Hey since 1975 and Professor of Paediatric Radiology at Liverpool University. Clinical Director of Support Services (Radiology, Pharmacy and Pathology) at Alder Hey from April 1993 to August 1998.

DR YUEN-FU CHAN – Honorary Senior Registrar and Lecturer in Fetal and Infant Pathology at Alder Hey from November 1989 to March 1991.

¹ A statement was given to the Solicitor to the Inquiry over the telephone: Dr Chan now works in Australia.

ELIZABETH CLAPHAM – Medical Laboratory Scientific Officer (MLSO) at Alder Hey having commenced as a temporary junior MLSO in September 1987.

***MARGERY CLARK** – Personal Assistant to Professor van Velzen at Alder Hey from September 1988 to January 1992, now Legal Claims Manager of the Trust.

***GWEN CONNELL** – Grade E Research Technician at the University of Liverpool, working within the Institute of Child Health, having commenced on 1 January 1986.

***PROFESSOR RICHARD COOKE** – Professor of Neonatal Medicine at the University of Liverpool since 1988, Head of the Department of Child Health since 1990.

LOUISE COSTI – Medical Laboratory Assistant at Alder Hey from November 1991 to August 1995.

***ROGER CUDMORE** – Consultant Paediatric Surgeon at Alder Hey from May 1972 to August 1995. Health Authority representative on the Appointments Committee for the Chair of Fetal and Infant Pathology.

***DR CAMPBELL DAVIDSON** – Consultant Paediatrician at Alder Hey since 1976, and Medical Director since 1 April 1997.

***PAUL DEARLOVE** – MLSO at Alder Hey since March 1964 (initially as trainee).

***PAUL ECCLES** – MLSO at Alder Hey since September 1991.

***KAREN ENGLAND** – MLSO at Alder Hey from July 1978 (initially as trainee) to May 1993, Chief MLSO within the Histopathology Laboratory from 1987 to 1993, thereafter Service Manager in the Cardiac and Intensive Care Directorate from May 1993 to 1994. Thereafter Service Manager of the Theatre Directorate in addition to the Cardiac and Intensive Care Directorate and then acting Service Manager of the Directorate of Clinical Support Services until February 1999. Acting Director of Operational Services from February 1999 to March 2000.

SALLY FERGUSON – Acting Director of Nursing and Service Manager for Community and Mental Health at Alder Hey.

²**FRED FOREMAN** – Mortuary attendant at Fazakerley Hospital late 1960s/early 1970s.

***PROFESSOR CHRISTOPHER FOSTER** – Professor of Pathology at the University of Liverpool and Clinical Director of Pathology at the Royal Liverpool and Broadgreen Hospitals NHS Trust since June 1994.

2 A statement was given to the Solicitor to the Inquiry over the telephone: a detailed telephone attendance note was prepared, but no formal statement.

³**FOUNDATION FOR THE STUDY OF INFANT DEATHS** – Provided the Grant of £250,000 to support the Chair of Fetal and Infant Pathology at the University of Liverpool in September 1988.

***ROGER FRANKS** – Consultant Cardiothoracic surgeon at Alder Hey/Myrtle Street Hospital since 1989.

⁴**STEPHEN GOULD** – Consultant Paediatric Pathologist and author of the Internal Inquiry Report published in December 1999.

JUDITH GREENSMITH – Chairman of the Liverpool Health Authority since 1996 and seconded in March 2000 to fulfill the role of Chairman of the Trust.

⁵**PROFESSOR IAN GRIERSON** – Professor of Ophthalmology at the University of Liverpool since October 1992.

***PROFESSOR FRANK HARRIS** – Professor of Child Health and Head of the Department of Child Health at the University of Liverpool from October 1974 to December 1989, Dean of the Faculty of Medicine from September 1985 to August 1988.

***THERESE HARVEY** – Director of Human Resources at Alder Hey since February 1995.

KEITH HAYNES – Unit General Manager of Unit III (the old Liverpool Women’s Hospital, the Maternity Hospital, Oxford Street and Mill Road Hospital) from 1991 to 1993.

⁶**PETER HERRING** – Chief Executive of Liverpool Women’s Hospital Trust from 1993 to 2000.

***THOMAS HILL** – Pathology Technician (mortuary) at Alder Hey since 1991.

***DR VYVYAN HOWARD** – Senior Lecturer in Anatomy at the University of Liverpool, based at Myrtle Street from 1991.

DR DAVID HUGHES – Consultant Paediatric Nephrologist at Alder Hey since August 1993, and present Chairman of the Medical Board.

DR SALIH IBRAHIM – Locum Pathologist at Alder Hey from November 1986 to August 1988.

***DR DAVID ISHERWOOD** – Consultant Clinical Biochemist at Alder Hey since April 1979, Clinical Director of Pathology from January 1992 to March 1993.

3 A written submission together with documentation was provided to the Inquiry confirming the circumstances of the grant and the involvement of the Foundation thereafter.

4 Interviewed on an informal basis by the Chairman and Counsel to the Inquiry in the company of the Secretary to the Inquiry.

5 Interviewed by Counsel to the Inquiry.

6 Interviewed personally by the Secretary to the Inquiry: a formal attendance note was prepared but no statement.

***PROFESSOR PETER JOHNSON** – Professor of Immunology at the University of Liverpool since 1985 and Dean of the Faculty of Medicine since July 1997.

DR BRIAN JUDD – Consultant Paediatric Nephrologist at Alder Hey since February 1991.

PROFESSOR RONALD KASCHULA – Locum Pathologist at Alder Hey from February 1994 to December 1994.

⁷**JOHN KENYON** – Senior Pathology Technician (Mortuary) at Alder Hey from 1987 to 1995.

***DR MYAT MON KHINE** – Honorary Senior Registrar and Lecturer in Fetal and Infant Pathology at Alder Hey from October 1991 to August 1995, now Consultant Paediatric Pathologist at Royal Liverpool University Hospital.

***DR GEORGE KOKAI** – Honorary Consultant and Senior Lecturer in Paediatric Pathology at Alder Hey from January 1996, now Consultant Paediatric Pathologist at Alder Hey.

⁸**JAMES LEWIS** – Clerk to HM Coroner for Liverpool since 1982.

***PROFESSOR DAVID LLOYD** – Professor of Paediatric Surgery at the University of Liverpool and Honorary Consultant Paediatric Surgeon at Alder Hey since August 1988.

***PROFESSOR PHILIP LOVE** – Vice Chancellor of the University of Liverpool since September 1992.

***SHEILA MALONE** – Unit General Manager at Alder Hey from May 1986 to July 1990.

VALERIE MANDELSON – Manager (Senior Counsellor at Alder Hey Centre since 1992, co-ordinated Family Support Team October to December 1999).

***DR JOHN MARTIN** – Consultant Paediatrician and Oncologist from August 1967 to March 1997, Medical Director from 1 April 1991 to March 1997.

***DR HEATHER McDOWELL** – Senior Registrar in Paediatric Oncology at Alder Hey from November 1988 to January 1990, thereafter Consultant Paediatric Oncologist at Alder Hey since July 1991. Chairperson of the Ethics Committee from 1992 to 1996.

DR IAN McFADYEN – Honorary Senior Research Fellow at the Department of Obstetrics and Gynaecology, University of Liverpool, and Honorary Consultant Obstetrician and Gynaecologist at Liverpool Women's Hospital. Formerly Medical Director of Liverpool Obstetrics and Gynaecology NHS Trust from 1991 to 1993.

FIONA McGILL – MLSO at Alder Hey from January 1989 (initially as junior) to July 1995.

⁷ Interviewed on telephone by the Solicitor to the Inquiry. A detailed attendance note was prepared but no formal statement.

⁸ Seen on an informal basis by the Solicitor to the Inquiry in the company of the present Coroner. No formal statement taken, but made available relevant files to the Inquiry.

⁹ROXANNE MCKAY – Consultant Paediatrician Cardiac Surgeon at Alder Hey until 1992.

¹⁰HENRY MEADE – Appointed Chief MLSO in Microbiology at Alder Hey in April 1970, Senior Chief for Pathology in 1977, thereafter appointed Service Manager of Pathology in 1991. Left the Trust in November 1999.

WENDY NATALE – Chief Officer of Liverpool Eastern Community Health Council.

***PROFESSOR JAMES NEILSON** – Professor of Obstetrics and Gynaecology at the University of Liverpool and Honorary Consultant Obstetrician and Gynaecologist to the Liverpool Women’s Hospital. Appointed Consultant Obstetrician and Gynaecologist to the Liverpool Women’s Hospital in January 1993. Subsequently chaired the University Review into the Unit of Fetal and Infant Pathology which reported in June 1993.

LIAM NOLAN – Locum MLSO at Alder Hey since November 1999.

***PROFESSOR MICHAEL ORME** – Dean of the Faculty of Medicine at the University of Liverpool from August 1991 to July 1996 and now Director of Education and Training for NHS Executive North West.

***DR IAN PEART** – Consultant Paediatric Cardiologist at Alder Hey since August 1988.

¹¹*MARCO POZZI – Consultant Cardiac Surgeon at Alder Hey since October 1992.

***DR JANE RATCLIFFE** – Consultant in Paediatric Intensive Care at Alder Hey since July 1991.

ANDRE REBELLO – HM Coroner for Liverpool since July 1999.

DR LEWIS ROSENBLOOM – Consultant Paediatric Neurologist at Alder Hey since 1971, also Training Programme Director in Paediatrics for Liverpool Health Authority.

***HILARY ROWLAND** – Chief Executive at Alder Hey since December 1993 (now on extended leave).

MANDY RUSSELL – Play co-ordinator (senior manager), help line co-ordinator and then senior manager in the Incident Team from January to May 2000.

SUSAN RUTHERFORD – Director of Personnel at the University of Liverpool since March 1995.

***ALAN SHARPLES** – Director of Finance and Information at Alder Hey since December 1993.

9 Interviewed via telephone by the Solicitor to the Inquiry: Ms McKay now works in Canada. A detailed attendance note was prepared but no formal statement.

10 Was invited to give oral evidence but a medical certificate was produced to the Inquiry’s satisfaction sufficient to excuse attendance in person.

11 Interviewed by Counsel to the Inquiry.

***DR PETER SIMPSON** – Regional Medical Officer for Mersey Regional Health Authority from 1988 to 1992.

***DR AUDREY SMITH** – Honorary Research Fellow at the University of Liverpool, originally appointed as technician in the Department of Child Health in 1966.

JASON SWEENEY – Medical Laboratory Assistant from November 1991 to March 1995 at Alder Hey.

***PETER TALLENTIRE** – Director of Personnel at Alder Hey from April 1991 to December 1994.

DC CARL THOMPSON – Coroner's Officer in the Liverpool Office from 1992 to 2000.

PROFESSOR ROBERT TINSTON – Regional General Manager of Mersey Regional Health Authority (and thereafter North West Regional Health Authority) from September 1993 to April 1996, now Regional Director of NHS Executive North West.

¹²***DR RICHARD VAN VELZEN** – Previously Professor of Fetal and Infant Pathology at the University of Liverpool from September 1988 to December 1995 and Honorary Consultant Paediatric Pathologist at Alder Hey from September 1988 to December 1994.

STEPHEN WALKINSHAW – Consultant in Fetal and Maternal Medicine at Liverpool Maternity Hospital and thereafter Liverpool Women's Hospital since October 1989.

¹³**JOHN WALSH** – Consultant Orthopaedic Surgeon at Alder Hey.

***JACQUELINE WARING** – Chief MLSO at Alder Hey from September 1993 to September 1995.

PROFESSOR JONATHAN WIGGLESWORTH – Consultant Perinatal Pathologist and External Assessor to the Appointments Committee surrounding the Chair of Fetal and Infant Pathology prior to his resignation from that post.

12 The Solicitor to the Inquiry spent two days in the Netherlands interviewing Dr van Velzen. The interview was taped and the full transcript of that interview put in evidence rather than a formal statement prepared. Subsequently Dr van Velzen attended the Inquiry in Liverpool to give oral evidence.

13 Statement prepared by the Trust's solicitors at the request of the Inquiry.

The Inquiry was unable to take evidence from **Professor Donald Heath**, former Head of the Department of Pathology at the University of Liverpool until 1993, who had died in 1995. Medical evidence was supplied on behalf of **Dr Jean Marie Bouton**, previously Consultant Pathologist at Alder Hey until 1986, confirming that he was medically unfit to give evidence. The Inquiry also felt it inappropriate to interview **Professor John Hay**, formerly Professor of Child Health at the University of Liverpool and responsible for establishing the heart collection, and **Patricia Hooton**, Director of Nursing at Alder Hey since April 1991. The former was in his 90s and in poor health whilst the latter had been absent from work for a considerable time for health reasons. **Dr Ralph Latham**, formerly Lecturer in Oral Anatomy at the University of Liverpool and now resident in Canada, failed to co-operate with the Inquiry.

In addition a clinicians' seminar was held at Alder Hey Hospital on 23 May 2000 to facilitate obtaining evidence from as wide a group of doctors as possible.

Appendix 5. Salmon Letters

JJR/CJK/130300
13th March 2000

Dear

Giving evidence to Stephen Jones, the Solicitor to the Inquiry

The Chairman of Royal Liverpool Children's Inquiry has asked me to write to you in my position as Counsel to the Inquiry.

You will have heard of the Inquiry into the removal and retention of organs at Alder Hey. The Inquiry Panel would like to take written evidence from you. Stephen Jones, the Solicitor to the Inquiry, may have already made arrangements to see you through the Solicitors to the Trust or the University. If not, he will be in contact very shortly. Everyone hopes that you will be able to make yourself available and feel able to express yourself openly about what has happened. Before you give evidence I must explain a number of points to you.

Stephen Jones will ask you questions and take a statement of your evidence. In the interests of fairness and so that everyone may do their best, you may, and are encouraged, to have a solicitor of your choice present at the interview. I understand that the Solicitors to the Trust or University will offer their services to you. However if they do not or if you would like a different solicitor for a good reason, the Chairman is likely to offer you reasonable expenses in instructing someone else. It is a matter for you to consider now, and to contact Stephen Jones in advance if you want someone else. The solicitor will be present throughout and will be able to give you advice during the interview if you request it. If you do not want a solicitor present, that is perfectly acceptable as well.

I should also explain another important matter to you in the interest of fairness. Stephen Jones and all other members of the Inquiry Team will treat you with courtesy and consideration. The Inquiry is not a 'witch hunt'. The procedures adopted by the Chairman will ensure that you give your evidence in private and that the sources of all evidence will remain confidential. However, the Report will set out the Inquiry's findings based on that confidential evidence, and it is quite possible that some individuals will be mentioned in relation to those findings (as against in the giving of evidence itself). It is therefore appropriate for those who may have

adverse comment made of them to have an opportunity to prepare properly and to say what they wish to justify their position. It is my duty to give you that opportunity. However, in an Inquiry of this nature where the Panel does not know in advance what the evidence will throw up, it is impossible for me to tell you now, specifically, if the Panel consider it likely that adverse comment may be made of you, and precisely on which matters.

In order to do the best in the circumstances, the Chairman has asked me to write to everyone, other than parents, who is invited to give evidence, in similar terms. You should not feel that because you receive this letter you are particularly likely to receive adverse comment. I enclose the draft of what the Panel presently perceives as the areas that it wishes to examine. Many of the Issues will not apply to you. However, you should consider in advance all areas on which you think you may be able to assist the Inquiry. When all the written evidence has been obtained, I can assure you that the Panel will consider it carefully. If it is likely that adverse comment may be made of you, the Panel will invite you to give oral evidence at a later date. Before that occasion I will write to you again and identify the areas where the Panel may be considering adverse comment and where your evidence may clash with that of others. This will enable you to meet any potential for criticism.

Please take this letter as it is intended. The Panel's sole aim is to establish what happened and to make recommendations to prevent recurrence. It is everyone's wish to re-establish Alder Hey and the University in their rightful positions of excellence.

Yours sincerely

J James Rowley
Counsel to the Inquiry

Our Ref: JR/BC/Velzen1206

12th June 2000

Dr R van Velzen

Dear Dr van Velzen

Detailed 'Salmon' letter

Thank you for giving such detailed evidence to Stephen Jones. I can see from the transcript, which I have studied with great interest, that you have had the opportunity to put your side of the affair. As I promised in my first letter to you, it is now my duty to warn you of the areas where there may be adverse criticism, insofar as it is possible to do so at this stage. I should emphasise that the Inquiry is still hearing evidence and has not made up its mind on anything. All that appears below simply has the status of 'allegation' or 'facts yet to be proved'; and the whole purpose of my writing to you and the Panel hearing your oral evidence next week is so that the Panel can form a truly balanced view of all the allegations and evidence. The list below is one-sided, in the sense that it sets out the allegations which do not reflect well on you; but I can assure you that everyone at the Inquiry has read your interview with Mr Jones and appreciated all the points that you make. But you will understand that, in the same way as the Panel has not yet fully made a decision in relation to the evidence of other witnesses and their allegations that impact upon you, it cannot simply accept at the moment the evidence which you give in your own favour and which adversely affects others. Similarly, this letter does not focus on allegations that can be made against the Hospital and University.

As you will appreciate, there is a large amount of evidence now before the Inquiry, much of which is relevant but some of which is peripheral. I hope to help you to focus your preparation not by setting out a long disjointed list of small points, but in identifying the areas and trends that you need to consider.

I can best put the majority of the allegations by building up in chronological order the points which the Trust and University are likely to urge upon the Panel. I am well aware of your position in relation to these points as I have already said.

You will appreciate the strictly confidential nature of the information and allegations contained in this letter. Apart from your legal adviser, if you have one, the content of this letter remains confidential to you and the Inquiry and should not be divulged to any other individual in any circumstances.

1. Appointment

- a) ...
- b) It is the perception of some that your appointment was a 'fix' engineered by Professors Harris and Emery.

2. September 1988 – end 1989

- a) ...

- b) At any rate, it was not long before you realised that there were no further resources to be had at Alder Hey and, to use your own phrase, you had to embark upon 'zero money' research.
- c) You were unable to generate any serious outside money over and above the FSID grant which was already allocated in terms of resource.
- d) Well before you raised resources as an issue with management, and in fact immediately upon your arrival in Liverpool, you began to collect whole/multi organs without completing histology and providing a final post mortem report.
- e) It is alleged that you never 'blocked' organs when carrying out the autopsy at Alder Hey, but preferred always to put whole organs into pots. Unblocked whole organs were an integral part of the research technique of stereology which you were intending to use. In any event it is alleged that your primary motive in retaining all organs intact in every case was not to carry out a full clinical histological examination, but rather to establish a 'tissue bank' for research, with a broad range of material to cover all the twists and turns that your research might take.
- f) The Inquiry has seen nothing in writing (and I repeat the invitation of Stephen Jones to provide your documents immediately to the Inquiry) which explicitly alleges that it was the management's decision to suspend post mortem histology until your paper in March 1993 sent to Mr Butler and Dr Martin. While there are documents complaining generally of resource difficulties, as you will see below, none alleges that it was a management decision before March 1993.
- g) The fact that you understood that Alder Hey had no more resources is alleged to militate against your position that tissue was only ever taken for purely clinical reasons. If resources were non-existent, why not take small specimens of the important organs only?

- h) There was no standard international protocol dictating that every organ be taken whole and retained for histology, the body being buried as a shell. Again, the zero money/zero resource argument, it is said, militates to taking less material and carrying out fewer tests rather than taking entire sets of whole organs.
- i) Your 'Five Year Vision' paper dated 13th December 1989, produced shortly after Mr Butler arrived as the shadow Chief Executive of the 'embryonic' Trust, significantly made no complaint with regard to your ability to carry out post mortem examinations and histology in particular. You made no complaint in that paper in relation to problems typing post mortem reports. Indeed you represented that you needed no further resources on that score.
- j) The resources you sought in your 'Five Year Vision' paper in relation to fetal/stillborn work were given to you.
- k) At the time of the 'Five Year Vision' paper dozens of post mortems were already incomplete and there were hundreds of pots of organs.
- l) In relation to the typing/resource argument raised by you, it is said that you were an extremely fast typist, as good as your PA Margery Clark, and that after a short period when you used the typing pool, your post mortem report was essentially set up on a computer macro. In those circumstances it is alleged that you misrepresented the amount of time that you had to spend typing post mortem reports and that it was your own choice anyway.
- m) By the end of 1989 Dr Chan had arrived and it is said that you were already putting upon him to carry out the clinical work to the detriment of his research work, such that you were able to devote the majority of your time to other matters.
- n) Over the early years of your time in Liverpool, it is alleged that you sacrificed your clinical practice without permission in so far as the Trust were concerned in the amount of time you spent away from the Department including:
 - (i) Days when you were in Holland with your family and with your SSZD commitment
 - (ii) Days in Switzerland on work with Ciba Geigy
 - (iii) Preparation for and attendance at Seminars and Conferences
 - (iv) Preparation and attendance at FSID meetings
 - (v) Meetings to do with the centralisation of pathology services in the Merseyside area
 - (vi) Confocal
 - (vii) ...
 - (viii) Corresponding with hospital and university authorities and attempting to raise funds.

The Panel fully understands your explanation as set out in your witness statement and that you claim to have had assurances from the University that all was in order. Nevertheless, it is alleged that you were not in fact providing a full six clinical sessions to the hospital on clinical work even in this early period.

3. 1990

- a) Your letter to Mr Butler on 17th January 1990 did not identify any so called management decision to suspend post mortem histology or even identify a specific case with regard to resources on that score. The inference is that there was no such genuine case.
- b) The complaint in the case of ... in the summer of 1990 led to you being told by Sheila Malone to prioritise your work and yet it prompted nothing in writing, to the Inquiry's knowledge, blaming the 'management decision to suspend post mortem histology' or complaining about lack of resource on that score. It will be argued that there should be the same inference.
- c) Later on there are letters on file from clinicians, complaining, prior to your March 1993 paper. There are no letters from clinicians in the early years complaining that post mortem histology had been suspended, still less complaining that management had made the decision. Clinicians interviewed appear not to have realised that there was any formal suspension of post mortem histology. If the evidence as to the numbers of complaints, informally initially coming into your department and in particular through Margery Clark is accepted in 1990, it is argued that it is surprising that you did not give such an excuse of 'management decision' to the clinicians, which would almost certainly have generated documentation.
- d) ...

4. 1991

- a) Your contribution to the Second Alder Hey Business Plan, undated but clearly in the early part of 1991, for the first time sets out unequivocal evidence to management that 'post mortem histology was still not possible' You identified resource difficulties in general terms. It is said that, crucially, you still did not identify the decision to suspend post mortem histology with a management decision. You did not make any specific case as to a failure of resource in that regard, or previous complaints as to resource in relation to post mortem histology.

- b) Following your Business Plan contribution in early 1991 it appears that Mr Birrell and Mr Tallantire became involved and there was a series of meetings in which they tried to get an impression of the work of the Unit. It may be alleged that you failed to help them understand the department or even misled them.
- c) In the second half of 1991 there were substantial dealings with the Unit III contracts as to which you made no complaint in relation to resources, other than seeking MLA assistance, which you were given. Nevertheless, there was a poor start to the Unit III work with immediate backlogs.

5. 1992

- a) In mid summer 1992 Mr Butler and Mr Birrell visited Myrtle Street and it is said that they were staggered at the numbers of people working there on the research side. The decision to relocate the laboratory from Myrtle Street to Alder Hey appears to have taken a hold, if not a complete hold, following this visit.
- b) You were asked to produce a paper on the Department which you did, and it is said to be inaccurate in the way in which it portrays huge numbers of people all carrying out substantial clinical work. It is said that your representation that the Department was biased towards the clinical side, by a substantial percentage, essentially reversed the reality in which research overwhelmed the clinical work. Numerous people were working within the department of whom the Trust and University were unaware.
- c) While perhaps half hearted attempts were made to audit your Department by Mr Highcock and Mr Harris in the autumn of 1992, it is alleged that you continued to put up a 'smoke screen' on the amount of time that the technicians really spent on clinical as opposed to research work.
- d) In or about November 1992 when you had a confidential review of your performance with Professor Orme, it is alleged that you told Professor Orme that you were essentially carrying out none of your clinical sessions.
- e) Towards the end of 1992 the number of complaints began to rise, putting you, Trust Management and University under increased pressure.

6. 1993 – end of University Review in June 1993

- a) The reorganisation of the main Department of Pathology coupled with the review of your own department appeared to put things in limbo in the early part of 1993, while complaints, especially from Dr Choonara, continued. It is said that under increasing pressure you decided to go to the press with your SIDS research and general 'scare mongering' in relation to the future of the Department.

- b) The March 1993 Paper can be seen as part of your reaction to events. It is said that Karen England made no substantial contribution to the drafting of the history and views in that paper, and disagrees with them.
- c) You have already given detailed evidence to Mr Jones in relation to the University Review, and why you did not bring out in front of the Review the shortcomings in your own service. It is said that you misled the Committee in representing that you were carrying out your clinical duties, namely six sessions, when you were contributing virtually nothing in terms of clinical work at that time. Such work was being carried out by Dr June Khine, who was essentially unqualified, and lacking much in the way of supervision from you. The paper(s) you prepared for the University Review contradicted the stance taken in your March 1993 Paper.

7. July – December 1993

- a) While the Trust pressed for the appointment of the Senior Lecturer and Mr Butler continued negotiations in relation to the Unit III work, attempts to audit your department through Mr Lewis, in a formal external report, and Mr Harris internally met with the same ‘smoke screen’.
- b) It is alleged that in late 1993 you proposed that the mortuary technicians processed material, when in fact you had no such intention and were simply buying time or attempting to make a case for a new Microtome machine. A suggestion that material be processed in the mortuary was also made by Dr Khine, but you responded that it was necessary to fix the organs before blocking them. In those circumstances it is said that you can have had no genuine intention that the mortuary technicians prepare material.

8. 1994

- a) Just before the New Year (1994) began Hilary Rowland arrived. It is said that you deliberately misrepresented your state of knowledge as to the relocation of the Myrtle Street Department up to Alder Hey in a letter dated 23rd December 1993. You continued with the ‘smoke screen’ that the department was a fully integrated NHS and Academic department. You wrote to Hilary Rowland, and had Mrs Waring write to Hilary Rowland in January 1994, misrepresenting the clinical output of the Department, attaching a misleading specimen rota showing the clinical work of the department, and making a misleading case for the conversion of Paul Eccles’ employment from ‘soft’ money to Trust status.
- b) In 1994 your clinical input is said to have been virtually none, as Dr Kaschula and Dr Khine carried the clinical workload.
- c) In the rest of 1994 there is little said against you. Dr Kaschula was working as a locum and the clinical service improved. Some further attempts were made to convert Paul

Eccles' status. The events of 1994 are largely those behind the scenes between the Trust and University, and they are not allegations that are for you to answer.

9. 1995

- a) It is said that while you purported to catch up some of the Unit III backlog in March 1995 you effectively ceased to carry out any real work even on the University/Unit III side. Again, there is little to be said by way of allegation against you during this year other than a failure to fulfil your contract with the University.

10. Additional points

There are a number of important points that you should consider which do not fit neatly into a chronological analysis. You should consider the following which, again, I stress are allegations only, at this stage, but they require your assistance to answer.

- a) You are asked to explain in detail the circumstances leading up to your acceptance of a reprimand, ostensibly for failings similar to those at Alder Hey, when working in Nova Scotia.
- b) It is alleged that there has been apparent falsification in some of your Reports. The following are by way of specimen case studies and not an exhaustive list:-
- i) Cases in which you have purported to report including specific organ weights, when there has been total removal of viscera en-bloc and where the individual organs cannot conceivably have been weighed – [5 cases]. The post mortem reports are available for your inspection at the Inquiry as are detailed photographs of the current state of the organs.
- ii) Cases in which you went beyond a limited consent to hospital post mortem, e.g. for thoracic organs only, taking all organs in line with your usual practice – [2 cases] below. Again, the consent form and your post mortem preliminary report are available for inspection at the Inquiry.
- iii) In the above category of going beyond permission for limited post mortem is to be included the case of Permission was only granted for a biopsy in the form of a specimen from the lung through a small incision. You took all the organs as was your usual practice at post mortem. When the fact that a full post mortem examination became clear in early 1994 and the parents would not let matters lie, you wrote a letter to the parents on 21st July 1994 in which you said that you were able to assess many of the organs by gently touching them and feeling for abnormalities and that included the general assessment of size. You claimed that no post mortem had been carried out in the classic sense, and you did not interfere with the skull or damage the body. You continued with a number of statements which are said to be fantastic including that you were able to assess by hand the weight of an organ.... You concluded that consent to the post

mortem examination had been signed and was indeed limited to a chest incision and lung biopsy. The Panel invite your detailed evidence on how you could come to write such a letter, as well as dealing with this case as a specimen where you went beyond the limited permission.

- c) It is said that your method of working in which you took few or no notes, coupled with the delay in writing reports, led to inevitable inaccuracy, no matter how good your memory. In the case of ... who was a SIDS case on the death certificate and died on 9th September 1990 you had a meeting with the family at which Mr Butler was present. It is said that you attended the meeting without notes, were of no help, and your attitude is criticised. You changed the death certificate to read 'Sudden Death, choking episode, airway obstruction'. It is said that no histology had been done prior to the alteration of the death certificate.
- d) The Inquiry seeks from you greater detail as to why it is that collections of fetus from Professor Harris and Professor Gosden were delivered to, and remain at, Myrtle Street. In addition you are asked to explain why it is substantial numbers of fetus remain from prior to the establishment of the formal contract with Unit III when it was part of the agreement that they should have been disposed of respectfully by way of burial.
- e) It is said that you advised the ICH, and Audrey Smith in particular, as to the requirements of Polkinghorne in 1990. The Inquiry asks you to reconsider the terms and requirements of Polkinghorne, and in particular as to the forms that were agreed between you and Audrey Smith. What steps did you take to satisfy yourself, and advise others to take, that proper informed consent was being obtained?
- f) As can be seen from the chronology above, it is said that you told lies to the Trust and University, playing one off against the other.
- g) It is said that you failed to provide your contractual clinical sessions to Alder Hey and that you repeatedly falsified the real throughput of clinical work in the Department in your case for resources. You persuaded Karen England and Jackie Waring to go along with you and implicated them. The Panel are well aware of what you said at interview with Mr Jones in relation to the logging of specimens in the Laboratory Day Book. However, you are invited to view the Day Book before giving evidence so as to refresh your memory on the detail of double accounting, booking in fetus and placenta as separate specimens, including post mortem histology in the routine Day Book, and in particular the channeling of large numbers of research specimens through the standard Laboratory Day Book. It is said that, however easy it may have been to identify which was which through looking at the book, whenever cases were made to management in relation to resources the total number as against the purely clinical number of requests each year was given.
- h) The Panel wishes to ask you further as to your motive in slowing down and preventing the flow of hearts to the ICH, and your failure to take part in the UKCCSG scheme.

- i) The Panel asks you to develop, if you can, your allegation as to the Coroner's knowledge of wholesale organ retention. At the moment it appears to depend upon the Coroner having a knowledge of what you allege to be a protocol in terms of the removal of all whole organs at the time of autopsy. The Coroner and indeed nearly everyone involved has denied such knowledge.
- j) ...
- k) It is suggested that while the Royal College of Pathologists' Report in 1990 suggested greater resources than you had available for a Regional Centre, the work that you actually provided fell well short of that envisaged in the Report, and hence you should have been able to cope, albeit with some difficulty.
- l) Above all, it is alleged that you sacrificed the mental well being of parents in delay and whole organ retention, and sometimes the clinical welfare of them and children yet to be born, in your desire for research.

I know that you have been liaising with Mr Jones and he will sort out with you an opportunity for you to see the documents in the possession of the Inquiry. From having read your interview, it seems to me that you are well aware of the main documents in any event. While I can find in our files many documents that you refer to in your interview the Inquiry is reliant upon you to provide us with any documents that you consider to be relevant on any of the above points. For obvious reasons and in order to ensure that when you give your evidence it all goes smoothly, the Inquiry needs to see your documents in Liverpool by the end of this week i.e. Friday, 16th June 2000. Mr Jones will be able to make arrangements with you to provide you with a room and the Inquiry's documents at any time to suit you, and that will include the coming weekend if you can give us some notice.

Finally, I am obliged to write to you in these specific terms so that everyone can do their best and everything is above board. I cannot emphasise enough to you that the contents of this letter do not constitute the view of the Inquiry Panel at this stage nor even a provisional view. Everything said in this letter still requires to be proved, and in weighing up whether any individual point is proved your evidence will be invaluable and attended to with the utmost care.

I anticipate that you will speak to Mr Jones, whom you have met, but if you would like to speak to me to clarify anything at all, you are free to telephone me at the Inquiry directly.

Yours sincerely

J JAMES ROWLEY
Counsel to the Inquiry

Appendix 6. Human Tissue Act, 1961

(9 & 10 ELIZ. 2, c. 54)

An Act to make provision with respect to the use of parts of bodies of deceased persons for therapeutic purposes and purposes of medical education and research and with respect to the circumstances in which post-mortem examinations may be carried out; and to permit the cremation of bodies removed for anatomical examination. [27th July, 1961]

General Note

This Act permits the removal of parts of the body of a deceased person for medical purposes if the person has in writing requested that his body or any part of it should be used for therapeutic purposes or for the purposes of medical education or research, or the person has made such a request orally during his last illness in the presence of two or more witnesses (s. 1 (1)); the persons lawfully in possession of the body (other than persons merely in possession for the purpose of burial or cremation) may authorise the removal of any part of the body for medical purposes if, after making all reasonable enquiries which are practicable, they have no reason to believe that the deceased had expressed an objection to the body being so dealt with, and had not withdrawn this objection, or that the surviving spouse or any surviving relative of the deceased object (s. 1 (2)); removal of part of the body must be done by a fully registered medical practitioner, who must satisfy himself that life is extinct (s. 1 (4)); the Act does not apply to post-mortem examinations carried out to discover the cause of death or to investigate abnormal conditions (s. 2); bodies may be cremated (as an alternative to burial) after an anatomical examination under s. 13 of the Anatomy Act, 1832 (2 & 3 Will. 4, c. 75) (s. 3); s. 4, short title, etc.

The Corneal Grafting Act, 1952 (15 & 16 Geo. 6 and 1 Eliz. 2, c. 28), is repealed (s. 4).

The Act came into force on September 27, 1961, two months after it received the Royal Assent.

For parliamentary debates, see H.L. Vol. 233, cols. 54, 1051; H.C. Vol. 632, col. 1231; Vol. 643, col. 819.

Scotland

The Act applies to Scotland with the modifications contained in s. 1 (9).

Northern Ireland

The Act does not apply to Northern Ireland (s. 4 (4)).

Removal of parts of bodies for medical purposes

1.—(1) If any person, either in writing at any time or orally in the presence of two or more witnesses during his last illness, has expressed a request that his body or any specified part of his body be used after his death for therapeutic purposes or for purposes of medical education or

research, the person lawfully in possession of his body after his death may, unless he has reason to believe that the request was subsequently withdrawn, authorise the removal from the body of any part or, as the case may be, the specified part, for use in accordance with the request.

(2) Without prejudice to the foregoing subsection, the person lawfully in possession of the body of a deceased person may authorise the removal of any part from the body for use for the said purposes if, having made such reasonable enquiry as may be practicable, he has no reason to believe—

- (a) that the deceased had expressed an objection to his body being so dealt with after his death, and had not withdrawn it; or
- (b) that the surviving spouse or any surviving relative of the deceased objects to the body being so dealt with.

(3) Subject to subsections (4) and (5) of this section, the removal and use of any part of a body in accordance with an authority given in pursuance of this section shall be lawful.

(4) No such removal shall be effected except by a fully registered medical practitioner, who must have satisfied himself by personal examination of the body that life is extinct.

(5) Where a person has reason to believe that an inquest may be required to be held on any body or that a post-mortem examination of any body may be required by the coroner, he shall not, except with the consent of the coroner,—

- (a) give an authority under this section in respect of the body; or
- (b) act on such an authority given by any other person.

(6) No authority shall be given under this section in respect of any body by a person entrusted with the body for the purpose only of its interment or cremation.

(7) In the case of a body lying in a hospital, nursing home or other institution, any authority under this section may be given on behalf of the person having the control and management thereof by any officer or person designated for that purpose by the first-mentioned person.

(8) Nothing in this section shall be construed as rendering unlawful any dealing with, or with any part of, the body of a deceased person which is lawful apart from this Act.

(9) In the application of this section to Scotland, for subsection (5) there shall be substituted the following subsection:—

“(5) Nothing in this section shall authorise the removal of any part from a body in any case where the procurator fiscal has objected to such removal.”

As to post-mortem examinations, see s. 2.

Post-mortem examinations

2.—(1) Without prejudice to section fifteen of the Anatomy Act, 1832 (which prevents that Act from being construed as applying to post-mortem examinations directed to be made by a competent legal authority), that Act shall not be construed as applying to any post-mortem examination carried out for the purpose of establishing or confirming the causes of death or of investigating the existence or nature of abnormal conditions.

(2) No post-mortem examination shall be carried out otherwise than by or in accordance with the instructions of a fully registered medical practitioner, and no post-mortem examination which is not directed or requested by the coroner or any other competent legal authority shall be carried

out without the authority of the person lawfully in possession of the body; and subsections (2), (5), (6) and (7) of section one of this Act shall, with the necessary modifications, apply with respect to the giving of that authority.

Cremation of bodies after anatomical examination

3. The provision to be made and the certificate to be transmitted under section thirteen of the Anatomy Act, 1832, in respect of a body removed for anatomical examination may, instead of being provision for and a certificate of burial, as mentioned in that section, be provision for the cremation of the body in accordance with the Cremation Acts, 1902 and 1952, and a certificate of the cremation.

Short title, etc.

- 4.**—(1) This Act may be cited as the Human Tissue Act, 1961.
(2) The Corneal Grafting Act, 1952, is hereby repealed.
(3) This Act shall come into operation at the expiration of a period of two months beginning with the day on which it is passed.
(4) This Act does not extend to Northern Ireland.

Glossary

Alder Centre – based at Alder Hey and which was formed in 1989 by a small group of health care professionals in partnership with bereaved parents. This unique centre was established as a blueprint for bereavement support.

Antenatal – before birth.

Autopsy – dissection and examination of a body after death in order to determine the cause of death or presence of disease processes (also post mortem examination and **necropsy**).

Bacteriology – the science concerned with the study of bacteria and the effects of bacteria.

Biopsy – the removal of a small piece of tissue from an organ or part of the body for microscopic examination to discover the presence, cause, or extent of a disease.

CNS – central nervous system.

Cerebellum – the largest part of the brain located at the back of the skull.

Cerebral hemisphere – one of the two paired halves of the cerebrum (the largest and most highly developed part of the brain).

CESDI – Confidential Enquiries of Stillbirths and Deaths in Infancy.

CESDI Protocols – Protocols recommended by the Royal College of Pathologists when dealing with Sudden Infant Death Syndrome (SIDS).

CHC – Community Health Council.

Clinician – a doctor having direct contact with and responsibility for treating patients, rather than one involved with theoretical or laboratory studies.

CMO (Chief Medical Officer) – the Government's most senior medical adviser, who is responsible to the Secretary of State for Health for all of the Department of Health's medical matters.

Congenital – describing a condition that is recognised at birth or that is believed to have been present since birth. Congenital malformations include all disorders present at birth whether they are inherited or caused by an environmental factor.

Consultant – a fully trained specialist in a branch of medicine who accepts total responsibility for patient care. In Britain consultants are usually responsible for the care of patients in hospital wards but they are allowed to opt for some sessions in private practice in addition to any National Health Service commitments. After registration, doctors continuing in hospital service are appointed as ‘senior house officers’ and then obtain ‘specialist registrar post’ (which replaces the old registrar and senior registrar posts) in their chosen speciality.

Coroner – the official who presides at an Inquest. He must be either a medical practitioner or a lawyer of at least five years’ experience.

Coroner’s post mortem (CPM) – not dependent upon parental consent but demanded by law in certain circumstances in particular when the cause of death appears unknown. The Coroner is appointed and paid by the Local Authority and is accountable to the courts for his judicial decisions and, via the Home Office, to the Lord Chancellor’s Department for his conduct and administration. After notification of the death the Coroner is empowered to request a post mortem examination and he may also decide to hold an inquest in certain circumstances.

Cot death – the death of a baby, often occurring overnight while it is in its cot, from an unidentifiable cause, also known as Sudden Infant Death Syndrome (**SIDS**).

DHA – District Health Authority (see Chapter 6 Accountability Structure: Simplified NHS (England) Organisation Chart 1982).

DoFIP – ‘Department of Fetal and Infant Pathology’. Terminology sometimes used by Professor van Velzen to describe the Unit of Fetal and Infant Pathology, which in fact was part of the Department of Pathology.

Dyson Report – name given to the audit carried out on pathology services across Merseyside in 1994 by Professor Dyson and his team from Keele University. Various criticisms were made of histopathology at Alder Hey: ‘*The organisation, funding and cross-charging arrangements within the histopathology department are so labyrinthine as to make it impossible within the scope of this exercise to reach firm conclusions about productivity and efficiency.*’ The Report concluded that the Trust should establish an internal review of the Department with a view to identifying the total workload and the proportion which was clinical as opposed to University workload.

Epidemiology – the study of epidemic disease and communicable diseases with a view to finding means of control and future prevention.

Ethics Committee – (in Britain) a group including lay people, medical practitioners, and other experts set up (especially in a hospital) to monitor investigations, concerned with teaching or research, that involve the use of human subjects. It is responsible for ensuring that patients are adequately informed of the procedures involved in a research project (including the use of dummy or placebo treatments as controls), that the tests and/or therapies are safe, and that no one is pressurised into participating.

Evisceration – the removal of organs after death from the human body.

Fetus – an unborn child from its eighth week of development.

Formalin – a water solution containing 40% formaldehyde. In pathological laboratories it is used to preserve human organs and tissue.

FSID – the Foundation for the Study of Infant Deaths.

Gestation – the period during which a fertilized egg cell develops into a baby that is ready to be delivered. In humans gestation averages 266 days.

Gould Report – an internal inquiry report commissioned by Alder Hey in October 1999 and produced in December 1999 by Dr Stephen Gould, Consultant Paediatric Pathologist, John Radcliffe Hospital, Oxford.

GRP – the Grant Review Panel of the Foundation for the Study of Infant Deaths.

Griffiths Report – NHS Management Inquiry Report, DHSS, London published in October 1983.

Gynaecology – the study of diseases of women and girls, particularly those affecting the female reproductive system.

HA – Health Authority.

HEFCE – Higher Education Funding Council for England.

Histology – the study of the structure of tissues by means of special staining techniques combined with light and electron microscopy.

Histopathology – the branch of medicine concerned with the changes in tissues caused by disease.

Hospital post mortem (HPM) – under the terms of the Human Tissue Act 1961 a clinician who wishes to have a hospital post mortem examination performed following the death of child must satisfy himself, 'having made such reasonable enquiry as may be practicable', that the surviving relatives have no objection to the post mortem examination. The purpose of the hospital post mortem examination is to enable clinicians to tell surviving relatives more about the likely cause of death, counsel them appropriately and also learn generally for the future in relation to the treatment of other children with similar problems.

ICH – Institute of Child Health which is based at the Alder Hey site.

IUGR – Intrauterine growth retardation.

Inquest – an official judicial enquiry into the cause of a person's death: carried out when the death is sudden or takes place under suspicious circumstances.

Lewis Audit – District Audit of Pathology Services prepared in September 1993 by Mr Lewis. The audit failed to form any firm conclusions in relation to the financial position of the Pathology Department at Alder Hey but did note that all clinicians felt the histology service had deteriorated over previous two years.

LHA – Liverpool Health Authority.

LREC – Local Research Ethics Committee. The purpose of a local research ethics committee is to consider the ethics of proposed research projects which will involve human subjects, and which will take place broadly within the NHS. The LREC's task is to advise the NHS body under the auspices of which the research is intended to take place. It is that NHS body which has the responsibility to decide whether or not the project should go ahead, taking account of the ethical advice of the LREC.

Locum – a doctor or clinician who stands in temporarily for a colleague who is absent or ill.

Macroscopy – naked eye examination of the human body and organs.

MIAA – Mersey Internal Audit Agency, commissioned to provide internal audit services for a number of local north west NHS Health Authorities and Trusts.

Microscopy – the use of a microscope to greatly magnify an image of an organ, tissue, etc, which may be so small as to be invisible to the naked eye. The use of optical microscopes, electron microscopes, operating microscopes and ultramicroscopes are all different forms of microscopy.

MLA – Medical Laboratory Assistant.

MLSO – Medical Laboratory Scientific Officer.

Morphology – a medical term used as a comparative in conjunction with anatomy (the study of the form and gross structure of the various parts of the human body).

MREC – Multi-Centre Research Ethics Committee – established in 1997 in each of the eight Regions across England. (See Chapter 6 – Accountability Structure, paragraph 10.6 for a more detailed explanation.)

Necropsy – another word for **autopsy**.

Neonate – an infant at any time during the first four weeks of life. This word is particularly applied to infants just born or in the first week of life.

Neurologist – a doctor who studies the structure, functioning and diseases of the nervous system including the brain, spinal cord and all the peripheral nerves.

Neuropsychologist – a doctor who studies the relationship between behaviour and brain function.

NICE – National Institute for Clinical Excellence.

Obstetrics – the branch of medical science concerned with the care of women during pregnancy, childbirth, and the period of about six weeks following the birth, when the reproductive organs are recovering.

Ophthalmology – the branch of medicine that is devoted to the study and treatment of eye diseases.

Organ (Oxford Concise English Dictionary) – a usually self-contained part of an organism having a special vital function (example, vocal organs; digestive organs).

Organ (Oxford Concise Medical Dictionary) – a part of the body, composed of more than one tissue, that forms a structural unit responsible for a particular function (or functions). Examples are the heart, lungs and liver.

Paediatrics – the branch of medicine dealing with children and their diseases.

Palpation – the process of examining part of the body by careful feeling with the hands and fingertips.

Paternalism – the policy of restricting the freedom and responsibilities of one's subordinates or dependants in their supposed best interest.

Pathology – the study of disease processes with the aim of understanding their nature and causes. This is achieved by observing samples of blood, urine, faeces, and diseased tissue obtained from the living patient or at **autopsy**, by the use of X-rays and many other techniques.

Pathologist – a doctor qualified in the study of **pathology**.

Perinatal – relating to the period starting a few weeks before birth and including the birth and a few weeks after birth.

PITY II – Parents who Inter Their Young Twice (Parent Support Group set up as a result of the revelation of organ retention at Alder Hey).

Placenta – an **organ** within the uterus (womb) by means of which the embryo is attached to the wall of the uterus. Its primary function is to provide the embryo with nourishment, eliminate its wastes and exchange respiratory gases. It also functions as a gland secreting hormones, which regulate the maintenance of pregnancy.

Polkinghorne Report – name commonly given to the 'Review of the Guidance on Research Use of Fetuses and Fetal Material' which was published in 1989. The Department of Health subsequently accepted this report as proper practice. Effectively it stated that explicit written consent of the mother was required for fetal research after July 1989, even though strictly the pre-viable fetus and the mother had no rights in law.

Post Mortem report – the report compiled from information obtained as a result of post mortem examination.

Post natal – following birth.

Pulmonary – relating to, associated with, or affecting the lungs.

Radiologist – a doctor specialised in the interpretation of X-rays and other scanning techniques for the diagnosis of disorders.

RHA – Regional Health Authority. (See Chapter 6 Accountability Structure: Simplified NHS (England) Organisation Chart 1991.)

RLC(NHS)Trust – Royal Liverpool Children’s NHS Trust (Alder Hey Hospital).

RLUH – Royal Liverpool University Hospital.

SAC – Scientific Advisory Committee of the **FSID**.

SANDS – Society for Stillbirth And Neonatal Death.

Section – in **microscopy** a section is a thin slice of the specimen to be examined under a microscope. In surgery it is the act of cutting.

Scott-Grant Report – in May 1991 Scott-Grant Management Services Limited produced a preliminary report for Mr Butler into the organisation and staffing levels of Pathology. The aim of the report was ‘to provide an estimate of potential efficiency and cost improvement measures, organisational changes and quality enhancements, together with a time-scale for the implementation of any recommendations’.

SIDS – Sudden Infant Death Syndrome (see **Cot death**).

SIPB – Special Incident Project Board set up in March 2000 at Alder Hey to manage organ retention issues.

Stereology – method of **microscopy** using mathematical and statistical theory based on unbiased random sub-samples leading to accurate three-dimensional conclusions for the whole sample.

Stillbirth – birth of a **fetus** that shows no evidence of life (heartbeat, respiration or independent movement) at any time later than 24 weeks after conception. *Under the Stillbirth Definition Act 1992 there is a legal obligation to notify all stillbirths to the appropriate authority.*

SUDI – Sudden Unexpected Death in Infancy.

Tissue – A collection of cells specialised to perform a particular function.

Unit III – encompassed Mill Road Hospital, which subsequently closed in 1993, Liverpool Maternity Hospital, which closed in 1995, and the Women’s Hospital in Catherine Street, which also closed in 1995. The three hospitals were incorporated into the new Liverpool Women’s Hospital. The Liverpool Obstetric and Gynaecology Services NHS Trust (later renamed Liverpool Women’s Hospital NHS Trust) was established in April 1992 to manage the hospitals.

Viable fetus – a **fetus** capable of living a separate existence after birth. The legal age of viability of a fetus is 24 weeks – ‘Still-Birth (Definition) Act 1992 – An Act to amend the law in respect of the definition of still-birth; to make certain consequential amendments of the law; and for connected purposes. 16th March 1992’. The Act says:

1. – *(1) In section 12 of the Births and Deaths Registration Act 1926 (definitions) and section 41 of the Births and Deaths Registration Act 1953 (interpretation), in the provisions which relate to the meaning of ‘still-born child’ for the words ‘twenty-eighth week’, in both places where they occur, there shall be substituted ‘twenty-fourth week’.*

However, some fetus survive birth at an even earlier stage of **gestation**.

Virology – the science of viruses.

Viscera – the organs within the body cavities, especially the organs of the abdominal cavities (stomach, intestines, etc), hence **evisceration**.

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