

Witness Name: Erica Saunders

Exhibits: 0

Dated: 19 February 2026

## THE SOUTHPORT INQUIRY

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### FIRST WITNESS STATEMENT OF ERICA SAUNDERS

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I, Erica Saunders, will say as follows: -

#### **Introductory matters**

1. I am employed as Chief Corporate Affairs Officer by Alder Hey Children's NHS Foundation Trust ("the Trust"), Alder Hey Children's Hospital, Eaton Road, Liverpool, L12 2AP.
2. I have held the role of Chief Corporate Affairs Officer since September 2010. I have a broad Executive remit which encompasses responsibility for all matters related to regulation and compliance, corporate governance, risk, formal speaking up processes, reputational and legal issues including court proceedings and public inquiries. I am the company secretary as specified by the Trust's constitution. In addition, my role involves the provision of independent advice to the Chair and Chief Executive Officer in relation to sensitive matters that may occur from time to time.
3. This witness statement is made on behalf of the Trust Board to assist the Southport Inquiry (the "Inquiry") with their request made on 17 February 2026.
4. As set out in our closing statement, we reiterate both our sorrow for the horrifying events of 29 July 2024 and our sincere condolences to the bereaved families and victims. As the Chair may be aware, the Trust continues to offer support to the surviving victims and remains committed to providing this service. We stand by our

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closing statement in which we accept the failings of the organisation in relation to the healthcare of AR and we continue to focus our efforts on learning and improvement.

5. The purpose of this statement is to clarify a single matter of factual accuracy which relates to the issue of waiting times for ASD assessment at the material time.

## ASD referral and waiting times

6. I make this statement having reviewed relevant parts of AR's health records held by the Trust and from making enquiries within the Trust with relevant colleagues in order to clarify the position regarding waiting times in order to assist the Inquiry.
7. AR was referred to the Community Paediatric Service at the Trust by his GP, Dr Emily Arnold, by letter dated 14 August 2019. Dr Arnold made a request for an assessment for both Autism Spectrum Disorder ("ASD") and Attention Deficit Hyperactivity Disorder ("ADHD") (AHCH000091).
8. At paragraph 17 of Lynsey Boggan's statement to the Inquiry (AHCH000252), she says as follows:

*The referral was accepted by the Community Paediatric Department, and AR was added to the waiting list for an initial assessment by a consultant community paediatrician. At that time, referrals were managed chronologically. The average waiting time for a first appointment in the Community Paediatric Department at that time was eleven weeks according to data provided to me from Alex Hird, Senior Information analyst. I am unable to comment on why AR was waiting from 18 August 2019 until 2 July 2020 for this first appointment and can only speculate that the impact of the Covid-19 pandemic influenced this increase in waiting time.*

9. Ms Boggan also gave oral evidence to the Inquiry on 21 October 2025 (Day 25 Southport 211025-1021.ecl page 21, lines 11 – 17). Ms Boggan was asked to confirm whether at the time it is right that the average waiting time for the first assessment was 11 weeks. Ms Boggan responded with the following:

*Yes, that information was provided to me by our Behaviour Intelligence Team and they gave me the information to say that the average waiting time is 11 weeks.*

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10. Ms Boggan goes on to explain at paragraph 65 of her statement that the actual waiting time for AR was consistent with national trends as follows:

*AR was referred for diagnostic assessment for autism and ADHD on 14 August 2019. His assessment outcome for autism was completed and communicated to AR and his family on 3 February 2021, resulting in a total waiting time of 77 weeks. While this represents a significant duration, it is consistent with national trends, as there has been a substantial increase in requests for diagnostic assessments for both ADHD and autism in recent years, both in the UK and internationally (NHS Digital, 2023). In the UK, waiting times for ASD (autism) and ADHD assessments have reached crisis levels, with over 200,000 people waiting for autism assessments and more than 130,000 for ADHD, and the vast majority of cases exceeding the NICE-recommended 13-week maximum—most wait at least a year, and some areas report waits of two years or more (NHS Digital, 2025, Autism.org.uk, 2024, ADHD UK, 2024).*

11. I have reviewed the relevant waiting time data carefully with colleagues including Ms Cooper, as Director of the Trust's Community and Mental Health Division and I wish to clarify the evidence given by Ms Boggan. Whilst this data was correct as part of a suite of waiting time metrics for routine referrals to Community Paediatrics, it also included height and weight clinics, adoption medicals and initial health assessments in addition to ASD and ADHD appointments.

12. Also, the data included referrals from January 2019 and so any child or young person referred prior to this date and seen in August 2019 was not included in the calculation. The average waiting time for children and young people *seen* in August 2019 was not the same as the waiting time for children and young people *referred* in August 2019 when AR was referred.

13. In view of this, analysis of the underlying data supplied by the Trust's Business Intelligence team from which Ms Boggan took the 11-week figure includes full details of referrals by month and date of first appointment (Ms Boggan referred to this team as the Behaviour Intelligence Team in her oral evidence to the Inquiry). From this, the average minimum and maximum waiting times were calculated for the month in which AR was referred. This analysis shows that the average wait was actually 36 weeks and the maximum 56 weeks.

14. For AR, the wait time between the referral which was dated 14 August 2019 and his first assessment on 2 July 2020 was 46 weeks. This falls within the average at the

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time which as referenced above, was between 36 and 56 weeks. The assessment process commenced in August 2020. In total from the referral dated 14 August 2019 to the diagnosis being shared with AR on 3 February 2021, this was 77 weeks. This accords with Ms Boggan's reference in paragraph 65 of her statement which states as follows:

*AR was referred for diagnosis assessment for autism and ADHD on 14 August 2019. His assessment outcome for autism was completed and communicated to AR and his family on 3 February 2021, resulting in a total waiting time of 77 weeks.*

15. I understand that professionals working with children and young people at the time AR was referred for assessment, such as GP's, social workers and teachers would have likely been aware of the lengthy waiting times for assessment and diagnosis for ASD and ADHD.

16. I refer to Ms Cooper's statement of 26 November 2025 in which she explains in some detail the creation of a separate ASD/ADHD pathway distinct from the overall Community Paediatrics service into which AR had been referred. AHCH000328

17. I hope that this statement assists in clarifying the position.

## Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed: **Signature**

Date: 19 February 2026