

OFFICIAL/SENSITIVE
WITNESS STATEMENT

Agency Ref : **S062**
PF Ref :

Surname : PANPHER Other or previous surname :

Forenames : Surinder DoB : [REDACTED]/1978 Age : 37

Occupation : Consultant A&E MBCHB FCEM (Fellow Consultant Emergency
Medicine) Other Occupation :

Police Station : Years Service :

Disclosable address :

Post Code:

This statement was taken :

Date and time : 12th of May 2015 14.30

By : EDWARD MILES
Place : Within A&E, Victoria Hospital, Kirkcaldy

In the presence of :

I have/the witness signed/refused to sign this and all other pages

It was/not read over to the witness and was/not recorded on Audio tape and/or Video
tape

States :

I am Surinder Panpher and I am a Consultant based at A&E within the Victoria
Hospital in Kirkcaldy. My role entails assessment of injured and seriously unwell
patients attending the A&E Dept. I have held the role for 2 years.

There are 6 consultants who manage the A&E Dept. from 0800 hours until midnight
and then are on call out with those hours. There are 14 middle grade doctors and 14
junior grade doctors who work in shifts covering the 24 hour period complemented
by nursing staff and administrative support staff.

On 3rd May 2015 I was covering a vacant shift as a locum starting at 8am and
finishing at 5 p.m. My duties that day were to oversee the senior and junior doctors

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as well as seeing patients. When I took up my duties I attended at A&E for a handover with the medical staff. It was clear that there was an on-going situation within resus. I attended there and saw a team of nurses and doctors attending to a patient who was being actively resuscitated by CPR and ventilation. From recollection Dr Gillian Pickering, Dr Martin Clark, Dr Sophie Rollings, Dr Rachel Anderson were present along with nurses. CPR was initially Dr Sophie Rollings but the role was continually changed. I received a briefing from Dr Pickering. The briefing was as follows.

'The gentleman had been involved in a restraint with the police when he had suddenly gone into respiratory arrest and shortly after arrival in resus he had gone into cardiac arrest.'

This was all I needed to know. I did not have the opportunity or in fact need to look at the A&E notes. I have been shown a copy of the A&E notes with the unique number V802512L which represented the patient whose identity was unknown at the time.

I was able to see that the patient was male, black, muscular build, appeared to be late 20s early 30s who had been fully stripped at the time of my arrival so had no clothing to identify him. My job then was to review procedurally the essentials of the resuscitation to ensure Dr Clark was managing the airway and ventilation and ensuring that resuscitation fluids were being given which was the case and ensuring the defibrillator was attached.

Attempts were initially made to utilise LUCAS also known as the THUMPER which is a machine that performs chest compressions and Dr Pickering noted that the THUMPER had been poorly positioned for a very short period a bit low on the chest. An attempt was made to re-site the THUMPER but the clinicians and myself were unhappy about the re-siting so commenced manual CPR. We followed standard resuscitation procedure by checking for a pulse every 2 minutes with no palpable pulses felt at any time over the carotid artery or femoral artery. He received 1 milligramme of boluses of adrenalin as per advanced life support (ALS) protocol which is the internationally recognised guidance on resuscitation.

On 3 occasions the defibrillator showed ventricular fibrillation (heart not contracting in normal manner) and for this he received an electrical shock on each occasion. Dr Martin Clark performed bedside ultrasound scans of the patient's heart which showed some flickering movements but these were not associated with a pulse. He also performed an ultrasound scan of the patient's abdomen which he stated was normal. These actions were carried out in my presence. From my examination I did not find any external evidence of injury such as wounds or deformities.

Resuscitation continued with regular checks every 2 minutes. I delegated management of the resuscitation to Dr Rachel Anderson who is a senior middle grade (Speciality Trainee Year 5) ST 5. She continued the resuscitation with Dr Clark and I then continued with other responsibilities. Dr Anderson later informed me that the resuscitation was stopped at 0904 hours as at that time the heart movements previously seen on ultrasound were no longer present. I did not have any other involvement. I would regard the incident as a well-run resus because all aspects had been thoroughly covered. The resuscitation had been initially aggressive and was

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continued until further efforts were clearly futile. I was aware that the A&E notes were for a short time misplaced but turned up in the department having been filed wrongly.

This is a true and accurate record.

Signed :

(Witness)

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CONFIDENTIAL MATERIAL - NOT TO BE DISCLOSED

Surname : PANPHER Forenames: Surinder
Alias/known as :

Place of birth : [REDACTED] Age : over 18

Home address : [REDACTED] Telephone : [REDACTED]

Post code : [REDACTED]

Business address : Victoria Hospital Telephone : [REDACTED]
Hayfield Road
Kirkcaldy

Post Code : KY2 5BD

Mobile :
Email : [REDACTED]
Fax/Pager :
Other :

Dates when unavailable in next 12 months :

Other Confidential Material :