

WITNESS STATEMENT

Agency Ref : **S221**  
PF Ref :

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PF Ref :

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Surname : SPEAKMAN Other or previous surname :

Forenames : Christopher [REDACTED] DoB : [REDACTED]/1989 Age : 25

Occupation : Junior Doctor Other Occupation :

Police Station : Years Service :

Disclosable address :

Post Code:

This statement was taken :

Date and time : 25th of June 2015 14.25

By : EDWARD MILES DSI  
Place : Ward 43 Victoria Hospital, Kirkcaldy

In the presence of : LYNN UNGI T/INV

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 Christopher Speakman and I am a junior doctor based at Victoria Hospital in Kirkcaldy working with NHS Fife. I have been working in Victoria Hospital since April 2015. Before this, as a junior doctor, I worked in St John's Hospital in Livingstone and prior to this I was based at the Royal Infirmary in Edinburgh in the capacity as Foundation Year 2 (FY2) training.

**OFFICIAL - SENSITIVE**

**WITNESS STATEMENT**

On the 10th May 2015 I was on duty within the Victoria Hospital and I was working an 8pm - 8am nightshift within Admissions Unit 1 which is a receiving unit for patients referred by GPs, A & E and NHS 24. There was another doctor, [REDACTED] but she didn't see the patient Nicole Short.

You have shown me a:

copy of material part, general medicine/ Maxillo Facial Medical Notes, Nicole Short

I am going to refer to the part of the medical notes which I would refer to, as an admissions pro-forma.

I noted Nicole Short's Community Health Folder [REDACTED]. I noted that the FEWS Five Early Warning System was 0 which is graded 0 to I believe 12. The lower the number the better health the patient would be in. When I saw the patient she was in a bay 41 (bed). She was dressed in pyjamas and was awake. I noted that the tag on her board. I then asked her what had happened, her symptoms and what she was experiencing now. So she told me she had been violently assaulted during the arrest of a suspect and had been punched to the back of her head and that after being punched she fell to the ground and that the suspect had stamped on her head. She told me that she had attended A & E after this where concussion was diagnosed, she was given reassurance, painkillers and allowed home.

Having looked at Nicole Short's medical record and admissions pro-forma I have seen that I have noted that she stated she had been stamped on. I haven't noted that it was her head but I do recall her saying so. Between this A & E attendance she stated she attended at her GP, concussion was further diagnosed and was same treatment. I don't know exactly when that was. She told me that prior to seeking help that night she was with a group of friends who told her that her face was drooping on the right side of her face. The symptoms she described were that of a weeks worth of concussive symptoms, sensation of vertigo, nausea, blurred vision and struggling to find words. Additionally she described a disturbance and a sensation on the right side of her face as well as noticing a drooping on the right side of her face. She felt also that the right side of her body was weak and she was having problems remembering things that had happened since the incident (Anterograde Amnesia)

I asked her some direct questions. She denied leakage of fluid from her nose or ears. She admitted to some neck stiffness which had resolved when I saw her. This was the main story regarding her symptoms. What the patient was describing was reasonable in the circumstances she described. I documented she was fit and well, independent. I documented on the medicines reconciliation that the patient wasn't on medication although this has been changed by a pharmacist (hospital) to include [REDACTED] Naproxen which is an anti-inflammatory painkiller.

I examined Nicole and my findings were she looked well but a little anxious, her cardiovascular system was normal, her lung/chest/abdomen was unremarkable. She had a full range of movement in her cervical spine and had some boney of the mastoid process (hard boney part behind the right ear), no haematoma present, just tenderness to touch. I examined her central cranial and peripheral nerves. I

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determined her Glasgow Coma Score to be 15 which is as good as it gets. She did not appear to be confused. There were no concerns over this. The relevant findings in the cranial nerve examination. There was a subjective reduction in the right side of her face which was reported by the patient. This was to my touch. I also noted a subtle right facial droop. This was primarily a downturning of the corner of her right lip. It was subtle but I could have missed this, but it was there. The rest of her cranial exam was unremarkable. There was upon movement of her eyes upwards right mention of a straining sensation by the patient. I wasn't sure how to interpret this and didn't feel it was of major significance. Finally the exam of her peripheral nerves revealed normal tone reflexes, sensation and co-ordination. I felt there may have been a very slight reduction in power in her right arm but wondered if this was effort related. Her observations ie FEWS remained at zero.

I documented that upon examination my overall findings were that she had presented multiple times with head injury with a subtle facial droop and facial sensory change. My plan was to get a CT scan of her head. I didn't feel that there was anything needing done there and then as she was very stable. Her anxiety, the level of trauma and presence of neurological signs (sensory change), the purpose of the scan would have been to rule out the skull fracture which would have caused such a droop via nerve damage. The other thing I wanted to rule out was a brain injury or blood clot. On balance the subtle facial droop could have occurred as a result of a punch to the back of the head although her CT was normal.

I felt that there was enough clinical suspicion to have a CT scan in light of her story however these were ruled out by the CT scan.

The role of the Police Investigations and Review Commissioner was explained to me and also the reasons as to why a statement was required. I signed a PIRC production backing sheet in respect of the medical notes.

Copy of material part, General Medicine/Maxillo Facial Medical Notes, Nicole Short

This is a true and accurate account.

Signed :

(Witness)

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WITNESS STATEMENT

CONFIDENTIAL MATERIAL - NOT TO BE DISCLOSED

Surname : SPEAKMAN Forenames: Christopher [REDACTED]  
Alias/known as :

Place of birth : [REDACTED] Age : over 18

Home address : [REDACTED] Telephone : [REDACTED]

Post code : [REDACTED]

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Hayfield Road  
Kirkcaldy

Post Code : KY2 5BD

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

Dates when unavailable in next 12 months :

Other Confidential Material :