

**REPORT OF NURSING EXPERT
ADAM STRAIN**

RE: SUPPLEMENTAL QUERIES

Introduction

1. The following Supplemental Queries arise out of your Report dated 10th February 2011 and evidence that the Inquiry has received.

Supplemental queries

(i) Page 18 of Report

2. Your section below sets out the role and responsibilities of the nurses in the operating theatre:

"4.8 Operating Theatre nursing

I have concluded that two registered nurses were on duty in the operating theatre during the transplant. Staff Nurse Poppleton, as the scrubbed nurse, had responsibility for passing instruments to the surgeon. The other, S/N Mathewson was the circulating nurse or 'runner' who weighed swabs and recorded the total blood loss.

...

It is my opinion that the anaesthetist was responsible for monitoring and managing fluid balance. If he needed assistance in monitoring urinary output, a specific member of the team should have been identified to do this."

3. We should be grateful if you would address the following queries, which arise out of your analysis:
 - (a) Explain whether there was any protocol and/or guidance on the composition of the 'nursing team' for a paediatric renal transplant (or transplant surgery in general) in 1995 and now.
 - (b) If so, please identify the relevant protocol and/or guidance and provide a copy or advise from where a copy may be obtained.

(ii) Anaesthetic nurse:

4. The evidence received by the Inquiry makes it unclear if an Anaesthetic Nurse was present at any time in relation to the transplant procedure,

either when anaesthesia was induced or in the theatre during the transplant procedure.

5. The records and correspondence identify three nurses: SN Conway who was involved in the pre-op count (described as 'leaver'); SN Popplestone who was the scrubbed nurse; and SN Mathewson who was the runner (also described as 'leaver') [see Ref: 049-036-245]. SN Conway states that she 'handed over' to SN Mathewson at 8am and went off duty [Ref: 093-009-027]. However, SN Popplestone says that, when she commenced duty in theatre at 8am, she took over from SN Conway as scrub nurse [Ref: 093-012-039].
6. The Theatre Log identifies only: the Surgeon, Anaesthetist and Scrub Nurse [Ref: 094-006-022]. The Anaesthetic Record¹ includes a place for the Anaesthetist's signature [Ref: 058-003-007], a place for the Anaesthetist's signature under post-operative instructions [Ref: 058-003-006] and a place for both the Nurse and the Anaesthetist to sign [Ref: 058-003-004]. We should be grateful if you would address the following queries in relation to those documents:
 - (a) Explain who would normally have the responsibility for completing the five sheets comprising the Anaesthetic Record [Ref: 058-003-004 to 058-003-008], and the basis for your view. If a different person is responsible for signing different parts of the Record, the please set this out clearly and explain it.
 - (b) In relation to the place for the Nurse's signature [Ref: 058-003-004] (which is not completed), please identify which of the Nurses in the theatre should have signed that sheet (scrub, runner or Anaesthetic or the Medical Technical Officer).
 - (c) Comment on whether the absence of the various signatures required on the Anaesthetic Record complied with acceptable practice in 1995 (and complies with such practice now).
7. We should be grateful if you would review the 'hospital notes and records' that have been provided to you and advise on:
 - (a) Explain whether there was any protocol and/or guidance on recording the personnel in the operating theatre for a paediatric renal transplant (or transplant surgery in general) in 1995 and now.
 - (b) If so, please identify the relevant protocol and/or guidance and provide a copy or advise from where a copy may be obtained.

¹ The pages of the Anaesthetic Record appear to be out of order

- (c) Comment on whether in 1995 (and now) it would have been necessary, usual or advisable to record the presence of all personnel in the operating theatre during a paediatric renal transplant (or surgery generally) and provide the basis for your view. Please address also whether at least the presence of an Anaesthetic Nurse or a Medical Technical Officer (whether or not performing the role of an Anaesthetic Nurse) should have been recorded together with an explanation of where the identity of the personnel in the operating theatre should have been recorded.
- (d) Comment also on whether in 1995 (and now) it would have been necessary, usual or advisable to record the presence of all personnel in the operating theatre during a paediatric renal transplant (or surgery generally) in circumstances where the patient had failed to wake from anaesthesia and had subsequently died. Please provide the basis for your view.
8. Witness Statements received from some of those in the operating theatre during the transplant procedure suggest that there was, or should have been, an Anaesthetic Nurse present:

- Staff Nurse Popplestone to the PSNI dated 31st January 2006

"I cannot be certain, however, from my experience it is possible that the anaesthetists had the assistance of a nurse and possibly an operating technician."
[Ref: 093-012-040]

- Statement of Staff Nurse Mathewson to the PSNI dated 6th April 2006

"I can say from my experience that in an operation such as a renal transplant on a child, as well as the surgeons and anaesthetists I would have expected a scrub nurse, a runner and a theatre technician with probably an anaesthetic nurse as well" [Ref: 093-013-042]

- Statement of Dr. Robert Taylor to the PSNI under caution on 17th October 2006

"Taylor: At 0700 I worked closely with Dr T Montague and the anaesthetic nurse to induce anaesthesia and provide all the technical skills necessary to secure the airway, breathing, access to intravenous lines, arterial access, central venous access and epidural catheter placement."
[Ref: 093-038-127]

"PSNI: ... is it possible that the operation would have proceeded with you [Dr. Taylor], Doctor Montague and Mr Shaw [Medical Technical Officer²] as the technician and no anaesthetic nurse.

Taylor: My knowledge is there has to be 3 nurses present before an anaesthetic is commenced ... The runner is usually a nursing auxiliary ... But there would have been 2 trained, 2 trained staff ... Her job [anaesthetic nurse] would have been as an assistant to me she would not have been responsible for prescribing ... or delivering any ... to reach me a tube ... very much an assistant really" [Ref: 093-038-143]

9. We should be grateful if you would address the following queries, in relation to the possible presence of an Anaesthetic Nurse:
- (a) Provide the qualifications and training (including experience) necessary in 1995 (and now) for a nurse to be properly described as an 'Anaesthetic Nurse'.
 - (b) Describe the typical role of an Anaesthetic Nurse in 1995 (and now).
 - (c) Comment upon whether in 1995 (and now) it would have been necessary, usual or advisable to have an Anaesthetic Nurse involved in paediatric renal transplant surgery and provide the basis for your view. Please also describe the level of the 'involvement' of an Anaesthetic Nurse in 1995 (and now) including the extent to which this involvement was typically:
 - when anaesthesia was introduced;
 - for the duration of the surgery (or part of it, in which case which part); and
 - when the patient was being wakened
 - (d) In the light of your comments on 7(b) above, comment on whether an experienced Medical Technical Officer with 18 years experience and whose duties and role were stated to be *"to assist the anaesthetists in their duties and if needed to act as a second runner"*, could reasonably have been used to perform the role of an Anaesthetic Nurse.
 - (e) Comment on whether in 1995 (and now) there was any requirement to have three nurses present before an anaesthetic was commenced and if so explain the source of that requirement.

² According to Peter Shaw's statement to the PSNI on 2nd May 2006 [Ref: 093-014-045] his duties as Medical Technical Officer were: *"to check all operating equipment, such as lights, monitors, anaesthetic machines, operating tables. I assisted in positioning patients on the tables, and I assisted in setting up the theatre for an operation. During the operation my role was to assist the anaesthetists in their duties and if needed to act as a second runner."*

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- (f) Comment on the advisability or otherwise in 1995 (and now) of proceeding with paediatric renal transplant surgery with a 'Scrub Nurse', 'a Runner' and an experienced 'Medical Technical Officer'. Please address also circumstances (if any) in which it would have been reasonable to do so in 1995 (and now).

Conclusion

10. As in the case of your previous Report of 10th February 2011, please provide your response to these further queries as a fully referenced Supplemental Expert's Report.