Witness Statement Ref. No. 252/1

NAME OF CHILD: ADAM STRAIN

Name: G.S. Nesbitt

Title: Mr.

Present position and institution:

Retired since 2003.

Previous position and institution:
[As at the time of the child's death]

Biochemist in Administrative Charge of the Main Biochemistry Laboratory – Royal Group of Hospitals.

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

Unable to recall.

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

None.

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

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 QUALIFICATIONS, EXPERIENCE, TRAINING AND RESPONSIBILITIES

(1) Please provide the following information:

(a) State your qualifications;
MSc (Clinical Biochemistry); DipRCPath.

(b) State the date you qualified were appointed as Administrative Head of the General Biochemistry Laboratory;
I cannot recall the date of appointment but it would have been commensurate with the retirement of Mr DW Neill and the subsequent appointment of Prof. Trimble as Head of Department.

(c) Describe your career history before you were appointed Head of Laboratories – RGH;
I trained as a Clinical Biochemist in the RGH Biochemistry Department, progressing from Basic Grade Biochemist to Consultant Grade Biochemist.

(d) Describe your work commitments at the RGH from the date of your appointment;
Day to day management and running of the General Biochemistry Laboratory.

(2) Please outline in full your involvement, if any, in the case of Adam Strain, or its aftermath.
The General Biochemistry Laboratory may have been involved in performing biochemical tests on this patient's samples; I cannot recall any such involvement on my part.

II. KINGS FUND ORGANISATIONAL AUDIT

(3) What knowledge do you have of the King's Fund accreditation process?
Currently, none.

(4) If you participated in that process, specify the steps that you took?
While I was a member of the Biochemistry Department, I recall that I may have been involved in the preparation of some documentation; I cannot recall to what extent.

(5) Identify any changes in practice which occurred as a result of engaging with the Kings Fund process.
I have no knowledge of any changes in practice which may have taken place as a consequence of the Accreditation process

III. LABORATORY TESTING

(6) In 1995 did the RGH/Royal Belfast Hospital for Sick Children (RBHSC) have guidance, policy or procedures in place which governed the conduct of biochemical laboratory testing during major surgery?
If, in 1995, the RGH/Royal Belfast Hospital for Sick Children (RBHSC) laboratories were Accredited laboratories, then, by implication, all matters governing the conduct of biochemical laboratory testing, both routine and emergency, were in place.

If so, please address the following:

(a) Provide a copy of the relevant guidance, policy or procedures;
I do not have access to such documentation.

(b) Was the guidance, policy or procedures adopted by the RGH/ RBHSC, modeled on or informed by any published guidance, and if so, identify this guidance;
The guidance, policy and procedures were modelled on the King's Fund accreditation procedure

(c) How the RGH/RBHSC's guidance, policy or procedures were distributed;
I have no knowledge of this matter.

(d) How the Trust satisfied itself that the guidance, policy, or procedures was being complied with;
I have no knowledge of this matter.

(e) Whether performance standards were dictated by the guidance, policy or procedures and if so what?
Analytical performance standards were regularly checked by a system of Quality Assurance, which involved regular Internal Quality Control and External Quality Assessment, both of which, to the best of my knowledge, were a requirement of the King's Fund accreditation process. External Quality Assessment provided an independent external monitor of 'performance' in terms of the analytical accuracy of the individual analyses performed by the Main Biochemistry and by the RBHSC laboratory.

(f) Whether there were periodic reviews of the guidance, policy or procedures and, if so, please provide details, and state how the same were recorded.
I have no knowledge of this matter.

(7) In respect of the laboratory services for serum sodium analysis in the RGH/RBHSC in 1995, please state the following:

(a) The opening hours of the Paediatric Biochemistry Laboratory at the RBHSC;
I cannot remember.

(b) The opening hours of the Main Royal Victoria Hospital Laboratory;
The Main Royal Victoria Hospital Laboratory provided a 24hr service.

(c) The time from dispatch of sample to receipt of result for each of the two named laboratories in respect of

(i) normal working hours (weekdays 09:00- 17:00)

(ii) out of hours (weekdays 17:00- 09:00 or at weekends/ holidays)

(iii) in urgent cases whether or not they arise in working hours

(iv) in urgent cases from surgery whether not they arise in working hours.

The above questions can only be answered by the unit making the request; the laboratory has no knowledge of the transit time from the requesting unit to the laboratory in question.

(8) Please confirm the following:

(a) The average response time for an urgent U+E sample analysis request in 1995?
I cannot remember.

(b) The target time for the same in 1995?
I cannot remember.

(c) The difference in response time in respect of the above as and between the two laboratories?
I have no knowledge of this matter.

(d) The difference in response time for the above in respect of requests made during working hours and those made out of hours?
I have no knowledge of this matter in relation to the Paediatric Biochemistry Laboratory at the RBHSC but to the best of my knowledge, there was no difference in relation to the Main Royal Victoria Hospital Laboratory.

(e) Were surgeons and other clinician involved in surgical operations provided with information regarding response time expectations, and if so by what means was this communicated to them?
I have no knowledge of this matter.

(9) Was there a pneumatic tube system in place to deliver samples to the laboratories in 1995?
I do not know; I cannot remember when the pneumatic tube system came into operation for the various RGH departments.

(10) In respect of the reliance upon porterage services to courier samples from the operating theatre to the laboratories please state:
The following questions can only be answered by the unit making the request; it was not the responsibility of the Biochemistry Laboratory to call upon the services of the Portering Department to transport urgent specimens to the laboratory.

(a) Whether such services were available around the clock?

(b) Whether problems were experienced with porterage availability?

(c) How a porter would have been obtained?

(d) If problems were experienced with porterage non-availability- what was the contingency arrangement for urgent samples?

(11) Please describe the means by which laboratory results were communicated back to:

(a) the operating theatre; and

(b) the ward.

The means by which 'urgent' results were communicated back to a ward or operating theatre, immediately following the time of analysis of the specimen was, to the best of my knowledge, the same for both units; however, I cannot remember what this means was; (*it may have been by telephone or by electronic transmission from the laboratory computer*). To the best of my memory, 'non-urgent' and subsequently 'urgent' results were sent to all units as hard copy for insertion in the patient's notes.

(12) Please detail how:

(a) each sample for analysis was identified or coded;

(b) each analysis result was identified or coded, and thus connected with the sample;

(c) each report of result was identified or coded, and thus connected with the sample;

(d) each result was recorded?

I cannot remember the answers to the above questions.

(13) Please state whether the Paediatric Clinical Biochemistry Laboratory or the Main RVH Laboratory had achieved Clinical Pathology Accreditation (CPA) on or before 26th November 1995? If so, please state when this was achieved and the criteria met in the achievement of same.

I cannot remember when Clinical Pathology Accreditation was introduced.

(14) Identify any changes in practice which occurred as a result of the "Laboratories Rationalisation Project Systems Options Review" final report April 1995 (Ref:305-005-136) and whether

(a) these affected laboratory response times;

(b) to what extent the operation of the laboratories was changed to accommodate any such changes;

(c) What consideration was given, if any, to the opening hours and functional responsibilities of both the Paediatric and Main laboratories?

With respect to the above questions, I cannot remember any changes which may have been made as a consequence of the "Laboratories Rationalisation Project Systems Options Review" report.

IV. GENERAL

(15) Please provide any further comments you may wish to make.
No further comment

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

Signed: G. S. Nisbett **Dated:** 29th June 2012