Witness Statement Ref. No. 245/1

NAME OF CHILD: Adam Strain

Name: Elizabeth Duffin

Title: Miss

Present position and institution: Retired

Previous position and institution:
[As at the time of the child's death]
Director of Nursing & Patient Services- Royal Group of Hospitals ("RGH")

Membership of Advisory Panels and Committees:
[Identify by date and title all of those between January 1995 - April 2012]

Northern Ireland Hospice Trustee: November 2008 – November 2011
Northern Ireland Nurses Benevolent Fund: 2001 – present

Previous Statements, Depositions and Reports:
[Identify by date and title all those made in relation to the child's death]

OFFICIAL USE:
List of previous statements, depositions and reports:

Ref:	Date:	

IMPORTANT INSTRUCTIONS FOR ANSWERING:

Please attach additional sheets if more space is required. Please identify clearly any document to which you refer or rely upon for your answer. If the document has an Inquiry reference number, e.g. Ref: 049-001-001 which is 'Chart No.1 Old Notes', then please provide that number.

If the document does not have an Inquiry reference number, then please provide a copy of the document attached to your statement.

I. QUERIES IN RELATION TO YOUR MEDICAL QUALIFICATIONS, EXPERIENCE, TRAINING AND RESPONSIBILITIES

(1) Please provide the following information:

(a) State your nursing qualifications as of 1995;

Registered General Nurse
Registered Midwife
Midwife Teachers Diploma

(b) State the date you qualified as a medical nurse;

1961

(c) Describe your career history before you were appointed Director of Nursing & Patient Services, Royal Hospitals Trust;

Divisional Nursing Office, Royal Maternity Hospital 1980-1984

Director of Nursing Service, Royal Group of Hospital Unit of Management 1984-1990

Director of Nursing and Patient Services, Royal Group of Hospitals & Dental Hospitals Trust 1st April 1993- 31st March 1997

(d) Describe your work commitments at the RBHSC from the date of your appointment to November 1995;

From 1990-1997 I provided professional advice to the Clinical Director and Nurse Manager in RBHSC.

(e) Was there a written job description for your post in 1995? If so please provide copy of the same. If not, what were the functions and responsibilities of the post?

Yes, however I do not have a copy.

Functions and Responsibilities: contribute to Trust wide Policy formulation as a member of the Executive Team, and provide professional advice to the Chief Executive and Clinical Directorates.

I managed Central Nursing Services, which included the Chaplains Department, the

RVH Outpatients Centre and responsibility for Quality Assurance.

(f) In respect of your dual function as both Director of Nursing & Patient Services, and Clinical Director of Nursing & Patient Services, please describe and differentiate the functions, responsibilities and accountabilities of these posts.

My post was the Director of Nursing and Patient Services (not Clinical Director), Royal Hospitals Trust and my functions and responsibilities were as above (e). I was accountable to the Chief Executive.

II. INTERNAL CONTROL

(2) What nursing structures were in place in 1995?

Director of Nursing and Patient Services

Nurse Executive Team - Directorate Nurse Managers and Senior Nurses X2

Policy and Procedure Committee

Nursing Development Group

Nursing Audit Group

With the introduction of Resource Management in 1990 the Unit of Management was divided into Clinical Directorates and the budget was allocated to the Clinical Director in each Directorate. The Directorate Management Team compirsed of a Clinical Director (Consultant), Nurse Manager and Business Manager. The Clinical Director was accountable to the Chief Executive and the staff in the Directorate were accountable to the Clinical Director.

The change in management arrangements meant that the Unit Nursing Budget was devolved to each Clinical Director and I no longer had any management responsibility for nurses except in the RVH Outpatients Centre.

The nurse manager in each Directorate had responsibility for managing the nursing staff and ensuring professional standards were met. She was accountable to the Clinical Director.

The nurse manager in the Paediatric Directorate (RBHSC) was required to be a Registered Sick Childrens Nurse.

Following the introduction of the Clinical Directorates I established a nurse Executive Team which met monthly. There was an Agenda for each meeting and Minutes were kept, ratified and signed by me.

The Nurse Managers from each Directorate attended and professional issues were discussed and actioned. Eg.

- Nursing policies and procedures, each Directorate also had their own procedure committee
- Nursing Audit
- Training requirements, in-service and post-registration courses.

I also provided a list of all DHSS Circulars and Hazard Warnings (which they should have received from their Clinical Director) with each Agenda and Minutes so that the Nurse Manager could ensure that they had received them and appropriate action had been taken.

Reports from the sub-committee and Policy and Procedure Committee were given to the Nurse Executive Team meeting for ratification. The decisions taken were then implemented by the Nurse Managers in their Directorates.

III. HEALTH AND SAFETY

(3) What progress had the RBHSC made in 1995 in achieving compliance with extant guidance on both general and specialist children's services in RBHSC?

I do not know. This was the responsibility of the Paediatric Directorate.

(4) Had the RBHSC taken any steps to implement guidance for children, including that in:

(a) **Welfare of Children and Young People in Hospital'**, Department of Health (1991), HMSO IBSN 0113213581?

(b) **'Children First - A Study of Hospital Services'**, Audit Commission (1993) HMSO IBSN 0118860968?

If so:

(i) What were those steps?

(ii) When were they instituted?

(iii) Was their implementation monitored and if so please provide record of the same?

(iv) Who was responsible in the RBHSC for implementing such guidance for children?

I do not know. This was the responsibility of the Clinical Director of the Paediatric Directorate.

(5) From a 1995 risk management perspective, what should have been expected in respect of:

(a) The composition of a paediatric operating theatre team;

(b) The minimum staffing requirements thereof;

(c) The nursing staff requirements;

(d) The monitoring of anaesthetic set up and drug administration;

(e) The documentation and record keeping in respect of anaesthetic equipment;

This would have been the responsibility of the Paediatric Directorate, Nurse Manager. Prior to 1990 the nurse staffing requirements were determined by the Telford system and Junior Monitor.

Following the devolvement of the nursing budget to the Pediatric Directorate I was never made aware of any staffing difficulties.

The Directorates reviewed their staffing requirements annually as part of their Business Plan in order to meet the demands of their predicted workload.

IV. KINGS FUND ORGANISATIONAL AUDIT

(6) What knowledge do you have of the King's Fund accreditation process?

Kings Fund Organisational Audit was the first Quality Assurance project undertaken in the Royal Hospitals. I had responsibility for overseeing the project along with a Kings Fund Project Manager.

The standards were issued to all Directorates and Departments who had a year to ensure compliance. A mock survey was undertaken following six months, to assess the progress being made in complying with the standards. Following this survey they were expected to have an Action Plan to address the outstanding issues with priority given to the standards which were mandatory.

(7) If you participated in that process, specify the steps that you took?

All the self assessments of the standards were forwarded to the Kings Fund six weeks prior to the date of the survey (one year following commencement of the project).

An external review team overtook the survey by visiting the hospitals for one week. The Team consisted of a General Manager/Chief Executive, Medical Consultant, Director of Nursing, Occupational Therapist and the KF Project Manager.

(8) Identify any changes in practice which occurred as a result of engaging with the Kings Fund process, both in respect of improving systems of risk management at a clinical and corporate level, and in any other respect?

I cannot remember the areaos of non-compliance but do know that each Directorate and Department had to submit an action plan detailing how they were going to address the outstanding issues.

(9) Were these steps considered sufficient to obtain full accreditation and if not, why not?

The actions taken to ensure compliance witht he outstanding issues were considered sufficient to gain full accreditation.

V. CLINICAL/MEDICAL AUDITS

(10) In 1995, what arrangements did the RBHSC have in place for ensuring that regular and systematic medical and/or clinical audits took place?

If the RBHSC did have a system in place for conducting medical and/ or clinical audits, please address the following:-

(a) Was there a Clinical Audit Committee? If so, what was its remit?

(b) Did you play a role in connection with the Clinical Audit Committee?

(c) What were the rules that regulated the operation of the Clinical Audit Committee?

(d) Who formed the Clinical Audit Committee?

(e) Who was responsible for ensuring that medical and/or clinical audits were carried out?

(f) Who was responsible for carrying out medical and/or clinical audits?

(g) Under what procedures were medical and/or clinical audits carried out?

(h) To whom were the results of medical and/or clinical audits sent?

(i) What kinds of action could be taken on foot of the results of medical and/or clinical audits?

I cannot answer this question as responsibility for medical and clinical audit was with the Medical Director.

(11) Please particularise all steps taken by the Trust/ RBHSC to investigate the unexpected death of Adam Strain.

Was there:

(a) Any discussion of Adam's case in nursing meetings, reviews, audits or learning sessions? If so, please provide any record thereof;

(b) Any learning derived therefrom?

(c) Any steps taken to disseminate the same, and if so what?

I cannot answer this question as I do not know of the steps taken by the Trust/RBHSC to investigate the unexpected death of Adam Strain.

(12) Was there any procedure or system in place in 1995 to audit the quality, clarity and completeness of clinical case notes?

The Trust Medical Records Committee had produced a Policy/Procedure which used the UKCC guidelines as its base (unsure of when this policy was introduced).

(13) If there was no system in place for conducting medical and/or clinical audits in 1995, please clarify whether there was any other system in place for quality assuring the safe provision of clinical care?

Nursing Audit in relation to nursing practice had commenced (unsure of date).

(14) Was there a system of independent external scrutiny in place to review patterns of performance in the RBHSC, and if so please provide details of the same?

Unaware of any.

(15) What steps were taken to achieve the objectives outlined in **HPSS Management Plan 1995/96- 1997/98** with particular reference to paragraph 4.4.11 and the adoption of a policy of clinical audit as part of a program to improve service quality and state when each such step was taken?

I cannot remember the steps taken other than that the Trust Medical Director was actively working with the Clinical Directors to implement clinical audit.

The Clinical Directors were encouraged to include the Nurse Manager on the Clinical Audit Committee in their Directorate.

VI. CONSENT

(16) In 1995 did the RBHSC have guidance, policy or procedures in place which governed the issue of patient 'consent'?

I do not know.

If so,

(a) Provide a copy of the guidance, policy or procedure;

(b) Was the guidance, policy or procedures adopted by the RBHSC, modeled on or informed by any published guidance, and if so, identify this guidance;

(c) Describe its main features;State how the guidance, policy or procedures was distributed to clinical staff;

(d) State how the guidance, policy or procedures was monitored for compliance.

(17) With respect to the recommendations deriving from:

(a) **Guide HC (90) 22, a Guide to Consent for Examination or Treatment;**

(b) **Circular HSS (GHS) 2/95.**

Please state what steps the Trust took to:

(i) Disseminate this guidance and to whom;

(ii) Monitor and record compliance with the same;

(iii) Enforce compliance.

It was practice that all Guides and Circulars would have been issued to all Directorates. If I had received these documents, they would also have been on the list issued with the Nurse Executive Team minutes.

(18) What arrangements were in place in order to notify the Trust that **Circular HSS (GHS) 2/95** had been disseminated, and that there was a system in place to monitor compliance with the Circular?

I cannot remember.

(19) If it is correct that the RBHSC did not commence using the new model consent forms recommended in **HSS (GHS) 2/95** until early in 2000, please state the reasons for this delay. If not, please advise date of introduction of new consent forms.

I do not know as I had retired.

VII. RECORD KEEPING

(20) In 1995 did the RBHSC have guidance, policy or procedures in place which governed the issue of clinical record keeping?

I cannot recall.

If so,

(a) Provide a copy of the guidance, policy or procedures;

(b) Describe its main features;

(c) Was the guidance, policy or procedures adopted by the RBHSC, modeled on or informed by any published guidance, and if so, identify this guidance;

(d) State how the guidance, policy or procedures were distributed to clinical staff;

(e) State how the Trust satisfied itself that the guidance, policy or procedures was being complied with by members of clinical teams;

(f) State whether there was/ is any protocol or procedure governing the destruction of any clinical records created in 1995, and if so please identify the same;

(g) Whether there is/ was any protocol or procedure governing the identity of those individuals permitted to sign for and signify safe receipt of transplant organs;

(h) In respect of the composition and documentation of clinical and surgical teams engaged in specific operations.

(21) In 1995, had the RBHSC established a Medical Records Committee?

I cannot remember. This would have been the responsibility of the Clinical Director of Paediatrics.

If so, please address the following:

(a) Who formed the membership of this committee?

(b) Did you play a role in connection with the committee?

(c) What rules regulated the operation of this committee?

(d) What was the purpose of the committee?

(e) Was its operation governed by any policy/procedure?

(22) With respect to the recommendations deriving from:

(a) **Department of Health Circular HC (89)20;**

(b) **Department of Health Circular HSG (94)11;**

(c) **HSC 1999/053- 'For the Record-Managing Records in NHS Trusts and Health Authorities;**

(d) **The 1995 Audit Commission study 'Setting the Records Straight, a study of hospital health records';**

(e) **The Royal College of Surgeons of England Guidelines for Clinicians on Medical Records and Notes (1990, revised 1994);**

(f) **"The Standards for Records and Record Keeping" (April 1993) UK Central Council for Nursing, Midwifery and Health Visiting.**

Please state what steps the Trust took to:

(i) Disseminate this guidance and to whom;

(ii) Monitor and record compliance with the same;

(iii) Enforce compliance.

Circulars were issued to the Clinical Directors who were expected to disseminate them, monitor and record compliance and enforce compliance.

The Nurse Managers would have been responsible for "The standards for Records and Record Keeping" (April 1993) UKCC.

The Circular would have been issued to the ward sisters by the Nurse Manager, to implement, monitor and enforce compliance.

As part of the Nursing Audit programme, all Nurse Managers were expected to ensure that nursing records were audited on an on-going basis.

(23) What guidance was provided to nursing staff in respect of:

(a) The monitoring and recording of intra-operative fluid balance?

(b) Recording weights in children?

(c) Monitoring effectiveness of peritoneal dialysis?

(d) The completion of patient records?

I would not have had these details. This would have been the responsibility of the Nurse Manager, Ward Sisters and Theatre Sisters within the Paediatric Directorate.

(24) What procedures or protocols were in place in 1995 for monitoring compliance with professional standards for record keeping?

Nursing audit for nursing records. It was agreed at the Nurse Executive Team that all Nurse Managers would ensure that nursing records were audited by the Ward Sisters on a monthly basis to ensure that the records were complying with UKCC guidance. Any areas of concern would have been addressed by the Ward Sister.

VIII. COMMUNICATION

(25) In 1995 did the RBHSC have guidance, policy or procedures in place which governed the issue of communications with next of kin and the provision of information during, before and after surgery; and after an unexpected death?

If so please provide:

(a) A copy of the guidance, policy or procedures;

(b) Describe its main features;

(c) Was the guidance, policy or procedures adopted by the RBHSC, modeled on or informed by any published guidance, and if so please identify this guidance;

(d) State how the guidance, policy or procedures were distributed to clinical staff;

(e) State how the Trust satisfied itself that the guidance, policy or procedures was being complied with by members of clinical teams.

I would not have had these details. This would have been the responsibility of the Paediatric Directorate.

(26) Was the RBHSC, in 1995, aware of guidance on setting standards for communicating with families of children undergoing surgery.

I would not have had these details. This would have been the responsibility of the Paediatric Directorate.

(27) Were there any procedures in place in 1995 for communication with next of kin when aspects of care had not gone to plan and had resulted in harm to the patient?

I would not have had these details. This would have been the responsibility of the Paediatric Directorate.

IX. BLOOD GAS MACHINES

(28) In 1995 did the RBHSC have guidance, policy or procedures in place which governed the use of blood gas machines?

If so, please address the following:

(a) Provide a copy of the relevant guidance, policy or procedures;

(b) Was the guidance, policy or procedures adopted by the RBHSC, modeled on or informed by any published guidance, and if so, identify this guidance;

(c) State how the RBHSC's guidance, policy or procedures were distributed to clinical staff;

(d) State how the Trust satisfied itself that the guidance, policy, or procedures was being complied with by members of clinical teams.

This was not my area of responsibility.

(29) In 1995 what did the guidance, policy or procedures associated with the use of blood gas machine say about the following matters:

(a) Maintenance;

(b) Inspection;

(c) Risk assessment;

(d) Quality control checks;

(e) The personnel entitled to use the machines;

(f) Documenting and record keeping in respect of same.

This was not my area of responsibility.

(30) In 1995 was there established within the RBHSC a committee, group or team to oversee the safe use of blood gas machines?

If so, please address the following:

(a) Who formed the membership of this committee, group or team?

(b) Did you play a role in connection with the committee, group or team?

(c) What rules regulated the operation of this committee, group or team?

(d) What was its purpose?

(e) Was its operation governed by any policy/procedure?

This was not my area of responsibility.

(31) With respect to the recommendations deriving from:

(a) **DHSS NI (Hazard Notice 24/89/76);**

(b) **Joint Working Group Guidance on Quality Assurance (1993);**

(c) **HEI 98- Management of Medical Equipment And Devices (revised 1991);**

(d) **Guidelines for implementation of Near-Patient Testing (September 1993)**, Joint Working Party of the Association of Clinical Biochemists and the Royal College of Pathologists, ACB, London;

(e) **Management Executive Circular of 27th July 1994 Ref: PEL (93)36 Annex B;**

(f) **The Scope of Professional Practice (UKCC 1992).**

Please state what steps the Trust took to:

(i) Disseminate this guidance and to whom;

(ii) Monitor and record compliance with the same;

(iii) Enforce compliance.

The guidance was issued to the Nurse Managers in the Directorates for dissemination to the Sisters and Nursing Staff.

The Nurse Managers and Sisters were expected to enforce, monitor and record compliance.

All nurses and midwives on the UKCC Register would have received an individual copy from the UKCC. Every nurse was also accountable for her own actions.

(32) Please state whether consideration had been given to training nurses in the operation of blood gas machines in 1995, and if so please particularize the same?

I do not know.

X. THEATRE EQUIPMENT

(33) In 1995 did the RBHSC have guidance, policy or procedure in relation to equipment which had been used in theatre when a patient had died?

I would not have had this information. It was outside my area of responsibility.

If so, please address the following:

(a) Provide a copy of the relevant guidance, policy or procedure;

(b) Was the guidance, policy or procedure adopted by the RBHSC, modeled on or informed by any published guidance, and if so, identify this guidance;

(c) State how the RBHSC's guidance, policy or procedures was distributed to clinical staff;

(d) State how the Trust satisfied itself that the guidance, policy, or procedures was being complied with by members of clinical teams.

(e) How was that guidance, policy or procedures applied in relation to the theatre equipment used during Adam's surgery;

(f) In Adam's case, what steps were taken in relation to the guidance, policy or procedures;

(g) Who took those steps;

(h) What conclusions were reached?

(34) Professional Estate Letter (93)36 (27th July 1994) provided the HSS Trusts with a hazard reporting procedure. Was this procedure applied in Adam's case?

I do not know.

If so,

(a) Explain fully how it was applied;

(b) Who applied it?

(c) What steps were taken by reference to this procedure?

XI. DISSEMINATION AND INSTITUTIONAL LINKS

(35) In 1995 did the RBHSC have guidance, policy or procedures in place governing issues arising out of a serious untoward incident or an adverse incident such as the death of a patient following surgery?

I do not know.

If so, please address the following:

(a) Provide a copy of the relevant guidance, policy or procedures.

(b) Was the guidance, policy or procedures adopted by the RBHSC, modeled on or informed by any published guidance, and if so, identify this guidance;

(c) State how the RBHSC's guidance, policy or procedures were distributed to clinical staff;

(d) State how the Trust satisfied itself that the guidance, policy, or procedures was being complied with by members of clinical teams;

(e) How was the guidance, policy or procedures applied in Adam's case?

(36) Did the RBHSC take any steps, whether by way of an internal investigation or otherwise, to establish whether lessons could be learned from the death of Adam Strain?

I do not know.

If no such steps were taken, please explain why not?

If steps were taken, please address the following:

(a) What steps were taken to learn lessons from the death of Adam?

(b) Under what policy or procedures were these steps taken?

(c) Identify the person(s) who took steps to establish whether lessons could be learned from Adam's death?

(d) When were those steps taken?

(e) What lessons were learned from the death of Adam?

(f) What lessons were learned from the Inquest into the death of Adam?

(g) What measures were taken to review matters arising from the Inquest?

(h) What steps, if any, were taken to disseminate outcomes and lessons internally (within the RBHSC/ Trust)?

(i) What steps, if any, were taken to disseminate outcomes and lessons externally (outside the RBHSC/ Trust)?

(j) What steps, if any, were taken to assess and develop the competence of staff involved in the treatment that led to Adam's death?

(37) Please confirm whether or not you received a report in writing of or into the death of Adam Strain in 1995?

I did not receive a verbal or report in writing of or into the death of Adam Strain in 1995.

(38) Please state whether there existed a formal approach to:

(a) Assessing and developing the competence of the staff involved in the treatment that led to Adam's death;

(b) Disseminating outcomes and lessons learned internally both before and after the Inquest;

(c) Disseminating outcomes and lessons learned externally both before and after the Inquest?

I do not know.

XII. INTERNAL REVIEW

(39) Did the RBHSC conduct an internal review in respect of any of the following matters after Adam's death:

I do not know.

(a) The procedures governing consent, and whether they were complied with in Adam's case;

(b) The records kept/made relating to the pre, intra and post operative care of Adam;

(c) The records kept/ made of communications with Adam's parents;

(d) The use of equipment before and during Adam's surgery;

(e) Lessons to be learned from the treatment which led to his death;

(f) The competence and training needs of those who cared for Adam.

If so, please address the following:

(i) What steps were taken in respect of each matter?

(ii) When were those steps taken?

(iii) Who took those steps?

(iv) What policies or procedures were used when taking those steps?

(v) What conclusions emerged in respect of any of these matters?

(40) With reference to:

(a) **'Reporting of Accidents in hospitals' (1955) guidance;**

(b) **'Risk Management in the NHS' (1993) guidance;**

(c) **'EL (94) Report 'The Allitt Inquiry' (1994) recommendations**

Please particularise how the above were taken into consideration when formulating the RBHSC response to the unexpected death of Adam Strain?

I do not know.

XIII. OTHER

(41) Has any consideration been given to the viability of the RBHSC renal transplant facility and if so:

I do not know.

(a) When?

(b) Why?

(c) By whom?

(d) What was considered?

(e) With what outcome?

(f) In light of the publication of the *'Provision of Services for Children and Adolescents with Renal Disease'* (Working Party Report in March 1995).

(42) Were any child patients transferred from the RBHSC to any other hospital in the UK for surgery before Adam's death, and if so please state:

I do not know.

(a) Date of transfer;

(b) Hospital to which child was transferred;

(c) Age of child when transferred;

(d) Identity of Consultant in charge of child prior to transfer;

(e) Reason for the transfer;

(f) Whether there existed any policy, protocol, procedure or guidelines in relation to the transfer of children to hospitals outside of Northern Ireland for surgery.

(43) In respect of the UTV Insight documentary *('When Hospitals Kill'*- 21st October 2004) please state:

I do not know.

(a) What requests for information and comment were received from UTV;

(b) What information and comment were given to UTV, specifying by whom, to whom and when;

(c) Please identify those individuals engaged in this process;

(d) Who bore responsibility for this process;

(e) What internal responses were generated by any such requests;

(f) What internal responses were generated by the broadcast of the documentary;

(g) Whether any record or documentation of this process was made, and if so please provide the same;

(h) If same was created, but is now no longer available please state what became of it.

(44) Please identify those procedures and protocols governing the reporting and dissemination of information to the DHSSPS and the wider medical community in 1995 and now relating to:

(a) Unexpected/ unexplained deaths in RBHSC;

(b) Outcomes of Coroner's Inquests

and further please address the following:

(i) Identify those individuals responsible for the implementation of the same;

(ii) Was the procedure/ protocol as adopted by the RBHSC, modeled on or informed by any published guidance, and if so, identify this guidance;

(iii) State how the Trust satisfied itself that the procedures and protocols where complied with;

(iv) To what extent were the procedures and protocols followed in Adam's case?

(v) What information was supplied in Adam's case?

(vi) Whether the procedures and protocols were consistent with guidance in both Northern Ireland and the UK in 1995.

I do not know.

(45) Please indicate what teaching and/ or training was provided to nursing staff in and before 1995 in respect of:

(a) Fluid management (with particular reference to hyponatraemia);

I do not know. The Belfast Northern College provided in-service training for all Directorates to meet the needs identified by the Sisters and Nurse Managers.

(b) Record keeping.

This topic was often covered in in-service study days. All nurses and midwives in the Trust had a minimum of one in-service study day annually.

(46) In respect of nursing:

(a) What was the role of the Night Sister covering Musgrave Ward on the night of 26th November 1995?

I do not know.

(b) Please state whether you would have had any expectation that she would have become involved in unusual cases in order to support ward staff?

Yes.

(c) What nature of support was given to nurses when unusual procedures were undertaken?

This would have been determined by the Nurse Manager and Sisters.

(d) What policies, procedures or protocols were in place in 1995 to govern the management of peritoneal dialysis? Please state how these policies were implemented, monitored and enforced?

I do not know.

(47) Were there, in 1995, any procedures, protocols or guidelines governing:

(a) Transplant ward arrangements for renal transplant?

(b) Receipt, care and management of transplant organs?

(c) Documentation and record keeping in relation to transplant organs?

(d) And if not, why not?

I do not know.

(48) When the RBHSC assumed responsibility for paediatric renal transplant in patients under the age of 14 years from the Belfast City Hospital, why:

(a) Did it not create new protocols to govern this new responsibility?

(b) Did it not assume the Belfast City Hospital's protocols drawn up in July/ August 1992 governing the respective roles of nursing staff on the transplant ward and the donor transplant services?

(c) Did it not formalize procedures and arrangements with the Northern Ireland Organ Donor Services Team Manager?

I do not know.

(49) Please state what procedures and guidelines were given to nursing staff in respect of raising concerns about short comings in medical practice and patient treatment in 1995.

I cannot remember.

XIV. EDUCATION, TRAINING AND EXPERIENCE.

(50) Prior to 26th November 1995, describe in detail your experience of dealing with children with hyponatraemia, including:

(a) The estimated total of such cases, together with the dates and where they took place;

(b) The number of children who were aged under 6 years;

(c) The nature of your involvement;

(d) The outcome for the children.

This question is not applicable to me – for Nurse Manager.

(51) Please state what steps nurses were expected to take to maintain their knowledge and competence in line with the *"UKCC Code of Conduct"* and *"Scope of Professional Practice"* guidance in 1995. What training and assistance was in place to aid their continued professional development?

All nurses and midwives in the Trust were expected to maintain their knowledge and competence in line with the UKCC "Code of Conduct and Scope of Professional Practice".

All nurses and midwives had a minimum of one in-service study day annually and were also encouraged to attend lectures and seminars which were appropriate to their clinical speciality.

The Belfast Northern College of Nursing provided any additional training as requested by the Nurse Managers. Training would have been provided for staff prior to any new treatments or procedures being introduced.

All the nurse managers had an identified training budged to ensure the continued professional development of their staff.

All nursing and midwifery staff were also required to have an annual Staff Development and Performance Review by their line manager. This process identified the annual training needs for each Directorate.

XV. GENERAL

(52) Please provide any further comments you may wish to make.

THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signed: Elizabeth Duffin

Dated: 12 June 2012.