

GENERAL MEDICAL COUNCIL

PROFESSIONAL CONDUCT COMMITTEE

Thursday 4 September 2003

44 Hallam Street, London W1

Chairman – Professor Peter Richards

Panel Members:

Dr Nihal Gunasekera
Mr Neville Harrison
Mrs Muktesh Kakar
Dr Charles Winstanley

Legal Assessor: Mr Douglas Readings

Case of:

EASTGATE, John William

(DAY FOUR – AM PROCEEDINGS)

MISS JOANNA GLYNN QC, and MR A HURST, instructed by Messrs Withers,
solicitors, appeared on behalf of the Complainant.

MR JAMES TURNER, of counsel, instructed by Messrs RadcliffesLeBrasseur,
solicitors, appeared on behalf of Dr Eastgate, who was present.

(Transcript of the shorthand notes of T. A. Reed & Co
Tel No: 01992 465900)

I N D E X

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JOHN WILLIAM EASTGATE, Sworn

Examined by MR TURNER

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A THE CHAIRMAN: Good morning. Mr Turner, I would like to return to where we were last night, which was timetable. I have now had the opportunity to gauge the mood of the Committee. Six days were allocated to this case. It may surprise no one that in three days the counsel for the complainants has completed the opening of her case and a rule 27 submission has been made and considered. The history of events has been recounted in detail. One medical expert's opinion has been rigorously tested. The issues in the heads of charge have been very effectively focused, not least in the consideration of the rule 27 submission. The Council now needs to hear Dr Eastgate's side of the story and to have any specific and relevant differences of expert opinion clearly and economically explained to them.

B
C The Committee is entitled, I suggest, to be able to rely on the professionalism of lawyers to ensure that the hearing proceeds with economy and without delay and that witnesses called serve the necessities of the hearing, having had due notice of what is required of them by those who call them.

Mr Turner, you spoke yesterday of the cloud overhanging Dr Eastgate for several years because of this hearing. I suggest that, as a professional Committee, hearing charges through the processes brought by Dr Eastgate's professional regulatory body, the Committee and all involved in the hearing have what you might call a duty of care to Dr Eastgate, and that all your witnesses should act accordingly.

D If you wish to take instructions before replying the Committee will adjourn for five minutes.

MR TURNER: Sir, I think, if I may say so, the most sensible thing for us to do now is to crack on and to see where we get to by perhaps the lunchtime adjournment and take stock at that point.

E THE CHAIRMAN: I think the Committee would wish to be assured that the witnesses will serve the interests of the Committee and indeed of the doctor who is accused.

MR TURNER: Certainly, sir, I do not envisage any professional witnesses I am calling will take as long as my learned friend's witness. I do not say that in a critical way because, of course, he was much more involved in the setting of the scene which has now been set, so that task does not have to be gone through.

F THE CHAIRMAN: It is a matter of whether there will be any delays in the hearing because of unavailability of witnesses.

G MR TURNER: My difficulty, as I told you yesterday, is Friday morning.

THE CHAIRMAN: I think that the Committee would require an explanation of why it is impossible for an expert to serve the needs of the Committee.

H MR TURNER: Sir, I am not in a position to take instructions on that immediately because neither of my potential experts are present this morning. Indeed, my instructing solicitor, who is intimately involved with this case, is not here. He has been delayed elsewhere. He is the person I would need to speak to about that. All

A that I can tell you is what I have been told so far, that it is pressing professional commitments that create a problem on Friday morning.

THE CHAIRMAN: What I am suggesting to you is that there is a pressing duty of care to this doctor that his case should be completed in the allotted time.

B MR TURNER: Sir, those views will certainly be passed on.

THE CHAIRMAN: Thank you.

MR TURNER: Sir, I will call Dr Eastgate, please.

JOHN WILLIAM EASTGATE, Sworn
Examined by MR TURNER

C Q Dr Eastgate, will you tell the Committee your name and your professional address, please?

A I am John William Eastgate, I work at Marlborough House Child and Adolescent Mental Health Service, Okus Road, Swindon.

D Q How old are you?

A I am 53.

Q What are your professional qualifications?

A I qualified MB ChB 1973 from the University of Bristol, gained a diploma in child health from the University of London in 1975, qualified a member of the Royal College of Psychiatrists in 1977 and was elected fellow of the Royal College of Psychiatrists in February 1998.

E Q I think, in fact, you have prepared a CV that can be made available to the Committee?

A Yes.

Q Perhaps that could be handed out, please.

F THE CHAIRMAN: This is D6. (Same handed and marked D6)

MR TURNER: We can see on that CV your present appointment, your professional main base, your qualifications and your previous appointments, publications, clinical work, teaching and consultation work, management and other professional activities?

A Yes.

G Q How long have you been practising in the field of child and adolescent psychiatry in all?

A Sorry, a quick sum, 25 years.

Q Have you ever had cause to appear before the Professional Conduct Committee of the General Medical Council before?

A No.

H

- A Q In 1996, the time that we are looking at, were you based at your present hospital then?
A Yes, I was. The address was slightly different in that at that time we were part of Princess Margaret Hospital which has subsequently been closed.
- B Q What were the constituent elements of your post at that time, bearing in mind we are always talking, unless I tell you differently, about 1996?
A There were four elements to my post. The first was as half-time consultant adolescent psychiatrist to the in-patient and day patient adolescent unit. This, at that time, was a six bedded in-patient unit with six day patients. It had recently moved to its present premises from a hospital in Marlborough, about 13 miles south of Swindon, and I was for much of the time a single-handed doctor for the unit. For part of the time I had a colleague, a specialist registrar.
- C Q So that was a six in-patient bed unit and were there day places as well?
A Six day patients although, due to staffing shortages, there would rarely be six day patients. We, as it were, used our day places as a pressure valve. They were not filled if we were short of nursing staff.
- D Q That unit had been opened when?
A That unit was opened, to the best of my memory, in April 1996.
- Q So it was still at its very early stages as at July 1996?
A Indeed.
- Q Was that a seven day week operational unit or not?
A No, it was commissioned five days a week with an expectation at that time that we would use paediatric beds in the adjacent hospital for week-end care should it be necessary.
- E Q What was the catchment population in the area that you were dealing with?
A The catchment population was something over a million. It comprises the entire counties of Gloucestershire, Wiltshire and the Unitary Authority of Swindon. In terms of mileage it ranges from Tewkesbury down to Salisbury.
- F Q How would patients for either the in-care or the day care be selected?
A Usually through formal assessment by a multi-disciplinary team, which would be going on about once a week. Occasionally there would be rather more urgent admissions via one or other of the hospitals in our catchment area.
- G Q How many staff did you have available for that unit?
A I am afraid I cannot answer that. We had a group of nursing staff. Unless the Committee wishes me to take some time on the back of an envelope I cannot count them. We had a senior nurse manager, a charge nurse, junior charge nurses too, and a group of staff nurses and nursing assistants, plus a family therapist part-time and a psychologist, very part-time.
- H Q Did you, in your view, have sufficient physical and staff resources available for the potential patients?

A A Obviously we felt we had enough to be able to do the job we needed to do, otherwise it would have been unethical for us to do the work. On the other hand, we were battling then, and I finally succeeded this year in opening a 14 bedded unit with a greatly increased nursing staff complement. We now have a full-time psychologist, a full-time family therapist and will be appointing three other full-time members of the team. We have two consultant psychiatrists. In that context, yes, we had enough staff to do the job; but, no, it was far from ideal.

B Q Do you have enough patients to fill your beds in the newly increased size of unit, the 14 bedded unit?

A Sadly, we have more than enough. There are always patients farmed out, as it were – excuse the language – in private hospitals around the south of England.

C Q What sort of problems were you dealing with in 1996 in your unit – patient problems, that is?

A We admitted and admit 12 to 18 year olds with problems of such severity that – I suppose essentially they are unsafe or unable to be adequately cared for in out-patient work, in their home or care environment. This would range from people with a severe eating disorder that was not responding to treatment, psychosis, depression, post-traumatic stress disorder, severe obsessional compulsive disorder, and so on.

D Q What were your responsibilities in relation to that patient at which you say you were effectively half-time consultant?

A Yes, sorry, I have only told you of one element of the four elements of my job so far.

Q It is your responsibilities within that unit?

E A In that unit I was admitting consultant. I was responsible for co-ordinating and assessing patients for admission with the help, as I have said, of a multi-disciplinary team. I was responsible for ensuring their day to day care was adequately managed, a range of treatments not just psychotropic medication, but individual therapies, and also any other medical issues that would crop up with the patients. We were able to use our consultant paediatrician colleagues as necessary to help with that.

F Q Did your tasks in that unit involve much by way of paperwork and administration as well as the hands on job?

A Yes. There is a range of administration. Obviously I needed to meet regularly with the relevant managerial staff, I needed to supervise the nursing staff, and there were three members of staff I was meeting regularly in addition to the specialist registrar supervision.

G Q That was the first element of your job at the time?

A Yes.

Q The next element?

A I still, at that stage, had a half-time commitment, at least in theory, to generic out-patient work for the Swindon catchment area, a rather small catchment area of about 270,000, and shared that work with two other full-time consultants.

H Q What did that involve?

- A A Out-patient assessment and treatment, consultation with social services, education, and so on, and some degree of teaching.
- Q Whereabouts did you carry out that work?
- A The majority of the work was carried out at Marlborough House which also has the generic and out-patient work for the area, plus an outlying clinic in Tetbury, which is about 15 or 16 miles away, a small market in Gloucestershire.
- B Q The third element of your job at the time?
- A At that time I was handing over after 15 years – the chair, as it were, of the department had been called different titles through the course of those 15 years, of course, as NHS systems changed – to my colleague, but still had been lead clinician for commissioning the new building, closing down two other buildings and communicating with colleagues in the area about the developments in the adolescent service. The fourth element, for what it is worth, was that we, between the consultants and our colleagues in learning disabilities, provide a 24 hours a day, seven days a week on-call service for psychiatric emergencies.
- C Q Have you any idea what your case load was during 1996?
- A I took in the order of over 210 new cases in that time, probably significantly in excess of College guidelines. 1996 just happened to be an unusually busy year for me.
- D Q Could you properly have turned away those referrals?
- A That is always a difficulty. I am not sure whether the right word is to say, I am “pleased” to say, but I think in Swindon we are betting at managing our time now than we were then and as a consequence have a year waiting list for new cases before they are seen.
- E Q What other professional activities were you involved in in 1996?
- A I made some notes. Sir, do you mind if I refer to them?
- THE CHAIRMAN: Not at all.
- A Thank you.
- F MR TURNER: Yes.
- A Crucially, I also had a responsibility to maintain my professional development and was attempting and did manage to find time throughout this year to attend relevant courses and keep abreast of relevant literature. I was secretary at that time and about to be elected chair of the Wessex Regional Child Psychiatrists, which is a group of psychiatrists in the old Wessex region, which continues to meet. I was also attending the South-East Adolescent Unit psychiatrists meetings in St Barts Hospital in London, important for maintaining contact with other adolescent psychiatrists.
- G Q Had you ever had involvement with patients prior to July 1996 who had been making allegations of sex abuse? – child or adolescent patients, of course, I am speaking of.
- A Yes.
- H Q Were you familiar with the *Working Together* document?

A A Yes. I am tempted to add “of course”, but yes, there were a group of relevant documents which I think anybody working in this field would need to have an awareness of.

Q Would you have had in your unit or available to you copies of those documents?

A Yes.

B

Q So *Working Together* you were familiar with?

A Yes.

Q What about Dr Jones’ book that has been produced here? Did you have a copy of that?

A You have it in front of you.

C

Q That is your own copy?

A That is my own copy.

Q And you owned it before July 1996?

A Yes, indeed.

D

Q What about the DHSS guidelines, were you aware of those?

A Yes.

Q Was there a local protocol available?

A Yes, there was. It was circulated yesterday and we were obliged to keep a copy on the unit.

E

Q Had you been involved at all with the creation of that protocol?

A No, I had been a child and adolescent psychiatry representative on the area Child Protection Committee up until the preceding year, so I had been involved for – I would not like to say how many years. If I look at my notes they may help me. It is on my CV.

F

Q I think the detail probably is not important.

A 1992 to 1996. Specifically involved in drawing up those guidelines, I think I was not directly involved in their authorship.

Q As at July 1996 were you aware of the procedures that were followed locally in such cases?

A Yes.

G

Q Did you know personally the coordinators of the child protection team?

A Yes.

Q Who were they at the time?

A There were two. One was called David Evans – Mr Evans; the other was Mr Graham Titheridge.

H

Q Were they both senior social workers?

- A A Yes.
- Q Had you actually been involved in meetings in other cases with members of the child protection team?
- A Yes. I could not tell you how many, but lots.
- B Q Are we talking about one or two, or dozens?
- A Dozens.
- Q Now I turn to deal with your involvement with Miss A. How did that involvement first come about?
- A Miss A was a pupil at a school in Wiltshire, as has been agreed already; had an eating difficulty, was seen by Dr Janet Treasure at the Maudsley, who arranged a referral initially to my colleague Dr Woodhouse. Dr Woodhouse was not in a position to see this girl, as she was outside of our catchment area. At that time I had a private arrangement with the school in which Miss A was a pupil, and arranged to see her at the Ridgeway Hospital, which is a private hospital just outside Swindon, one Saturday morning.
- C Q The Committee has in the bundle – which I think you have in front of you – at tab 1, page 7, the letter from Dr Treasure to Dr Woodhouse. Had you been supplied with that?
- D A Yes. Strictly speaking that is the second letter to Dr Woodhouse; the first letter is at tab 5.
- Q Were you supplied with that before you saw Miss A for the first time?
- A I have a feeling that the second letter crossed in the post.
- E Q In any event, can you help us as to when it was that you first saw her?
- A If I can refer to the Committee bundle, you will see that I saw her on 27 April 1996.
- Q That is page 8, the letter that you wrote to the headmistress?
- A That is correct, yes.
- F Q Whereabouts did you see her in that first meeting?
- A That was at a place called the Ridgeway Hospital in Rawton, just outside Swindon.
- Q Do you recall whether she was on her own, or did you see her with someone else?
- G A As the letter says, I met her partly on her own, partly with her tutor from school and partly with her parents.
- Q What, as you perceived it, was your role at that time in dealing with Miss A?
- A On that particular occasion, to meet with her and her parents and to consider whether or not I was in a position to offer treatment, and whether or not she and her parents would go along with it and wish to take up the offer. So partly, obviously, my own psychiatric assessment, partly consideration of what might be helpful in terms of treatment, and then whether or not this would be agreeable. I have to say that it may
- H

A be that the parents felt there was Hobson's choice, in that I was the only person able to see Miss A privately, although there is an NHS clinic in Chippenham which would also have been available at the time.

Q How did that first meeting go? Can you assist with that?

A Only by referral to my letter.

B Q So your letter would accurately set out what your conclusions and recommendations were, would it?

A Yes.

Q Did you continue to see Miss A after that?

A Yes. What I arranged at that time was that I would meet Miss A in her school, and I did so on a number of occasions.

C Q We see at page 10 a letter to the parents of Miss A dated 14 May, and by that time you had met Miss A on three occasions – two subsequent to that first meeting?

A That is correct.

Q You expressed a view in that letter that Miss A did not have an eating disorder.

D A Yes, that is correct.

Q What was your assessment of what Miss A's problems were at that time?

A At that stage I was getting to know Miss A, and I think it has been made fairly clear already that Miss A is somebody who was not a forthcoming person in terms of talking easily in therapeutic settings. So at that stage, as you can see from my letter, I was still at a fairly tentative stage, and rather saying she was clinically depressed, I was using words such as 'unhappy' – which she was.

E Q You say she was not very forthcoming.

A Yes.

Q What would be the style of your meetings with her? How would you get information from her, if she was not forthcoming?

F A Much of it would be question and answer. At its most trivial, I suppose, "How are you feeling?" with some sort of response.

Q What, as you saw it, was the purpose of those meetings with her at this stage?

A To try and make some sense of [Miss A's] mental state at that time.

G Q We see page 11, two days after the letter to the parents, you wrote to the medical officer of the school. In that letter you say in the third paragraph:

"From discussions with [Miss A] I feel that her primary symptoms are of depression, and [she] describes her[self] not eating as being mainly an inability and a disinclination rather than any specific plan to achieve thinness.

H Did you have any idea at that stage what the origins were of Miss A's depression?

A A I think in my letter to the GP I am as clear with him as I was with myself at the time.

Q When you say “the GP” are you still talking to the medical officer at the school?

A Yes. Dr Harris is a general practitioner in Calne – sorry, I am being a bit explicit, am I not. He was a general practitioner for the girls in this particular school.

B

Q It is a little confusing, because we had a GP in London, and there is the medical officer at the school. Perhaps we can talk about the medical officer as ---

A Miss A’s NHS registration was with the medical officer at the school where she was a boarder.

C

Q On the second page of that letter, page 12 of the bundle, you speak about her reluctance in communication.

A Yes.

Q And what appeared to you at that time to be the key issues. Was there any suggestion at that stage of sexual abuse as part of the background to her case?

A No.

D

Q Do you automatically link eating problems with sex abuse? We have heard that there was certainly at one time a school of thought that eating disorder was linked with sex abuse.

A It would be very dangerous – it is obviously important in making any sort of medical diagnosis that you have a differential diagnosis and formulation in the back of your head; but to make direct links and to make assumptions such as that would be clearly wrong: there is no evidence that eating disorders are invariably linked with abuse.

E

Q Do you recall when or how it was that you first became aware of the antipathy that Miss A had expressed towards Professor X, who you were aware that she had seen?

A At assessment Miss A’s mother in particular was able to tell me how Miss A was not at all happy with her sessions with Professor X.

F

Q At page 13 we see the letter that you wrote to Dr Treasure explaining how things had gone since you had taken over the case, and copying to her the letter to the school medical officer. Also on 16 May we see, page 14, you wrote to the medical officer again, copying it to the head teacher of the school. You spoke to her of a meeting you had had with Miss A on the previous day, Wednesday 15th. You say there that Miss A was “gradually unfreezing” in her sessions with you. Were you finding the sessions easier?

G

A I guess they were getting easier. I hope you will appreciate that my recall of each individual session I had with this young lady seven years ago is very difficult indeed. My recollection is, as I said in my letter, that she was able to spend more time talking rather than in silence, as had happened at first.

H

Q So would your letter have set out accurately your assessment at that time?

A A Yes. I usually used my letters to recall and record the sessions I had had with patients.

Q Then on 16 May also we see a letter to the parents about the session that you had had with Miss A the day before. Had you by that stage got to the bottom of any cause for her problems?

B A I think it is probably unhelpful to think of a cause, with any young person presenting with this degree of emotional distress. You are looking for a collection of causes, a whole range of issues. For instance in that letter in paragraph 3 I refer to a period of physical illness that Miss A had had in the previous year, quite unpleasant abdominal discomfort, and she had found that an unpleasant experience, not just physically, but also the whole business of being examined was another factor in her distress. So gradually what I was doing was building up a picture of this young lady, and understanding, I hope, increasingly, the factors which were of relevance.

C Q At this stage when you were seeing her in these sessions at the school, what sort of records were you keeping? Clearly you have correspondence going on, of which records were being kept.

A Most of my records would be by way of correspondence after sessions.

D Q Would you have actually had a file with her name on it somewhere in your offices?

A Yes.

Q What form would that file have taken? A lever arch file, a folder, or what?

A A folder file with copies of correspondence in it, the referral letters and my handwritten notes that I took verbatim at assessment, as is my practice.

E Q Do those files still exist, or does that file still exist?

A Yes.

Q That would include handwritten notes, would it?

A Very few.

F Q Did you ever in those sessions dictate notes as opposed to hand-writing notes?

A Those familiar with my writing will know that I am not the most legible of authors, and even for myself I find it is much easier to dictate notes so that I can have, albeit rather brief notes, clear rather than my handwritten notes.

G Q If you would turn to tab 2, page 2, we see a typed-up note that we are told comes from the file that you had in relation to Miss A. The date on it – it is not a specific date, but “the end of May”. What would be the origin of this note? How would it have come into existence?

A As you are just describing, I would have dictated this note sometime after the session – not immediately afterwards. I cannot think now why on earth why on earth I would head a file note “end of May” rather than dating it. This was the session, as is very clear in the file note itself, held just before the half-term break of the school.

H Q Does that accurately set out, do you believe, the substance of the discussions that you had with Miss A at that session?

A A Yes.

Q There was concentration on the death of the gentleman we are going to call Bob, and Miss A agreed with what was being said there, but felt there were other things. Did you elucidate what those other things were?

B A No. I elucidated that Miss A had other things that she was not talking about, that is all. I think the reason for the note was to be very sure that the next time I saw Miss A I still had that in my mind, and also by this stage it was very evident that she was quite a rather worryingly unhappy girl, and I wanted to note that I had offered her an appointment over half-term, which she had declined.

Q Were you aware of what her state was as far as sleeping was concerned?

A As best as I can remember, Miss A was telling me that her sleep was poor.

C Q Can we go back to tab 1, page 17, keeping the chronology straight, to the letter of 4 June, addressed to the medical officer at the school. You tell him that you are continuing to see Miss A regularly and that she is now taking some medication. How did that come about?

D A That is the process which I retrospectively, as best as I can remember, was evolving towards the end of May, and the reason for my concern about this young lady as half-term approached was that she was able to be increasingly clear about the level of her unhappiness, which I was quite detailed about in that letter of the 17th. Not only was she not sleeping well, but she was finding it hard to think at the speed at which she would normally think, slowing of thought, she was very miserable. By “morbid ideation” what I meant was that she was talking about wishing to or wondering about being dead.

E Q Could you give us any indication of the length of time that your sessions with Miss A would last when you were seeing her at the school?

A In common with most of my out patient sessions, they would be 50 minutes to an hour.

F Q If we turn to page 18, the next document in the chronology is a letter dated 6 June to the Medical Officer at the school, copied to the headmistress and to the London GP. She was on half-term break at that time; I suppose that was the reason for copying to the London GP. You record there that you had met her during the half term break on 5 June, you refer to the effects of the antidepressants that you had prescribed for her and you remark again on the difficulties of communication. Was that still a problem?

A I would say it was a problem throughout my therapeutic work with Miss A.

G Q Right to the end?

A Yes.

Q You say there in that letter:

“Miss A remains keen that her parents should not be told of the depth of her unhappiness, but I am sure that they are well aware of this.”

H

- A Were there any stages in your work with Miss A when there were problems about communicating information to the parents or her not being prepared to agree to communication of information to the parents?
- A Right from I suppose the very first session, Miss A was wanting her parents to be as little involved as possible. Clearly, that, for a 13 year old, is something you have to think not just very carefully about, but also be realistic about and, as you will see, there was communication with her parents. I cannot recall now the reasons for
- B Miss A not wanting her parents to know how bad she felt. As I say, I think any parent would have been well aware and my communication with the parents also was talking about the degree of unhappiness.
- Q The next document in the chronology is tab 2, page 3, a file note of 12 June. Was Miss A back at school by this time?
- A Yes. This is a session more or less a week after the session of 5 June. It is a
- C week afterwards.
- Q Have you recorded there the substance of your session with her?
- A Yes. In all these file notes of course it is just the substance or the essence maybe that those lines will represent of the best part of an hour's session.
- Q Was it your practice to make notes or to take notes at the time the sessions were going on, contemporaneously with the sessions?
- D A You could hardly do that. Here I was, trying to get a girl to talk as much as she was able. If I was dictating at the same time, I think that would have hardly helped.
- Q What about making contemporaneous notes as you go along in the session? Obviously dictating would create problems.
- E A I would not think of writing contemporaneous notes during a therapeutic session. Again, I would see it as very off-putting.
- Q Have you ever done that?
- A There are a number of occasions when you are bound to take contemporary notes in the course of a psychiatric assessment. Of course you will take contemporary notes throughout if you are preparing notes or working with someone in a court case or for child care proceedings or whatever, you will take contemporary notes. If you are listening to someone who is – sorry, I am trying to think of the circumstances. The other circumstances I suppose are with young people, where you are taking very careful notes to record, because you know and have told them that you need to share this information with other people.
- F
- Q Does the making of contemporaneous notes in a therapeutic session present any problems?
- G A Yes, I think it does. It makes young people feel even less free in what they are saying. There is a sort of sense of you catching their words. I think if you were to speak to most psychiatrists and psychotherapists, you would find that very few take contemporary notes in sessions.
- Q Looking back after the event summary note, you say:
- H

A "Miss A finding it hard to talk . . . "

So again mention of communication problems.

B ". . . managed to talk a little about her horse and her worries about whether or not it will be sound. Said that there was something that was bothering her and we moved into a prolonged discussion about whether or not she would be able to say this."

What is all that about?

A Well, simply what it says in the notes. I am sorry that the note is so brief. It must be very difficult for people understanding what was happening in that session. Here is a girl who is saying, "Yes, there are things bothering me. I am not sure if I can tell you." She comes across as quite a, I suppose, almost frightened girl at times. What will I do if she tells me, as if somehow or other she is expecting me to be cross or angry or refuse to see her again if she tells me something that does not meet with my approval. That is the essence of what she is trying to say. I do not think I can be that clear, because of course the whole problem here was Miss A herself not being that clear.

D Q There is reference to the only person who knows what is happening is another girl named.

A Yes.

Q The only person who knows what is happening in relation to what, as you understood it?

E A The whole issue here for me is the whole lot of not knowing. I am writing down a note about what I do not know. I do not know what Tamsin knew that I did not know.

Q What is your purpose in making these notes and keeping them on your file record?

A They give me the flavour of that session and act in particular as a prompt for me in the next session, one week later usually.

F Q Presumably you are seeing quite a number of other patients in the meantime.

A Yes.

Q So are they for the consumption, as you saw it at the time, of anyone other than you or not?

G A No. These are private notes for me. They were not dictated, as is very evident from the discussion we have just had about the file note at tab 3, for wider consumption, and to a large extent do not make much sense out of context.

Q We know that it was the day after that, on 13 June, that Miss A was actually admitted to the Princess Margaret Hospital. She was not admitted to the Marlborough House unit.

H A No. She had taken an overdose of amitriptyline and, although, as has been said early in these proceedings, it is a relatively small dose, nevertheless amitriptyline

A is cardiotoxic. Anybody taking an overdose would be admitted to the paediatric ward for monitoring and assessment.

Q Who actually admitted her? You or someone else?

A The paediatricians.

B Q Do you recall when it was that you became aware that she had been admitted?
A No, I cannot. It would either have been in the evening or, more likely, the morning following her admission.

Q Do you recall when it was that you saw her first after she had been admitted? It may help if you look at your file note at page 4 in tab 2.

A Yes, if I may refer to that. I say in that file note that I met her on 14 June.

C Q There has been produced to the Committee as document D1 a handwritten letter from Miss A addressed to, "Dear Dr Eastgate". Did that document ever come into your possession in or about June 1996?

A I think, if I take you and the Committee through that note at page 4, line 23, Miss A was looking at various issues, helped by the arrival from the school of the note she wrote before she took the amitriptyline overdose.

D Q So the reference to the note there is the document that has been produced as D1.

A Yes.

Q You discussed that with her, did you?

A Yes.

E Q So you had quite a number of sessions with her during the days following her admission. Did she remain in the ward to which she was admitted?

A Yes, she did.

Q How long was she there?

A Without reference to my notes, at the time the adolescent unit at Marlborough House was full and it was some time around about 20 something of June that a bed became available on the adolescent ward.

F Q So around about the 28th, she moved into your unit during the weekdays?
A Five days a week.

Q What happened to her at the weekends?

G A Our plan, wherever possible, is that young people will go home at weekends. Miss A certainly went home one or two weekends. At other weekends, as the file records, she was rather too distressed for the staff to feel that that was safe.

H Q Going back to the correspondence part of the documentation, tab 1, page 20, on 17 June, following the admission and the first few of those sessions that are recorded in the note we have just been looking at, you write to the Medical Officer of the school. Does that letter to the Medical Officer accurately set out your views at the time?

A A Yes, it does.

Q On the second page of that letter, page 21, the middle paragraph, the last sentence, you record there what you have learned about difficulties in communication, as it were, between Professor X and Miss A. You say there:

“Although this seems to be rather more a concern of Mrs A than Miss A.”

B What did you mean by that?

A I think at that time, hardly surprisingly, Miss A’s parents were also thinking very hard about why their daughter was as distressed and disturbed as she was. I think at that time there was a different emphasis in the weight to be given to Miss A’s unhappiness in her sessions with Professor X. In my letter I list a whole number of other factors which may have been of greater or lesser significance at that time.

C

Q On 20 June you wrote to the headmistress of the school, warning that Miss A was likely to be with you for some weeks, but that you were expecting she would be returning to the school in September. You refer to:

“Miss A appears still caught up in this confusing state where she is at times able to put on a brave face, but also carries quite a sense of unhappiness and distress.”

D

You then say:

“I am pleased to say that she is now starting to talk about this distress in a rather more controlled fashion and I hope this will be helpful.”

E

Did you have hopes that you were moving towards finding out what was at the bottom of all this?

A Yes. It is always difficult looking back on a case, but I think at that stage I was writing an honest letter and genuinely believed that Miss A was in for a relatively short admission. She was talking about the issues which were relevant and that we would be able to support her back into school, as I said, at the start of the next academic term.

F

Q How would you describe her and her emotional state at around this time, after she had been admitted as an in patient? You were there and you obviously have much more of a feel than any of us, who were not there.

A Very quiet, quite withdrawn most of the time, quite tearful at times, quite emotionally needy. One of the issues with Miss A was that although she was quite a tall girl and could pass superficially for rather older than her 13 years, with the nursing team in particular she was quite a needy girl who needed quite a lot of basic care and attention.

G

Q What was her actual behaviour like within the hospital and the unit?

A Again, it is difficult retrospectively because, do not forget, this was the start of a long admission, indeed, the longest anybody was admitted to our adolescent unit, and during the course of that admission Miss A exhibited some tremendous degrees of

H

A disturbance. It is very hard to separate the early days of Miss A's admission from the later days. As best as I can recall it in those early days, she was presenting as, as best as I can recall, as relatively compliant. The description of Miss A curling up in a ball, behind her door in rooms when she was having interviews or whatever is the sort of image that is in my mind of her, a sort of big little girl, as it were, curled up in a ball in the corner, sucking her thumb and being very tearful. But inevitably at times, in school, she was described in very enthusiastic terms by our school teaching staff, as she was not just a bright pupil, but almost for much of the time a pleasure to have in school. So we saw different aspects of her, inevitably.

Q Once she had become an in patient in your unit as an in patient on 27 June, what forms of records were kept in relation to her?

A A series of records. The nursing staff would keep their nursing file.

C Q That would be a separate batch of documentation somewhere, would it?

A Again, doing the best to recall that I can, I believe that at that stage Miss A's file was not the size it is now, there would have been two folders kept side by side in a filing cabinet, one with the nursing file in it and one with the other medical and educational information in it.

D Q We find the nursing file, or an extract from the nursing file at least, at tab 3 in the Committee bundle. The extracts we have there start on 17 June 1996, when Miss A was still in the main hospital. We see various notes of sessions with her. Those are sessions conducted between her and the nurse, are they?

A They are different sorts. The first note on that page is a general day note from one of the charge nurses at the time. The second is, as it is headed, a note of a one to one session. The third note, over the page on page 2, of 26 – intriguingly, it says 26 April, but someone has put in a query 26 June – is a record of the clinical meeting which we would have each week, the nearest we have on our adolescent unit to the traditional ward round, and so on. There would be notes, as there are on page 3, of phone calls from parents, school and tutors and so on.

Q So, you have a clinical meeting and you say you see there the recorded date of 26 of what should have been June rather than April.

A I think so.

F Q Certainly unless someone is going back in time. Would there be any records kept of what was discussed at the clinical meeting other than this note in the nursing file?

A The clinical meeting resulted in a typewritten note for the file each week, usually dictated by the nurse manager of the unit, and that would also be in the file. In fact, a copy of it would have been or should have been in both the medical and nursing file.

Q So, copies should be in each of the files?

A Yes.

Q That is if the system worked correctly?

H A For the sake of all those studying Miss A's file over the last seven years, the file has been reorganised and of course, as you know, occupies the best part of two

- A boxes and the different sections of the file are now separated out. Contemporarily, they would have all been bundled together.
- Q We do not have in the Committee's bundle any of those typed documents from clinical meetings, have we? Have you seen any of them?
- A They are not in the Committee bundle.
- B Q While we are still on the nursing notes, at the top of that page 2, we have a record of presumably discussion between nurse and patient ,
- “Why the overdose – doesn't know – can't explain – if I could I would do it again – I did want to die.”
- Would you have been made aware of that at the time?
- C A Yes.
- Q After admission, we find on page 3 of the nursing notes, the second entry for 1 July,
- “[Miss A] has superficially cut her left top of her wrist with blunt” and a weird spelling of scissors “scizzors. We removed all excess” should be “access to sharp scizzors on the unit and locked them away. I cleaned her wrist with antiseptic & put on a dry dressing.”
- D Would you have been made aware of that?
- A Yes, of course.
- Q Once Miss A was on the unit, how often would you have seen her?
- E A I would see all the in patients formally about once per week. Informally, I would probably cast eyes on them every day. Certainly every day that I was working at Marlborough House, I would be in and out of the adolescent unit. Obviously sometimes I would be in clinics away from site or whatever.
- Q We see on that nursing record for the same date, 1 July 1996, “8 pm Flo” and is that one of the nurses?
- F A That was the charge nurse at the time, yes.
- Q
- “Flo spent some time talking to [Miss A]. Apparently [Miss A] feeling very depressed following an unhappy weekend.”
- G Where had she been that weekend? Do you recall whether she was on the unit or on a home visit?
- A If you go up to the top of that page, you will see,
- “Phone call from Mrs A. Friend will collect [Miss A] midday on Friday for the weekend.”
- H Q So, it is recorded by the nurse that she had an unhappy weekend. It then says, “Dr Eastgate also spoke with Miss A.”

A A Yes. I would be a little alarmed if I were seeing her at 8.00 or 8.30 in the evening, though there is no doubt that at that time I was working somewhat silly long hours. My guess is that I had seen her before the note.

Q Going on to the next page of the nursing notes, page 4:

B “Although [Miss A’s] mood appeared quite good during the evening, she has not slept at all during the night. Has denied any questions regarding anything troubling her. Has not taken any fluids or food during the night shift.”

Then, 4 July:

“Much more talkative than of late. Again briefly went on to talk about relationships with parents.”

C Are these all conversations between her and the nurses being recorded?

A The way in which young people were cared for on the adolescent unit at the time and, to a large extent still are, is that they will have two nurses who are allocated to them, one a key worker and one of a co-worker, and one of those two workers will undertake to do at least weekly more formal individual sessions with patients on the unit. What Nurse Poole is recording here is her individual sessions as key worker for Miss A at that time.

D Q Then we see the nurse’s note for 4 July, “Very unhappy this evening. Keen to see JE ...” is that you?

A Yes.

E Q “Keen to see JE before leaving for the weekend. But she has at least slept for long periods.” So, according to the nurse, Miss A is keen to see you and, if we turn to your file notes, we see at tab 2, page 6, your file note relating to 5 July. So, if that is right, Miss A did see you before the weekend.

A Yes, indeed.

Q You record that she was:

F “about to go to family for weekend – very unhappy and withdrawn. On closer questioning, [Miss A] clear that she feels suicidal, and has made plans as to how she might harm herself. This led to serious concerns about her safety, and [Miss A] remaining on Hannington” that is the inpatient ward in the hospital “over the weekend. This situation was complicated by [Miss A] partially discontinuing” medication “and me totally discontinuing it.”

G So, what had happened there?

A All I can go on, as can I guess this Committee, is my recorded notes. My best guess at the time is that Miss A was, as I have recorded, being somewhat ambivalent in whether she will take antidepressants and nurses also refer to this in their notes, and me saying, I would guess, “Look, if you are not going to take it, there is little point in me prescribing it and you refusing it every day.” Thankfully, it seems that on that occasion I was able to negotiate with Miss A that she would start taking it on a regular basis as prescribed.

H

A

Q There is also recorded there in the last sentence of that note, “Discussed with mother and maternal grandmother.” So, it appears that you were in contact with the family.

A Yes.

B

Q Do you know what you discussed with them, what the essence of that was?

A The most obvious part was that Miss A was due to go home for the weekend and was not because I was so worried about her mental state. Clearly, Miss A's mother, Mrs A, and her maternal grandmother would need to know that.

C

Q It is apparent that she did not go home for the weekend because the next note is Saturday 6 July when you record having a lengthy session with Miss A. Would it be usual for you to work on a Saturday?

A No, but I have already said that I am on call, first on call, and the paediatric ward would expect me to call in if I was on call, as I was that weekend.

D

Q You record that you had a

“lengthy session with [Miss A]. [Miss A] still feeling quiet suicidal but safer in hospital. [Miss A] quite miserable and withdrawn – feels things always happen to her – that there must be something that makes them happen.

Feeling that she talks to people and somehow or other things go wrong, e.g. Bob” and the school teacher. “There was somebody else but she couldn’t tell me.”

Have you any idea now what that was all about?

E

A I think this is the whole theme of work with Miss A that, in almost every session, there is this sense of her going so far and trying to help those, either myself or for that matter the nurse who would see her individually, understand and at the same time the sense that there were other things that she was not talking about and, on a number of the notes, this has been apparent, as in this one.

F

Q Would it be unusual for a patient of this sort?

A Not for patients with this degree of misery admitted to the adolescent unit. Obviously patients are admitted with different things and so some are more talkative than others, but there are groups of patients that I can recall of very similar style to Miss A.

G

Q Then, keeping with the chronology, we need to go back to the nursing notes, tab 3, page 5, and I see recorded for 8 July and does that mean mother visiting?

A I presume so, yes.

H

Q “Mother visiting @ 12.30 pm today to see [Dr Eastgate]”, and references to holiday and mental state, so presumably those would be the topics to be discussed?

A Yes. The 8 July, as best I can recall from the way in which this file is put together, was a Monday and Nurse Thompson, another of the charge nurses, would have been recording this note after or during the clinical meeting, the ward round, on the Monday morning. So, these are decisions that had been made from the multi-disciplinary ward round.

A

Q

“[Miss A] feels very guilty re ‘friend dying’/ family under pressure, ‘getting help’ – ‘am causing lots of trouble.’”

Those remarks are in quotations which presumably means that they are verbatim.

B

“? Need more physical activity – seemed capable of doing sports on outing 5/7/96. [Dr Eastgate] to come to team as to whether [Miss A] is to stop on Hannington 12-14 July. (Allowed to sit outside with peers. Away from unit must be with staff)”

and is that because of fears of self-harm?

C

A Yes. May I come back to your comment about verbatim. They are in quotes because they purport to be words which Miss A used. They certainly were not verbatim as these were notes, as I have already said, that were made in the ward round at which Miss A would not be present.

Q Further on 8 July:

D

“PM Individual

Met with [Miss A] – wasn’t happy with how family meeting went with Dr Eastgate. Mother present only. Mum felt her daughter was being rather ‘bitchy’ and above all unfair to mother. Mother saying she will change – apparently trying. [Miss A] feels all too late – will continue for short period only. Nothing will ever change. Father always away on business. Can’t see him attending any meetings. [Miss A] finds it hard showing any emotion in front of mother – always ends up making nasty comments.

E

[Miss A] obviously upset after her meeting – found huddled in ball barricading self against bedroom door.”

Is that something that you have a picture of now, her rolled in a ball barricading herself against the door? Did you ever see her in that state?

F

A Yes.

Q Once or more than once?

A On a number of occasions but, as I have said, please remember that I have met Miss A over a period of well over a year as an inpatient, so my recollection is after the few days which are in question here.

G

Q Going back to your record of the meeting on 8 July, we find that at tab 2, page 6. You saw Miss A together with her mother.

A Yes.

Q You looked at the different aspects of the way in which she presented herself and her relationship with her mother and you say in that.

H

- A “[Miss A] chose to sit on the floor, and again mother found this a little challenging. Family due to go on a fortnight’s holiday from Friday 12th July 1996 – [Miss A] clearly not ready to go on holiday with family. Some discussion regarding alternative plans, including the possible option of [Miss A] going to Hannington”, that is the weekend accommodation in the hospital, “To be discussed further.”
- B Another note relating to a session with Miss A presumably subsequent to the meeting with her and her mother.
A Yes.
- Q Where you record her as having told you that:
“she needed to be very angry in the session because if not she would have cried. She is worried that if she starts crying she will not be able to stop. Fears loss of control. I suggested that maybe [Miss A] needed to cry and it was important that she allowed herself to let other people know how very unhappy she was.”
- C Did you think that was the right course?
A One of the issues we have with young people such as Miss A who are clearly unhappy ... By this stage, we have seen a relatively small amount of self-harming, we have seen her withdrawn, uncommunicative, not eating well and not sleeping. Somehow or other, we need to find ways of helping her and, for what it is worth, other young people like her. Being more able to express their feelings rather than using what one might see as – I am sorry, the words have escaped me ... Distraction is not the word I am looking for, but she was behaving in a way which is helping her avoid actually expressing her feelings by using strategies which are hardly in Miss A’s best interests although clearly she sees that as easier than, as she says, simply crying.
- E Q We see there also reference to suicide and you suggesting that tears are a better option than suicide.
A Exactly.
- F Q Then we come to the all-important 9 July. First of all, let us all look at the records you kept of the meeting in the morning. When would you have dictated your notes in relation to that morning session?
A I cannot tell you. Soon afterwards; I rather presume very soon after, in that it is not in any way tagged on to any other file notes.
- G Q We see with some of the others that we have several days’ worth on one sheet.
A Yes. So, more or less contemporaneously but, as you will see, the date of dictation and time of dictation is not recorded.
- Q When you started that session in the morning of Tuesday 9 July, what did you perceive as your role?
A To continue to give Miss A an opportunity to help me understand a little clearer her mental state and to think continually about how we could work with her on the adolescent unit to help resolve some of her difficulties.
- H

A

Q Was that a therapeutic role or some other sort of role?

A It is a therapeutic role.

Q Does a therapeutic role involve of necessity investigation?

B

A Inevitably. Here we have a girl saying, "I want to talk but I can't. I have things on my mind but I can't tell you what they are." My job is to facilitate her speaking. Inevitably, that is me investigating - if that is the best word and I think that it probably is not - and following up the lead she gives me and trying to find ways of helping her expand and clarify.

Q Have you ever had the task of interviewing a child or adolescent who has alleged sex abuse and you are charged with interviewing the child for the purpose of respective court proceedings?

C

A Yes and the one that immediately comes to mind is one only of last year, if that helps.

Q Would you approach that role any differently from the way in which you were approaching your role with Miss A on 9 July?

D

A Very differently. Despite the young age of the children I have in mind, I needed to record everything that is happening in that session, not just verbatim notes but also notes about who was sitting where, who was playing where, what they were playing with and so on. They needed to be very detailed notes because I was being asked to consider very carefully whether or not these children were making real or unreal allegations of abuse.

Q Did you at any stage up to the time when you went away on holiday in July 1996 see your role in your sessions with Miss A as anything other than a therapeutic role?

E

A I think the situation here is very difficult from the case I have just had in my mind, and that is that here I am Miss A's therapist. I am also the psychiatrist responsible for the adolescent unit in which Miss A is a patient and responsible for overall case management, making decisions about whether she would or would not go home for week-ends, what drugs she would or would not take. To add to that, the job of investigating allegations of abuse would just be even more muddly than the situation was already and I do not see in any way that I would have been in a position to investigate her allegations of abuse.

F

Q Going then to the file note for the morning of 9 July, it is a much longer note than any of the notes before. Is there any particular reason for that?

G

A I think the content makes it apparent. It was important for me to be very clear with the issues that Miss A was appearing to touch upon in that session.

Q You start again by recording that she was withdrawn and not talking?

A Yes.

H

Q You talk to her about the discussions you had previously had with her and about the views previously expressed about people letting her down. You talk to her about the matter concerning the family pony and about Band the school teacher, having discussed those matters with her previously. You say there that you reminded

- A her that she had previously said there were more people. What were you referring to there?
A I think you will find that goes back to my file note of both 6 July and, for what it is worth, I think 12 June – in other words, there had been this theme throughout that there were more people who Miss A felt had – or there were other people that Miss A could not talk about, whatever it was.
- B Q Was she readily volunteering information about his when your discussions start on 9 July?
A Hardly. This is the whole thing I am trying to explain, this is a girl who was not readily volunteering anything. The way I started that session was an attempt to help break through the silence that otherwise would have started the session. Simply recalling what we had talked about in the previous session and checking with Miss A whether that was her view as well seemed a reasonable way of trying to help Miss A
- C get going with things which, as I have said, from previous notes were things she is saying she wants to do something about but finds it very hard to.
Q Why did you feel it appropriate to pursue the matter if she was not being readily forthcoming about it?
A In a sense she has sort of given me permission in that what she has said is, “There are things I want to talk about, I do not know how, I wish I could talk about them”. That comes in from her note that she wrote as well before she was admitted.
- D Q Was it your belief that, in reality, she did or did not want to talk about them?
A Two issues really: firstly, I believed that she did want to talk about them. I believe that she, and I believe for that matter other people with that degree of distress, do not want to hang on to their distress. Equally, the talking about the distress is also highly uncomfortable. The second part of that is that I also believe that if Miss A was going to move away from this very stuck and very unhappy, very self-hating position she needed to be able to help people understand more about the nature of her distress.
- E Q How did you move the discussion forward?
A Well, I think the file note makes that a little clear.
- F Q The file note is not word for word?
A No, of course not. This is a session that lasted yet again at least an hour. I think that if one reads this even slowly it would not take an hour to read out. Of course there would be many long silences in the session as well, and those are not recorded. This is not a transcript of the session.
- G Q According to this summary you asked Miss A, “How many other people” – how many other people what?
A I do not know. All I know is that Miss A had said to me there were other people.
Q She answered that, according to your record, “One”?
A Yes.

H

A Q So how did you pursue the question to try and find out who that was and what the problem was?

A Well, as you can see, I entered into a question and answer session.

Q Were you suggesting to her the answers?

B A There were two issues: firstly, I do not think I was suggesting, as best as I know, any answers. I was doing my best to give Miss A choices. Secondly, I am certain, as best as I can recall, that I would have been doing a lot of, “I wonder if”, or, “I am not sure if”, none of which of course is recorded.

Q Would that be your usual technique?

C A Yes. One has to give young people an opt-out. The way this is written in brief and stark note, it sounds really almost quite bullying, and that is hardly the best way to help young people talk. One has to be able to give them a choice – they can answer questions, they can not answer questions.

Q Would this have been a discussion in conversational style, or what sort of style?

D A At a rough guess, following Miss A’s usual practice, despite having ample seating in my room, she would have chosen to sit on the floor and I would be sitting on a chair somewhat near her. Also, as is my practice when seeing young people individually, she would be slightly nearer the door than I would so that I did not give her a feeling of being trapped in my room. She would have come, in this case anyway, voluntarily. There were times later in therapy with Miss A where she was very clear she did not want to see me, and her distress was so great that I did not feel I could give her that option.

E Q Having learnt from her that it was one person who featured in this matter, whatever it was, you asked, “Adult or child?” giving her a choice between the two?

A Yes.

Q You say that there was hesitation before she answered?

A Yes.

F Q And then said, “An adult” So the process of elimination continues and you gave her the choice, “Male or female”?

A Yes.

Q There are not any other choices, are there. Again you record a lot of hesitation.

A Yes.

G Q Why did you think it necessary to record the fact that there was a lot of hesitation? Why not just say, “I asked her, ‘male or female’, and she said ‘male’”?

H A I was not recording these notes for posterity, but thank goodness at least I put that little bit in. It hopefully will help give people some understanding of the nature of this session, which was that this was a girl who was very thoughtful about her answers, wondering whether she will or will not answer. I appreciate you do not need to think when you know who it is, as Miss A presumably knew what she had in mind, although I did not know what she had in mind. Nevertheless, she was still being very,

A very thoughtful about whether she would or would not answer: should she, should she not say it, should she risk it, should not she risk it, whatever it was. Do not forget, at this stage I had got a clue what it was that she would or would not be going to talk about.

Q By way of recall not only that there was hesitation before the answers, but also that when she answered she said it in a whisper?

B A Yes.

Q Why did you think it appropriate to record that rather than simply record the answer?

A These notes are mainly for myself, of course, and what I wanted to recall was her sense of great fear really. This is a girl who appeared to be very, very frightened about talking.

C

Q So you then ask a further question in this process of elimination, "Was it family?" and you have recorded the answer, "No, it wasn't". You go on to ask, was it someone she had known for a long time. Why were you asking all these questions, "Was it family, was it someone you have known a long time, was it someone at school, was it someone in London or T?" Why all those questions?

D A I had not a clue. I really did not know what Miss A had in mind or who Miss A had in mind, and I was trying out with her a number of options.

Q Having given her those various options and alternatives you get to London?

A Yes.

Q "Was it somebody in London", and you have recorded, "Silence". What did you interpret from that?

E A I think my note makes it fairly clear what I interpreted from that. Miss A had been able to give me a whole series of "no".

Q So a series of "no" followed by silence in relation to the next option, you interpreted as what?

F A Well, it seemed to me that this was the nearest I was going to get from Miss A in her present mental state as a "yes". Do not forget that already, when asking, "Was it male or female", I had had an almost inaudible "Yes". The "noes" were much more audible.

Q So seeming that London might be the answer, you go on to say in your note, "I suggested to Miss A that I guessed it sounded as if it was somebody in London". When you say in your note, "I suggested to Miss A", what form would that suggestion have taken? Are you able to help now as to the way in which you were likely to have framed that part of the discussion?

G

A Again, going on the best of my recollection and my thoughts – not necessarily about what I might have said in this session and certainly not my memory about this session but how I would be likely to have phrased it – all I can say is that my style would be not simply, "I guess it sounds like it is somebody from London", but more, "I am not really sure, I wonder if". There would have been a lot of – my normal practice anyway would have been to have put in a lot of, "I am not sure about this", "I wonder", "I guess it sounds like it is someone from London".

H

A

Q So that would be your normal style of questioning, would it, in these sort of situations?

A Yes.

Q Are you are aware of the dangers that Professor Zeitlin explained to us of suggesting things to children?

B

A I suggested a whole lot of things to Miss A. That is a suggestion already – in other words, I had given her leading questions, “Was it in T?” which she had been quite ready to say “No” to. In those circumstances I did not see that this was – sure, I was saying, “It sounded like it was in London” – I have to say that there has been a lot of discussion about influencing young people with leading questions and most of the research on influencing young people is that children, particularly under fives, can be very, very manipulated by leading questions. There is a question of how you use your leading questions. Also I think it is very clear that teenagers are not the most easily manipulated of people. I was very, very thoughtful when I was saying this, of course, and I did not feel in any way that I was giving Miss A a direction.

C

Q Having given a series of options to her, none of which had been accepted, you hit upon “London”?

A Yes.

D

Q Your file note goes on to say that, given it was neither family nor school it was clearly somebody else and you wondered if perhaps it was somebody medical. Why did you wonder that? How did you come down to that possibility?

A I suppose I had a number of thoughts. Firstly, I am not sure how many other options people can come up with. There are other options obviously. I had heard that the family too had wondered about the consequences of the examination and treatment that Miss A had experienced in London and I had little doubt that that was one of the differential options on my mind at that stage. I was wondering.

E

Q In what sense?

A Well, here is a girl who does not like herself at all at the moment, would rather be dead, is fiddling around with her eating, not eating well. We know from her work with Janet Treasure, Dr Treasure, at the Maudsley that she has image issues. It may well be – I do not know, there are different thoughts going through one’s mind – one of them at the time was that I wondered if, despite Miss A’s denial of that, Mrs A had a very valid point that maybe Miss A actually was carrying quite an issue of self-image and dislike of this doctor as a result of his necessary treatment of her.

F

Q Because of some sort of sexual approach or because of the interference with her growth, as it were?

G

A The things I had been told so far, for what it is worth, are that they were necessarily intimate examinations and also that Professor X had made some comment about Miss A’s weight and size which may quite reasonably give a child thought about their body image and weight, as Dr Treasure also was considering.

Q So you were concerned about the body image aspect resulting from her dealings with Professor X as an option?

H

A Yes, it was on my mind.

A

Q As a differential diagnosis?

A Yes.

Q And you were aware, as we have seen, that she had antagonistic feelings towards Professor X in any event?

A Yes.

B

Q So, putting two and two together, you were wondering if perhaps that in some way is at the heart of this?

A Yes. I have little doubt that that was on my mind at the time.

Q She agreed that was the case, so you started to ask her more about her dealings with Professor X. You asked her when she had first seen him.

C

A Yes.

Q She told you when she was eight. You asked her when she first felt uncomfortable, and she said when she was nine. Did you have sex abuse in mind at this time, or not?

A Hardly. I do not think it is the sort of issue that is on one's mind when one is talking with children about paediatric assessments. I think the issues for me is that this is a girl who had had a very private, intimate examination, as I have already said, of necessity, and I was exploring with her, as I thought at the time, some way of helping her talking about what it felt like to be a nine-year-old having that form of examination.

D

Q You go on to discuss more with her about the wish of her parents to stop her growing.

E

A Yes.

Q Were you aware that she had attended those appointments with another adult?

A Yes.

Q Indeed she told you the second time she had been with her maternal grandmother. Then the discussion seems to have come to a stop. Do you recall anything more about it than was recorded there?

F

A I think my note makes it as clear as I can be now that at that time [Miss A] – I am sorry, my apologies for names – Miss A decided that she had had enough thank you. And as I have said, it is hardly my job to refuse her choice to end the session there, which she did.

G

Q You saw her again that very afternoon.

A Yes.

THE CHAIRMAN: I think that might be a good moment to give the doctor a break and to give everybody a break. We will continue at five past eleven.

Perhaps I could just mention or recall the request of the Legal Assessor yesterday that when we come to expert reports, it would be enormously helpful to the Committee if

H

A they could have written reports that they could read overnight, and that the reports could be taken as read when it comes to the questioning.

MR TURNER: Sir, that is in hand already, and I have given the Legal Assessor an unedited version. It is necessary – just as there were some revisions of Professor Zeitlin, so mine is being revised to make it relevant.

B THE CHAIRMAN: I understand. Thank you.

(The Committee adjourned for a short time)

MR TURNER: Dr Eastgate, we have dealt with the morning session of 9 July 1996, and we see from page 8, tab 2, that you had an afternoon session. Would that be usual for you to have had two sessions in one day with Miss A?

C A No. As I have said, my usual practice would have been to have just one session a week with the young people on the adolescent in-patient or day patient units. There would be occasions with various of the young people where I would need to have extra sessions if they were particularly distressed or whatever. In this case I think it is clearly from the 9 July note on page 7 that I felt that Miss A was wanting to say something, was not clear what it was, but had suggested to her that I met her again.

D Q Right. So it was because it was imminent that you were getting somewhere, essentially?

A I felt that there was some hope that Miss A may be ---

Q Miss A.

E A Sorry – that Miss A might be able to be a bit clearer about some of the things that were bothering her.

Q So you saw her again in the afternoon. It was just you and her, was it?

A Yes.

Q Is there any note of this session, other than the one that we see in front of us?

F A Well, no, you know there is not. I find it a little surprising myself that there is not, and I know that at the strategy meeting that was held much later I was able to recount in some detail the key nature of Miss A's allegations, and also how it was she felt it was possible they could have happened in the rather unusual circumstances that she alleged they did. That is also apparent, that I was able to make the statement at the strategy meeting, because the police officer was able then to go and interview both Mrs A and Mrs A's mother, on the basis of those statements that Miss A had made to me; but there is no file record of that. I believe there is something missing. I cannot guarantee that; it may be that I have only recounted it verbally.

G Q When you sat down to start this session with Miss A did you have any idea that she was going to make assertions of conduct that would amount to sexual abuse?

H A No. I have already explained earlier that as best as I would guess, or could guess, if Miss A was going to say anything about her sessions with Professor [X] it was going to be how uncomfortable it was, being an eight- or nine-year-old pubescent girl, being examined by a male doctor.

A

Q Would that in itself have caused you any concerns about Professor X's conduct?

A No. I had heard from Mrs A at the very outset, as this Committee has heard, that Professor X in her opinion was brusque, and made comments about Miss A's weight, and worries about how she might – or must – avoid getting fat. But that is hardly going to cause major concern.

B

Q So did you see your role, when you started this meeting, as anything different from that which it had been at earlier sessions, and indeed the session in the morning?

A No.

Q So, still the therapeutic context?

A I was trying to understand.

C

Q Any reason to make full contemporaneous notes?

A I did not think so, as is very apparent from the file.

Q You record that in the session Miss A moved on to talk about how, at nine, her breasts were stroked by Professor X, and he touched her in other intimate places. Can you help us at all as to how that information came out? What form of questioning would there have been to elicit those answers – or that information, I should say?

D

A I have no absolute recall of that session, nor, I am afraid, of any of my sessions with Miss A, so that I am going on my best guess recollection. The recollection that I have is that I was following on from the session of the morning when Miss A had made it clear that she had had a very unhappy experience. I asked her if she could tell me what that was, and she said "He stroked my breasts".

E

Q Would you have asked her any sort of question that suggested that answer?

A No.

Q Why not?

A Firstly, as I did not know what he did – or what Miss A was concerned that he had done – that made her feel uncomfortable, it would be hard to imagine how I might phrase a question to elucidate or elicit information to which I do not know the answer. So – and I have already said that at this stage I was imagining that he was more likely – or Miss A was more likely to have been saying that she felt very uncomfortable in the way that he did the Tanner Staging or commented about her size. Again, I did not know which, so it would not have been helpful if I had given any lead-in.

F

Q When she said that, gave you that information, did you stop to think "Oh dear! I had better now start recording this contemporaneously"?

G

A I have little doubt that I stopped and thought "Oh dear!", because what Miss A was alleging at that stage was something which was of concern. At that stage I needed to try and get some clarity about what on earth Miss A meant. How could that have happened? Could he have accidentally stroked her breasts as part of the Tanner Staging? – or whatever.

H

Q So did you have in mind that he would inevitably have been seeing her without most of her clothes on?

- A A Of course. You cannot do a Tanner Staging with dressed children.
- Q And you were aware that he would have done Tanner Staging?
A Yes.
- Q Was there anything that lent credibility to what she was saying?
A Over the sessions on the afternoon of Tuesday 9th and Wednesday 10 July the discussions and thoughts on my mind were “How on earth could this have happened with a present or guardian present?” – and Miss A was able to, as is, for what it is worth, written in my letter, or a letter written on my behalf, to the Council in 1999 was able to describe the set-up in the room, the way the chairs were organised, and give me a description of how it could have been possible for Professor X to behave in the way she was alleging, even though a parent or grandparent was sitting in the room with her.
- C Q You have been criticised on the basis that you did not conduct any investigations to see how it could have happened with adults in the room. Did you make any investigations?
A I made those investigations. In other words I asked and was trying to work out how on earth this could be possible, with Miss A herself, and that is what she told me.
- D Q Did she give you a credible explanation, in your opinion, or not?
A Yes, she did.
- Q As to how it could have happened without the adult seeing?
A Yes.
- E Q Was there anything else about her demeanour during the course of your discussions with her about the matter?
A Essentially what I was seeing was a child who was, as I have said, very reticent, very quiet, very frightened in her appearance. I had been wondering, and I think probably trying to elicit some sense of her anger. She was very angry with Professor X, and certainly from some of her writings the anger comes out in the way she describes it. But in terms of her demeanour I was not seeing an angry girl; I was seeing a girl who was quiet, unsure and frightened.
- F Q Did her response in an emotional sense appear appropriate or not to the information that she was giving?
A As best as I could tell, it was appropriate.
- Q Was there any vagueness in what she was saying?
A There was a great deal of uncertainty. Not – no uncertainty about the stroking of her breasts; indeed she was able to come back to that, as she did on 10 July – my very brief note on 10 July at 5 p.m.
- G Q So you probed the question during your sessions which are recorded on page 8 of how it could have happened without adults who were with her being aware of it.
A Yes.

H

- A Q Did you consider the question of whether it was possibly consistent – or a mistaken impression of Tanner Staging?
A Of course. I trust that it is “of course”. It seems to me very important whenever one is hearing these tentative comments from a youngster to consider whatever they might mean, and all the different options.
- B Q Do you simply take them in an unquestioning way, or not?
A What I am hoping I am able to explain and what I believe I was doing at the time was questioning and wondering – the allegations, if taken at face value, this paediatrician stroked her breasts, which is not part of a normal Tanner Staging examination – are worrying, and leave me in a very, very difficult position. So I need to be very thoughtful about what she is saying, and consider how it could mean something entirely different.
- C Q What were your concerns, if she was correct in the information she was giving you?
A The professional concerns were that this is a child who is alleging that a paediatrician has assaulted her, or abused her. The personal concerns are that this is not going to be a very easy issue to manage.
- D Q Did you have any concerns about anyone other than Miss A herself?
A Inevitably, the consequences of thinking “This girl could be alleging that a paediatrician has assaulted her” are that the paediatrician could have assaulted other children.
- E Q Going on in your note on the afternoon of 9 July, you record her as indicating she had “felt uncomfortable” and that what had happened had felt uncomfortable and wrong, and that she did not know what doctors were supposed to do. Did you probe at all the question of whether there had really been stroking, or perhaps something that was a misinterpretation of Tanner Staging?
A To the best of my recollection I did. Again, you have not got any file note that helps you with that. The words “this felt uncomfortable and wrong” – the “she” obviously is not verbatim – “didn’t know what doctors were supposed to do” is more or less an accurate repeat of the language which she was using.
- F Q You have indicated in your file note that you then suggested to her that not only did it sound wrong, but you were worried that he may have done it to other children as well. Clearly the word “not” is missing from that note.
A Quite.
- G Q Why did you say that to her?
A Well – one of the issues with Miss A throughout her therapy and throughout her treatment so far is this girl who is seeing herself as bad – the world would be a better off place if she were dead, not that she would be better dead. She damages herself, as she has tried to on a number of occasions already. There is a sense of very low self-esteem, lack of self-worth. As I indicated in that note, she was trying to say that she was probably responsible for anything that happened anyway, somehow or other – that she had invited it. I needed to try and find a way of helping Miss A get away from “I cause everything that goes on in my life to happen to me”. So I needed
- H

A her to know that if Professor X had behaved in the way she was alleging, that would have been wrong – sounded wrong to me.

I also needed at this stage to be very clear with Miss A that if these were allegations which she was holding on to, then I would not be able to keep them to myself. She is hinting at issues of child protection, and I could not keep them to myself – I would need to share this information with other people – and it seems to me only right that B I should explain this to Miss A or any other patient who is making allegations that, however much one might hope for confidentiality in individual therapy, there comes a point where you cannot assure young people of confidentiality. She needed to know that what she was saying sounded wrong to me. If her allegations were in any way substantiable or accurate or real then there was, I suppose, fairly obviously C a possibility that other children may have been affected, and I needed to warn her that I would need to speak to other people about these child protection concerns. I could not maintain the confidentiality of the one-to-one sessions.

Q Does telling her about the potential consequences give her any options?

A It is a dilemma here, because she does have an option: she could refuse to say another word. On the other hand, both therapeutically and, for what it is worth, although I have already said it is not my job to investigate, from a process point of view, for Miss A not to say another word would have been, I think, unhelpful both to D her and to the process. So I think it is highly unlikely that I would have said to Miss A “You have an option. You can not say another word now, or we can carry on”. How much she would have worked that out for herself, I do not know.

Q Would knowing that the actions she had described were wrong give her the option of recanting?

A She was hardly given the opportunity, “Look, what you are saying is wrong. E Maybe you want to take it back.” Certainly those would not have been words I would have used to her.

Q So did you suggest to her that Professor X had stroked her breasts?

A No.

Q Did you tell her that what she had described sounded wrong?

F A Yes.

Q Was that in any sense part of the therapeutic process, telling her that?

A As I have already explained, it seemed to me very unhelpful that Miss A was believing that the things that had happened around her were somehow her responsibility, whatever they might be. At an absurd level, for instance, the head G teaching resigning from the school or the family friend dying.

Q We know that you then had further sessions with her on the 10th and 11th and you have made file notes in relation to those sessions. Did you during those days, the 9th, 10th and 11th, talk to anyone else about what Miss A had told you?

A Yes.

H Q Who did you talk to?

A A I cannot tell you exactly, because again I regret that there is no record of that. I certainly spoke to Bernie Connolly, Nurse Bernie Connolly – Bernadette I believe is her full name, although I have never heard her called that – who is the nurse manager or senior nurse on the adolescent unit at the time. She and I would meet regularly to talk about the patients and our concerns about them. She does recall that she and I discussed this ---

B Q You cannot tell us what someone else has said, Dr Eastgate.

A Right. So I spoke to Bernie Connolly. I would have spoken also to the other nurses involved in Miss A's care. Exactly which nurses I spoke to, I cannot tell you.

Q Was there anyone else at consultant level in your unit available for you to discuss it with?

C A I am the single-handed consultant in this unit. I have two colleagues working in the service, as I have already said, Drs Woodhouse and Eyre, and no, I do not think, as best as I can recall, that I discussed it with them.

Q We see from your note of the first session on the 10th that there had been discussion further about the matter of Professor X and you say:

“She ...

D Presumably Miss A –

“... spent some time talking about what might happen and I described child protection procedures, but at the same time was also assuring Miss A that at this stage I would not talk to anyone without her knowledge at least.”

E What was the purpose of this discussion with her?

A The process which was going on in these three days was Miss A was, I suppose, for want of better words, clarifying for me what she believed had happened in her sessions with Professor X. From my point of view, I was clarifying for her the consequences of what she was telling me, what I would need to do. So from Miss A's point of view, she was being, as is apparent from those notes, increasingly clear about what she believed Professor X had done. From my point of view, I was increasingly clear that if Miss A was going to be clear about this, I would need to take this further and she needed to know that I needed to involve child protection procedures.

Q As you understood it, what were the appropriate child protection procedures as an initial response to such a disclosure of information?

G A Given the huge implications of this – this is a young woman alleging that a senior paediatrician has sexually assaulted her – my next line of action would be to consult with one of the child protection officers to say, “Where do we go from here? What now?”

Q During those sessions on the 10th and the 11th, what did you perceive as your role? An investigative role?

H A Two things. Firstly, clarification. I needed to try and understand: is this possible? How could it be possible? What exactly is Miss A saying she believes

A happened? That was a slow process that took place over those days. Secondly, there was still the whole therapeutic role in trying to see if this gave me further insight into why Miss A felt so bad about herself and was so distressed.

Q Why not go straight off on the afternoon of 9 July and report the matter to the child protection team?

B A I think that would be a bit precipitous.

Q Why did you not on the 10th and 11th make any more detailed notes than you did?

A Retrospectively, I am afraid that is a very good question indeed, but I did not.

Q If we turn to the nursing notes in relation to those days, tab 3, page 5, can you tell us whose writing that is, that short note for 9 July?

C A Yes. You will probably be able to make out the signature at the end. It is a staff nurse called Fay Gordon.

Q She records there:

“Two long sessions with Dr Eastgate this evening disclosing events that have happened since age of 9 years.”

D That would seem to suggest that you had had some discussion with that nurse about the matter.

A Yes. It is very important when working on an in patient unit that we talk to each other and keep in regular communication. It is a very difficult balance when young people are seeing staff individually as well about how much one shares and does not share. It seemed very important that Miss A knew there was a need to share the basics of the information that she was providing.

E

Q Then on 10 July ---

THE LEGAL ASSESSOR: I am sorry to interrupt, but it just occurred to me that it might be convenient, if you are going on from there, to ask whether there were two long sessions as recorded there, or whether there was just the one, as it would appear from the doctor's note.

F

MR TURNER: You see, Dr Eastgate, the nurse has recorded two long sessions and I think the point which is being made is that although you had two sessions on the 9th, they were, according to your notes, both in the evening. One was in the morning.

A I had two sessions with Miss A. I do not know that I put a timing on either of my notes as to when they occurred.

G

Q One says “afternoon session”, but without a time, and the other says nothing at all about timing.

A No. My recollection is that they were both in the afternoon. I can look at my diary, if the Committee would find that helpful. I have my 1996 diary with me, but I cannot guarantee that it will have this in.

H

Q If you could look, please.

- A A Yes. I can tell you the first session was at 1.15 p.m. on Tuesday 9 July.
I regret I cannot tell you when the second session was.
- Q Moving on to the nursing notes, page 6 of tab 3, for 10 July, those notes have
been made by Nurses Mel Smith and Gillian Hale, is it?
- A That is right, yes.
- B Q The first one reads:
- “At about 3.30 pm Miss A almost fell over – was very dizzy. All she had
eaten during the day was as slice of toast and a bit of tomato. I made her a
drink of ribena.
- At about 3.50 p.m. I went to Miss A’s room. She looked very miserable,
curled up in the corner.
- C She was quite untalkative, but out of the blue asked what would happen if she
took 20 contraceptive pills. She produced the packet and said she’d taken
them this morning. Dr Eastgate came to the unit to speak to Miss A.”
- Do you recall that?
- D A Yes.
- Q What happened about her having taken these pills?
- A I spoke to a consultant paediatrician, Dr Salisbury, at the time. He felt that
there was likely to be no significant consequence of doing this and we took no further
action. I should say that the hospital policy for young people taking an overdose of
any sort whatsoever is to admit them overnight to the paediatric ward, but in the
E circumstances, as Miss A was already in a medical unit, we decided that it was not
necessary.
- Q Can I just ask you about something entirely different which came up yesterday
in the course of submissions? If a young person, a child, is admitted to hospital with
apparent poisoning, it was suggested the first thing you do is contact the parents. Is
that right?
- F A It depends on the nature of the poisoning, but yes, if a child is admitted with
poisoning, one would assume that their parents were accompanying them on the
admission.
- Q If they were not?
- A In this case, I have no recollection. Our policy is that Miss A’s parents were

- G Q I am not speaking about Miss A’s case. I am speaking about generally.
A I think if you do not mind, I will finish. Our policy is that if young people
deliberately poison themselves, we will inform their parents about what is happening.
- Q I am speaking about if a child or young person comes in with unexplained
apparent poisoning.
- H

A A I am in a difficult position because I know what you are getting at. I think the question yesterday, unrelated to this, was about a young person who was discovered to be poisoned when in hospital. There are recent guidelines, for what it is worth, on factitious illness and concerns about factitious illness, but this is clearly unrelated to the point here. There are certain times when you would talk to the child protection team well before you talked to the parents, particularly in cases of factitious illness.

B Q Nothing to do with the precise point. Let us come back to the precise point here. The next nursing note, Mel Smith's note:

C "Again difficult session with Dr Eastgate and he expressed worries of Miss A's intent to harm herself. Placed Miss A on 10 min known whereabouts. This means know where Miss A is at all times and set eyes on her at least every 10 mins. Spent time sitting behind her bedroom door with door held ajar. Explained to Miss A that she had been placed on observation and why and she said she understood."

So presumably this is to make sure she does not take any other pills or try to harm herself.

A Yes. We were very worried about her mental state at the time.

D Q Then overleaf on page 7, a note which has raised comment:

"Saw Miss A for a chat . . . "

This is Mel Smith again –

E ". . . Asked to see someone at the morning meeting. Was asking about telling people confidential stuff and could they talk to others about it. Came out this was concerning her discussions with Dr Eastgate re the abuse from a medic."

Had she had discussions with you regarding abuse from a medic?

A Yes.

F Q Does this indicate it was being taken as a proved fact, as it were, that there had been abuse from a medic?

A From my point of view, what I have is a girl making allegations of abuse. They have to be taken seriously, we have to listen to her and, from her point of view, she is making it clear she believes that she was abused, i.e. she is making it clear and sticking with her story throughout these days that Professor X stroked her breasts and also touched her in more intimate places.

G Q We have file notes for the 11th, but I am not going to go through those in detail. They are there to be read. Then on the 12th, it appears from the nursing notes that you saw Miss A again. Page 8 of the nursing notes:

H "Miss A saw Dr Eastgate again today. In the meeting they discussed Miss A's disclosure of abuse by an eminent medic and how Dr E had a duty to report this to the police and social services. Miss A has also been told that Mum needs to know the bare minimum, which Miss A is not 100% sure of."

A

Your discussions with Miss A on the 12th, would that have been before or after your discussions with anyone on the child protection team?

A My best guess is that the meeting with Miss A would have been beforehand, although, intriguingly, “Miss A has also been told that Mum needs to know the bare minimum” is something discussed with me by Mr Evans, the child protection co-ordinator. What I do not know is if the two sentences in that nursing note relate to my session with Miss A or only the first one does, for what it is worth.

B

Q So on 12 July, did you take any further steps in relation to your concerns about Miss A’s allegations?

A By the 12th, I had had Miss A consistently saying Professor X had stroked her breasts and touched her intimately and I felt that I was by this stage obliged to discuss it with the child protection co-ordinator.

C

Q Why did you think that?

A Because Miss A was being very clear in her allegations and they were allegations of abuse.

D

MR TURNER: Sir, I would like the Committee to have the full volume of the Child Protection in Wiltshire guidance. We have part 5 of it in the literature bundle, but there are some other parts that are potentially relevant as well. (Same handed to the Members of the Committee and marked as D7)

(To the witness) If you turn to the fourth page in, which is part of the introductory pages, that should be a page which, in the bottom right-hand corner, is marked “Feb 96”, so it is obviously an insert in February 1996 and it is headed, “How to Refer Child Protection Concerns.” We see there,

E

“Any person who has knowledge, concern or suspicion that a child or young person is being abused or is at risk of abuse, has a duty to refer their concerns to one or more of the agencies with statutory powers to investigate and intervene.”

F

Were you aware of that guidance?

A I was very familiar with it.

Q Would you turn to tab 1 in the bundle and page 14 of that. This is the general guidance part of the document. If you look at,

G

“B.1.2 The policy is set against a common intention on the part of the participating agencies, immediately to consult with the other appropriate agencies concerning such allegations or suspicions,”

that being allegations or suspicions of child abuse. Were you aware of that policy?

A Yes.

H

Q If you would turn to page 23 and under the heading “Strange abuse (including extra-familial abuse)”, so someone outside the family to whom the allegation relates,

A "B.14.1 Where the alleged abuser is a person outside the child's immediate family, whether known to the child or not, the allegation should normally be dealt with in the same way as abuse within the family.

B.14.2 Abuse by a stranger or non-family member may often be reported to the police, rather than Social Services."

B Did you go off and report this straight to the police rather than consult others first or not?

A No, I did not.

Q While we are looking at the guidance, let us have a look at tab 2, which actually directly relates to social services department procedures. If you look at 2.1.3, bearing in mind that this is guidance primarily for social workers,

C "Let the child/adult know you are listening and accept what he/she is saying."

Do you think that is an appropriate stance for health professionals to take as well?

A I think it is generally seen as the essential stance.

D Q And, in accordance with the Cleveland Report and *Working Together*?

A Yes.

Q "2.1.4 Let the child/adult know that you take the information seriously and that the child/adult is not to blame (except where the child/adult is disclosing that he/she is abusing other children.)"

E Do you regard that as appropriate advice for healthcare professionals as well?

A Yes, I do.

Q "2.1.5 Let the child/adult know you are pleased that he/she has been able to tell you."

F Do you regard that as appropriate as well?

A That is, for what it is worth, a little more difficult in that it depends how you express your pleasure, I suppose. As you know from the guidance, you have to be very careful not to be overly emotionally involved or explicit in these cases but certainly the child needs to get a message that you are pleased somehow or other, or that it is good, if that is the right word, to talk.

G Q If you would look at tab 5, this is specifically guidance for primary healthcare teams and we have looked at this already. So, this is directed specifically at people in the healthcare system.

"5.1.1 Have a high index of suspicion."

H What do you understand that to mean?

A A I think, and certainly in the 1990s this was still an issue, that professionals needed to be aware that abuse occurred and to consider that as part of their differential diagnosis assessment. It should not be an overriding thought but it should be there as part of your suspiciousness in wondering why people are presenting in the way that they do.

B Q Then, the second part of 5.1.5 refers to *Working Together* which is a document we have seen.

“‘Working Together under the Children Act 1989’ states that Professionals must be free to refer ‘without fear that this will lead to uncoordinated and premature action.’”

C Were you aware of that? Were you aware from previous experience the way in which child strategy meetings operate and child protection teams operate?

A Yes. I had worked with Mr Evans for some time and with the child protection team for some time.

Q Had work with those teams, in your experience, in the past ever led to premature and uncoordinated action?

D A Not with the team as it was set up by this stage. I can think of some probably pre-Cleveland issues where we also had premature action, as was a concern in the Cleveland case.

Q Paragraph 5.1.8 we have already looked at and I will not read it out again, but were you aware of that?

A Yes.

E Q Then there is a flowchart included in the guidance. If you look at the third of the flowcharts, the one headed, “Suspicion of Abuse.” So, we have stage one there, “Suspicion of Abuse” and did you have suspicion of abuse in relation to Miss A?

A Yes, I did.

Q According to that flowchart, suspicion of abuse should lead to the next stage, “A Member of PHCT” which I think stands for primary healthcare team.

F A Yes.

Q With the primary healthcare team, there can be an informal discussion which may ultimately lead on to a formal referral.

A Yes. The problem is that you do not have a flowchart for what consultant psychiatrists should do. Primary healthcare team workers at this stage were primarily health visitors and other people working in general practice. Nevertheless, I think the flowchart is quite reasonable. Some of the other flowcharts may be a little more relevant.

G Q We know already what the DHSS guidance document says in tab 3 of the general literature bundle about the steps that should be followed on suspicion and consulting a colleague in the same or a different discipline.

H A Yes.

- A Q What did you do on 12 July?
A I spoke to Mr Evans who, as you were describing, is probably better described as a colleague in a different discipline.
- Q Are you aware that he had significant experience in matters relating to child abuse?
A That is why I chose to talk to him.
- B Q How did your meeting or your discussion with him come about? Tell us about that.
A I have very limited recollection of how I had that discussion with Mr Evans or the preliminary one saying, "Look, I have some concerns and I would like to spend some time talking them through with you." My best guess would have been that it had been a telephone conversation but I have heard subsequently that he and I were actually talking about a different matter and that we met face to face.
- C Q So, you had been talking to Mr Evans about a different matter?
A That is what I have heard subsequently. I regret that I have no recollection.
- Q You have no actual recollection personally?
A None at all.
- D Q But you recollect that you did communicate with Mr Evans?
A I know that I communicated with Mr Evans but I could not tell the Committee from my own memory whether I had that discussion face to face or by telephone.
- Q So you cannot recall where the discussion took place, whether it was face to face, by telephone or what?
A No.
- E Q What was the upshot of that discussion with Mr Evans?
A He felt that we needed to have a strategy meeting, that that was very important. He undertook to discuss that with the police and felt that that was his job to do so. He also gave me some advice about talking to the parents.
- F Q Was that a matter that had caused you any concern?
A For a number of reasons, one of which in the circumstances is of relatively less importance and that is that Miss A wanted her parents to not be involved. Clearly, that could not happen, they had to be involved. Secondly, there is an issue which was certainly very active in Wiltshire at the time and I think probably around the rest of the country, which was the question of evidence and that if the police have enough material to investigate with a view to a prosecution, they are very keen that other people should not jump in in any way and what Mr Evans was saying to me was that the parents should be told the bare minimum at this stage until the strategy meeting.
- G Q Did you make the formal referral to the child protection team?
A It depends what you mean by a formal referral. I spoke to Mr Evans. Whether that is informally or formally, I am not sure how important it is. I spoke to him.
- H

A Q If Mr Evans had said, "It does not seem to me here that there is much to really worry about", what would you have done then? It is a hypothetical question.

A It is not an entirely hypothetical question. Mr Evans and I have had discussions about other cases where that was just his view. I needed to talk to him because a child was raising a matter which had child protection implications and, on occasions, we would have a discussion and his thoughts were, this is a matter that you need to deal with therapeutically, it does not need to be taken further through the child protection team. So, he could, not just hypothetically, quite possibly have responded to me and said, "We can leave this at the moment" or "We can handle it differently."

Q Do you regard *Working Together* as a useful procedure?

A Yes, I do.

Q Why?

C A Firstly, it is very clearly important to have helpful guidelines as the whole Cleveland inquiry made clear and all the consequences of that. It helps all practitioners know where they stand and I think that is very important.

Q Did discussions with professionals in other disciplines help you?

A Of course.

D Q Are these the sort of matters you would be happy to take a decision about on your own?

A I am not empowered to take a decision about child protection matters on my own.

Q Had you told the parents of Miss A that you were going to even talk to Mr Evans?

E A There is no file and I have no recollection of telling them beforehand.

Q You say that Mr Evans expressed the view that you should tell the parents the bare minimum until there had been a strategy meeting.

A Yes.

F Q We just see from the nursing file note the reference to, "Mum needs to know the bare minimum which [Miss A] is not 100 per cent sure of." What does the, "...which [Miss A] is not 100 per cent sure of" mean? Do you know or is that something that is exclusively between her and the nurse?

A No. I think Miss A made it very clear throughout this whole process that although she was well aware of the consequences of what she was saying, she wished/wanted her parents not to be involved. As I have already said, I do not think she had a choice in that matter. Nevertheless, these were her express views which were recorded.

Q What was the next you heard about the possibility of a strategy meeting?

A There are two, as the Committee know, telephone messages filed in this Committee bundle.

H Q Tab 4, pages 9 and 10.

A A I have to say, from my point of view, remarkably quickly in terms of organising a strategy meeting. For one to be organised within a few hours is terribly unusual but one was and, from my point of view, that was very helpful particularly bearing in mind that I was about to go on leave in one week's time.

Q What was the date you were going on leave?

A If I recall correctly, it was the 19th.

B

Q The 19th was a Friday.

A Yes.

Q So, the 19th would be your last working day?

A Yes, last working half day I was hoping.

C

Q Tab 4, page 10 is a memo. Somebody seems to have taken a call from Dave Evans for you, the message saying,

“I have informed police.
Strategy meeting next 16/7/96
Can you supply a venue for meeting?”

D

And the memo is recorded as having been taken by someone at 2.35 and you were told at 2.40.

A Yes, taken by Rachael Sealy, our telephonist/receptionist. You will see a scribbled note in the top left-hand corner of that which has caused some confusion with the time, 11.30. That is my writing and it refers to the timing of the strategy meeting to be held on the 16th and, if people are interested, the writing, which is illegible, says, “Graham Jones, G. Tither” for G. Titheridge and “J. Pick” for J. Pickering.

E

Q And the final one?

A “I. Middleton” and goodness knows who that is; “JE” and “Met”.

Q “Met” being Metropolitan Police?

A Yes.

F

Q Because the person about whom the allegation had been made was in the London area, the Metropolitan area.

A Yes.

Q What does the note before that at page 9 mean? Who is John Pickering?

G

A John Pickering is or was at that time in 1996 the detective sergeant in charge of the child protection unit, police side in Swindon. Detective Chief Inspector Sinclair was his boss at that time.

Q Pending the planned strategy meeting that was going to be the next Tuesday, what did you regard as your role with Miss A?

H

A My main role was to be thoughtful about her psychiatric wellbeing and care. After that, it was to both be open with her about what was happening and also be thoughtful about the issues which were pertinent to her at the time and inevitably, I

A guess, with this coming up, one of the issues would be that I think she would need more time and I would have expected her to need more time to think about her issues and what maybe we needed to be thinking about in the strategy meeting.

Q Did you regard your role as investigative at that stage?

A I have never regarded my role as investigative in a child protection sense with Miss A.

B

Q What did you perceive, if anything, as to what would happen about investigation if it was decided to be appropriate?

A That was something that would have been discussed at the forthcoming strategy meeting. I know the outcome of the strategy meeting now, so I am in a difficult position to guess what I might have been thinking before the strategy meeting.

C

Q What is the usual procedure? If it is decided there should be investigation with the child, who would normally carry out such investigation?

A A social worker or a woman police officer.

Q Who would be specially trained presumably?

A Oh, yes.

D

Q Would that be carried out in accordance with the *Memorandum of Good Practice*?

A Yes.

Q By way of a video recorded interview?

A That would be the ideal.

E

Q If the child and/or parents agreed?

A Yes. I think it is very unusual for parents not to agree. In this particular case, whilst I am aware that the parents – and we have already been told this – disagreed, it was irrelevant because Miss A herself was not prepared to talk or make a statement.

F

Q We know from Mrs A's evidence that, following your discussions with Mr Evans, you did see Mrs A?

A Yes.

Q She says you had asked to see her when she came to visit Miss A – is that right?

A Yes. I was doing my best – Mrs A may have a better recollection about this than I – to remember how that meeting came about. It rather sounds like I simply asked Miss A if, when her mother arrived for a planned visit, she would arrange to meet me with her mother. I am sure I discussed this with the nursing team as well. I may, but I have no recollection of it and I do not know if Mrs A does, have telephoned Mrs A to say that this is what I planned to do, but it sounds from all the evidence so far that that is unlikely.

H

- A Q You have heard from Mrs A's recollection that she and her daughter came over to your room and that you told her that there had been allegations of a serious nature regarding Professor X?
A Yes.
- B Q And that there was going to be a strategy meeting about that, and you told her when that was going to take place?
A Yes.
- C Q And she says that her daughter did not want you to give any more information. Do you recall that or not?
A Yes, I do, but I think it was not only Miss A who did not want any more information to be given out, though Ms would have made it blatantly clear, I think, in the session that she did not want anything more to be said. The advice I had already had from Mr Evans was that, whilst it might be very uncomfortable for Mr and Mrs A not to have the full details of what Miss A was alleging, until the strategy meeting had happened on the following Tuesday, his advice was that it is best just to go with the outline.
- D Q There is a file note of a meeting between you and Miss A at tab 2, page 9, on 15 July. That is the day before the strategy meeting?
A Yes.
- E Q There is one thing I should have mentioned. At the 12 July meeting with mother, she said that you made a remark to the effect that you were 98 per cent sure that it was criminal?
A Yes.
- F Q Do you recall making that remark?
A No, I do not. If I did I think my use of language was ill-advised. I nevertheless had heard Miss A talking about her allegations of abuse and from my point of view at that stage she was making allegations which, despite me not discussing this with her family further, had to me quite clear veracity. In that sense at that stage I was feeling that the allegations had a degree of likelihood about them, a significant likelihood at that stage.
- G Q Professor Zeitlin gave us a percentage of something like 70 per cent of allegations made being genuine. Did you understand that?
A In 1996 I was working on a much higher percentage of allegations being genuine than 70 per cent, but equally it is always important to bear in mind that a percentage of allegations will not be. There are clinically circumstances where allegations are less likely. There was quite a lot of quite useful literature helping us all, as clinicians, understand when allegations are likely to be fictitious.
- H Q Did you regard the allegations that you had heard as having sufficient credibility to discuss them with Mr Evans and to then participate in the strategy meeting?
A Yes.

A Q On Monday, 15th, you describe Miss A as rather quiet. There was mention of the session you had had with her and her mother. You mention there a telephone call with her father the previous day. What can you tell us about that, the telephone call on Sunday, 14th?

A Mr A had telephoned me.

B Q Where had you been when he telephoned you?

A At home.

Q Had he got your home number or what?

A Yes. Do not forget that what feels like a long time ago in this case now I had initially seen Miss A briefly as a private patient and my private patients have my home number.

C Q How did the discussion go with Mr A so far as you recall it?

A I think I have heard Mrs A describe that conversation already and I would not disagree with her account of that. In other words ---

Q She could not have heard your end.

A Of course not. Mr A was concerned that involving the police could lead to essentially more trouble than it is worth, that an investigation might be damaging, that there may be a court case, and so on. I have to say I think, even at that stage, the chances of there being any sort of court case were unlikely from what I had heard so far. Nevertheless, Mr A was concerned about that and explaining it quite clearly in terms of his consideration for his daughter's welfare.

Q Was there any discussion about concerns for other people than his daughter?

A I cannot recall that.

E

Q The risk to Miss A, herself, such as it might have been perceived to be, from Professor X was long past because she was not seeing him any more anyway?

A Absolutely right.

Q What, if anything, was your concern?

A My concern was that Miss A had made allegations that a paediatrician had behaved improperly. This was --- As I said, I think my use of the word "criminal" is ill-advised, but nevertheless what she was alleging was an illegal activity. It was a sexual assault. I do not know how helpful it is to go into degrees or otherwise of that; nor is it for me to make a police decision, as it were. It is simply my job to hear that there are concerns about abuse and to report them. The second area of concern, as you know, is that clearly if a doctor is behaving improperly there are implications for other children as well in this particular case.

G

Q You do not recall whether or not there was any discussion with Mr A about the interests of other children?

A My best recollection is that Mr A said his concern was solely for his daughter.

Q Your concerns were more wide ranging?

A Yes.

H

A Q Going back to your file note of 15 July, it makes clear that you discussed with her what was going to happen regarding the strategy meeting?

A Yes.

Q Is that consistent with the guidance given in the Wiltshire document, being honest with the child about what is going on?

B A It is certainly consistent with my own practice. I feel it is essential and, as I had said to Miss A only a few days earlier, I had a view that I would inform her of what was happening, that things would not happen without her knowledge.

Q Then on 16 July the strategy meeting took place?

A Yes.

Q Can you remember who was present at that meeting?

C A Yes, I can, or I can do my best to recall. The meeting was chaired not by Mr Evans, with whom I had discussed this initially, but by his colleague, Graham Titheradge. Also present from social services was Graham – I have forgotten his surname – who was the team manager of the child care intake team for social services at that time. I am consulting my own notes to find his name. Graham Jones. Then there was Detective Sergeant Pickering, WPC Sandy Arrell, Bernie Connelly, nurse manager on the adolescent unit, and myself, and two officer from the Metropolitan Police, whose names I cannot recall.

Q Did you know all of those other than the officers from the Met?

A Yes.

Q Had you worked with them before?

A Yes.

E

Q Did you have confidence in them?

A Yes.

Q What was the upshot of the strategy meeting, what decisions were taken?

F A The Met officers would go off and check whether they had any other referrals regarding Professor X. That was very important. Obviously if there were other referrals then the matter was a great deal more serious. Secondly, Sandy Arrell was allocated the responsibility of speaking with Mrs A and Mrs A's mother to gain more clarification and understanding about the circumstances of out-patient sessions that Miss A had had and gain more clarification.

Q It is suggested that you should have done that before your discussion with Mr Evans?

G A Well, I have already explained, I think, that the view that was given to me at the time was that this potentially – I appreciate it is a small potential in the circumstances – was evidential, that if Mrs A and Mrs A's mother had been of the same view of Miss A, which of course they were not, that Miss A could have been touched in the way that was described and it was possible for that to happen without them being in sight of it, it gave the police some material to investigate these allegations further. Their view was that they hear that first hand rather than second hand.

H

A

Q So, as it were, not muddying the waters by any preliminary investigation by you?

A Yes, I think that is a way of putting it.

Q You knew already that mother or grandmother had been there in all those consultations?

B

A Yes, I did.

Q Would you have expected them to have done something about it had they noticed any impropriety at the time?

A It is certain they would have done.

C

Q As far as assumptions go, what would your assumption be as to whether they would have seen anything or not?

A The whole assumption that this issue is based on is that they did not see anything.

Q What other decisions were taken at the strategy meeting? We have the trained lady police officer going off to see the mother and the grandmother to see what they could tell them?

D

A That I would carry on working with Miss A therapeutically, and that she would be invited to talk to Sandy Arrell.

Q The police officer?

A Yes. I was very clear about this. At this stage her parents were saying no way is that happening, and so the plan was that, before anything further moved on that, WPC Arrell would speak to mother and grandmother. So although there was a plan --

E

Q So the question of a formal interview of Miss A in accordance with the *Memorandum* practice was left until that step had been taken?

A Exactly, yes.

F

Q What about social services, were they to have any involvement?

A No. This was, as the Wiltshire guidelines, an allegation of extra-familial sexual abuse and the plan was that it would be a single agency investigation, namely by the police.

Q That was the upshot of the strategy meeting?

A Yes.

G

Q So you went back to the hospital. Did you talk to Miss A about it?

A Sorry, there is another bit which I have remembered, as minuted, which was a need for all staff to be very thorough with their note-keeping thereafter, particularly regarding any allegations that Miss A may choose to make.

Q It is said that you should have been rather more thorough before that?

A Yes.

H

- A Q Do you accept that criticism?
A I think it is quite reasonable. My notes look now, seven years on, very short and lacking in detail. I certainly have a very sincere wish that they were rather better than they are.
- B Q Before I go to your discussions with Miss A herself, did you speak to either of the parents after that strategy meeting. You told them it was going to take place. Did you communicate with them afterwards to keep them up to date with what was happening?
A I am sorry to say I do not know.
- Q We have heard from Mrs A that you spoke to her husband on the 16th?
A Then Mrs A is being very helpful, thank you.
- C Q You have no personal recollection one way or the other?
A I know what good practice would be. It would be, of course, to speak to them and let them know what the plan was.
- Q Can we go to the nursing notes, page 9, tab 3. We see a note from Fiona Poole on the 15th saying “Clinical meeting, police conference, 11.30”. What does the rest of that say?
D A It is by a charge nurse called Flo Poole, and what she is saying, if I can read her writing for you, “Police conference 11.30 a.m. ? endocrin acted inappropriately”.
- Q So “? endocrin acted inappropriately”, not, “endocrinology did act inappropriately”, but “Query”?
A Yes.
- E Q Which would mean what?
A Just that, that there is a question of whether or not. “How does Miss A shed guilt?” One of the issues through all of this is Miss A’s own feelings of shame and guilt. For whatever reasons she had them. “? GMC”, simply this whole issue was calling us all great anxiety. Here was a doctor against whom a child was alleging, I suppose, serious professional misconduct, and there was a question of whatever do we do with this? And we did not know, so it is just recorded as “query”. I do not know by the discussions, why it looks like “Ref with family”. It should surely mean “discussion with family”, but it does not read that. “Physical check” – query mutil. Breasts”. At this stage there was a concern that Miss A was self-harming herself on other parts of her body as well.
- F Q That means “mutilation of breasts”, presumably, does it?
A Yes.
- G Q And “Need to be” ---
A “Need to be aware of whereabouts – Staff with her only”. Again, that is such a shorthand note as to make no sense, but what I presume it means is when – or what I know it means, I think, is when Miss A was out she was only to be out with staff.
- H Q Then is there on the file a file note of that staff meeting – clinical meeting?

A A Somewhere in the medical records is a box, a folder, containing files notes of all the clinical meeting notes.

Q We have pulled out of the records that document. Could that be distributed, please.

THE CHAIRMAN: This is D8. (Document handed and marked D8)

B

MR TURNER: This is one of those weekly round-up meetings that you told us about, that you and your team had as a matter of general course.

A Yes. For the more medical members of the Committee, it is the nearest that we go, as I said previously, to a ward round. So it is when as many of the team as possible get together to discuss each and every patient on the in-patient and day unit.

C

Q What does the record of that clinical meeting tell us?

A If everybody has it in front of them, firstly, it reviews in one line why [Miss A] is there in the first place. It says she is:

“... talking not easily but willingly.

re. Alleged sexual abuse by Endocrinologist –“ ---

D

Q Stop there. The word “alleged”. It has been suggested that you and your team were taking it as a given that there had been sexual abuse. Why does the word “alleged” appear there?

A Because that is all it is. Would you like me to continue?

E

Q Please.
A

“Police Planning Meeting has been arranged for 16 [July]. Mr [A] has informed John Eastgate that he does not wish [Miss A] to be seen by the Police.

The team felt it was important to help [Miss A] place the responsibility where it belongs.”

F

Q What does that mean?

A Well, that goes back to the question of what is Miss A alleging, of course. The worry we have with Miss A throughout is her self-damaging, as if she is an essentially bad person. In therapy what we are trying to do is firstly understand why she feels so bad – hence all this issue at the moment – and also for her to be able to, for want of a better word, externalise, put out, that feeling of badness to wherever it comes from.

G

Q So, putting it in laymen’s terms, make sure she does not blame herself for anything that has happened?

A Exactly.

H

Q Then the plan is?

A “John Eastgate to continue to see [Miss A] individually.”

A

Q On what sort of basis?

A As I have been – mild therapeutic basis, ideally weekly sessions. Miss A was causing such great concern to the unit that I was, as the Committee knows, seeing her rather more frequently than that at this stage.

B

Q Then the only other thing I want to ask you is the final entry there:

“Linking with Family – John Eastgate to discuss with Wynne Madge.”

What does that all mean?

A Our normal practice at that stage – and now too, for that matter – is that our family therapist will take the lead for linking with the parents and arrange regular meetings with them. The outcome of that was that a meeting was arranged for towards the end of July by Ms Madge, but it, as best as I recall, did not happen.

C

Q Now go to your file notes for 16 July, please. Page 10 of tab 2. This records that you met Miss A on Monday 15th before the meeting – the strategy meeting – and also briefly on the 16th to discuss the outcome of the meeting. Then the rest of this presumably about the meeting on the 16th, is it?

D

A No. The rest of that is – yes – sorry. My meeting with Miss A, not the strategy meeting.

Q It is quite a long note, this.

A Yes.

Q This note was prepared after the strategy meeting.

A Yes.

E

Q So you had taken on board, had you, the instructions to make full notes?

A I think it had been very clear to me by this stage, yes, that it was important that we were very careful with our recording.

Q You record her reaction to the outcome of the meeting that you had explained to her.

F

THE LEGAL ASSESSOR: Mr Turner – I am sorry – you may be assuming there were two meetings, and it may be the doctor is actually referring to three meetings with Miss A on this date.

MR TURNER: Let me try and clarify that.

G

THE LEGAL ASSESSOR: If you look at the first line, they met before the police meeting; and then the second line, “briefly on the 16th to discuss the outcome of the meeting”. Then that is referred to as the second meeting.

MR TURNER: Then later on on the 16th ---

THE LEGAL ASSESSOR: Yes.

H

- A MR TURNER: Let me clarify that.
(To the witness) We see there is a reference to the 15th.
A Yes.
- Q How many meetings were there on the 16th – can you help us with that?
A You have a file note on page 9 of the session on the 15th.
- B Q Yes. So we know what happened on the 15th.
A On the 16th I talked to Miss A about the outcome of that meeting, the police strategy meeting, briefly, and gave her some feedback, told her what the plans were, so she knew, and I did that as soon as possible after the strategy meeting. Then later on I had a formal therapy session with Miss A thereafter.
- C Q So on the 16th, then, a meeting very soon after the strategy meeting to put her in the picture as to what was going on; then your formal session with her, as it were – the therapy session – later on during the 16th?
A Right.
- Q So we then turn to: “During my session later on the 16th” – that is the formal therapy session?
A Yes.
- D Q Where you are implementing your plan that you and the team have discussed the day before about continuing to see her individually?
A Yes.
- Q You discussed the friend that she had made, who had her own medical problems. I say “her”. Is it a her or a him, the person who is referred to there?
E A A young girl, with quite severe bowel problems. I think again from a clinical point of view it is very important that this is not a single issue causing Miss A distress.
- Q You say it is clear there were issues she wanted to discuss, but was finding it difficult.
A Yes.
- F Q She resolved that by going to the room and getting a piece of paper which she gave you.
A Yes.
- Q So rather than sitting and talking to you about it, she gave you something in writing?
G A Yes, she did.
- Q Is that the document that we have already had produced to the Committee as document D2?
A Yes, it is. I have to say that I do not have any of the documents which have been produced to the Committee in front of me, so I do not have that with me.
- H Q It is the one that starts:

- A "I could have stopped him. I should have stopped him. It just seemed easier at the time to sit back and let him get on with it."
- A Yes, I know it well.
- B Q Then the rest of your file note is to some extent a commentary on that document. Is that right, or not?
A Yes. It is trying to help her think of a way of dealing with whatever she has to say in a manageable way, so the suggestions that come out at the end of that note are fairly standard for me, which are "Try and start somewhere, possibly at the beginning, and just go through it step by step", rather than being overwhelmed by the whole process.
- C Q Then in the last paragraph on that page, page 10, you say:
"Finally I suggested to [Miss A] that whilst talking was difficult it was perhaps most important that she did try to be rather more clear about why she felt to uncomfortable with Professor [X], and that she started with one specific appointment, and tried to recall in some detail the whole process. I appreciate that this will be largely be work [Miss A] may do with Mel" –
- D that is Nurse Smith ---
A Yes.
Q ---
- E "rather than myself. My understanding is that the Child Protection Agencies are happy for this work to continue as they see that it in [Miss A's] best interest."
A Yes.
- F Q So that was your understanding at the time, was it, as recorded there in that contemporaneous note – contemporaneous in the sense of shortly after the event?
"But at the same time" –
so you are saying there, "even though the Child Protection Agencies are happy that we should carry on with the therapeutic work, even so" –
- G "it is important all discussions whether with nursing staff or other clinical staff, are written down as nearly verbatim as possible, and that no leading questions are used in trying to elicit information."
And further explanation of that.
A Yes.
- H Q So notwithstanding the therapeutic interview, you were trying to get this recorded as accurately as possible?

A A Yes.

Q We see from the nursing notes, continuing the chronology, tab 3, page 10, further nursing notes on the 17th; and on the 19th, when there is a discussion between Nurse Mel Smith and Mrs A. Miss A was going to be staying at the hospital that weekend, is that right?

A Yes.

B

Q You were due to go away on holiday on the 19th.

A That day.

Q Or to finish work half-way through the 19th. Did you finish work half-way through the 19th?

C

A I think I probably did. I suspect we had a ferry to catch, though I cannot tell you for certain.

Q Did you dictate a number of letters before you left?

A I cannot tell you how many I dictated, but with regard to Miss A I dictated two, as are on the file.

D

Q Did you have other work to complete before you went away?

A During the course of that week I had seen – sorry, I made a note of it, just for what it is worth – 22 out-patients, four new assessments, as well as dealing with the in-patients and the rest of the work on the unit. I fear that by the end of the week I still had a lot of work which needed to be cleared up before I went on leave.

Q Did you, before you went, leave a note or a letter for Mel Smith concerning Miss A?

E

A Yes, I did.

Q Tab 1, page 24.

A Yes.

F

Q In that note, or letter, did you say in the second paragraph – you record information about the Professor X allegation, and you say:

“This left [Miss A] feeling quite hurt, partly because [Miss A] says her father also felt her at the same time and she found this humiliating and degrading.”

When had that come up?

G

A I saw Miss A for a final session just before I went on leave. Bearing in mind that I would be away for three weeks, and I had been seeing her more than weekly, it seemed important that I fitted in this last appointment with her before I went on leave. That is a contemporary account of the session I had with her. It clearly again is not verbatim; it is recording verbatim some of her comments, and is the file note of a relatively brief session I had as I was going on leave.

Q You say in the next paragraph:

H

“I do not think this is yet a Child Protection issue ...”

A

What is not yet a child protection issue?

A Well, again, this was an internal note, and I think probably more explicit to Mel than it was or may be to the Committee. What Miss A says is that her father felt her intimately at that time, and she found this humiliating and degrading. I did not put in the word "intimate" for that file note.

B

Q Did you regard that as an allegation of sexual abuse at the time when she told you that, or not?

A I did not think it was, as described by Miss A, a child protection issue. I thought it sounded like rather inappropriate behaviour, and there is a grey area which certainly none of the documents help with that much, about what is and is not inappropriate behaviour, breaching normal boundaries, and sexual abuse. At this stage I did not feel that there was anything clearly and firmly abusive about this, although one might argue with me about whether a father touching, say, his daughter's breasts, was abusive or not. Equally Miss A at that time is very, very reticent in what she is saying, and not ready to take it any further forward. I had little choice but to leave – to pass the baton on, as it were, to my colleague who would be doing the individual work with Miss A thereafter to do as I had done earlier in that week, to seek clarification and some understanding of what on earth Miss A was trying to say.

D

Q But you did not take that as a serious enough matter to regard as a child protection issue, or something to alert anyone else to, certainly at that stage?

A At that stage the only person I was alerting to, with Miss A's knowledge, was my colleague Staff Nurse Smith.

E

Q So she could keep an eye on the situation and be aware of that in case anything came up?

A Yes, as already directed, not to use leading questions, and so on, but to be ready to help Miss A talk, listen to Miss A if she chose to do so, and to record, as I have to say – I am pleased to say – that the nursing records thereafter are, I think, very good.

F

Q There is a letter on page 25 of the same tab to Mrs A, dated 22 July 1996 from you. Did you send the letter of 22 July 1996?

A I dictated that letter. As you have already hinted at, the chances are that I had a large amount of dictation to do on my final day of work, and my secretary typed it and sent it, and the signature at the bottom of that letter is my secretary's signature in my name, as it were, as I was on leave.

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Q So it should have been "p.p.", properly, rather than ---

A It could have been signed in a better way than that, but that is my secretary's signature.

Q Were you in that letter informing Miss A as to what the up-to-date position was?

A Yes. It was a letter written with a purpose which, on reading the letter, I think – whether, if I had read the letter before it was posted, I would have amended it,

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I cannot tell you, because I did not get that opportunity, and it is entirely speculative.

A The point of the letter is that Mrs A, as she has said, finds it astonishing – sorry, those are not quite her words, but words to that effect – that Miss A – that anything untoward could have happened to Miss A with Professor X. I felt it was very important that Mrs A, and Mr A for that matter, tried to think how they may understand things from Miss A’s point of view. That was the intent of that letter. Reading the letter now and over the years, I think that probably I have not quite got across in the way I should have done the things I wanted to because, as I said, I did not read the letter, which was sent following my dictation.

Q I should have asked you in relation to your session with Miss A on the 19th before you left, why is there no file note about that?

A I think I said or, if I have not said, I will say, my letter to Nurse Smith was my version of a file note.

C Q But your usual practice was to dictate something after the session, was it not? Did you dictate something other than that letter in relation to that session? Can you recall?

A I dictated the note to Mel Smith by way of recording my session.

Q Are you able to say positively you did not dictate any other file note?

A I would have been surprised in the circumstances if I had dictated anything.

D Q When you got back from holiday, you presumably discovered that everything had blown up in your absence?

A Indeed.

Q As a result of the entry we see in the nursing records on page 14 at tab 3. We see from page 16 of the records that the child protection unit was contacted by the staff in your absence and that is when everything really blew up.

A Yes.

MR TURNER: I am not going to go into that, because that is not a matter which is before this Committee, or indeed before any Committee, just to make that clear. Would you wait there, please, Dr Eastgate, and answer questions from Miss Glynn?

F THE CHAIRMAN: I think this would be a good moment to take a break. We will continue at quarter to two. You are under oath, Dr Eastgate, and may not speak to anybody about the case.

(Luncheon adjournment)

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