Witness statement of PROFESSOR SIMON KENNY (read)
MR ASTBURY: Thank you, my Lord.

This is a statement from Professor Simon Kenny.

It is dated 22 March 2020 and he says as follows:

"I, Simon Edward Kenny, a consultant paediatric surgeon at Alder Hey Children's NHS Foundation Trust will say as follows.

"I was appointed as consultant paediatric surgeon at Alder Hey Children's Hospital in March 2003. I am an honorary professor at the University of Liverpool. Throughout my consultant career I've had a clinical and research interest in Hirschsprung's disease. I am patron of the charity CHAMPS that exists to support parents and children with Hirschsprung's disease. With two colleagues I run a clinic dedicated to children with Hirschsprung's disease. I am compiling this report at the request of Cheshire Constabulary who have asked me to comment about Hirschsprung's disease in relation to [Baby G].

"In compiling this report, I have had access to her case notes from the Countess of Chester Hospital, Wirral University Hospital Trust [that's Arrowe Park, my Lord] and Alder Hey Children's Hospital.

"In brief, [Baby G] was born extremely prematurely at 23 weeks' gestational age. She spent the early part of

her life at Arrowe Park Hospital. She was transferred to the Countess of Chester Hospital on 13 August, remaining there until 8 September 2015. She became significantly unwell on 7 September, requiring a return to Arrowe Park Hospital. She remained there until 16 September. She remained at the Countess of Chester Hospital from 16 September until 2 November 2015. [Baby G] has significant neurodevelopmental delay, which has impacted greatly on her life.

"I will restrict my comments on this case to the aspects pertaining to the putative diagnosis of Hirschsprung's disease. On 21 September 2015, [Baby G] had an abdominal X-ray performed that suggested her symptoms may be due to Hirschsprung's disease. Dr Wright described a cut-off in gas pattern which was suggestive of a possible obstructive cause. She raised the diagnostic possibility of Hirschsprung's disease, although she also mentioned that sepsis could account for this appearance.

"Prior to discussing this further, I will briefly describe Hirschsprung's disease. Hirschsprung's disease is a rare congenital (birth) defect in which the nerve cells that normally populate the gut are absent from a length of gut, typically the rectum. The nerve cells in the bowel are responsible for coordinating contractions of the bowel to allow propulsion of bowel content as part of the digestive process. In the

absence of these nerves the bowel is unable to coordinate contraction and thus children usually present in the first few days of life with bowel obstruction, which requires surgery to correct.

"Diagnosis is made by taking a small biopsy from the rectum. The disease affects 1 in 5,000 children.

Premature babies are at a slightly higher risk of being born with Hirschsprung's disease but the incidence is still very low.

"[Baby G] did not have a rectal biopsy. Her abdomen spontaneously improved. It's not uncommon for children with sepsis to develop abdominal distension, which spontaneously resolves when the sepsis is treated. This was the differential diagnosis raised by Dr Wright.

"I note that [Baby G] had no further X-rays of her abdomen following this as her abdomen became less distended. Hirschsprung's disease would not spontaneously improve like this and the abdomen would remain distended.

"The clinicians looking after [Baby G] will have noted her improvement and therefore made the correct decision not to perform a biopsy because [Baby G]'s symptoms had resolved.

"In summary, [Baby G] did not clinically have
Hirschsprung's disease. Dr Wright, as a radiologist,
would not be aware of the clinical context and will have
suggested this based on the X-ray alone. The clinicians

looking after [Baby G] did not (sic) have that clinical context. It is my opinion that Hirschsprung's disease did not account for [Baby G]'s symptoms in September 2015."