

NAME OF CHILD: Raychel Ferguson

Name: Margaret Dooher

Title: RGN

Present position and institution: Band 6 Staff Nurse, Intensive Care, Altnagelvin Hospital

Previous position and institution: E Grade Staff Nurse, Intensive Care Altnagelvin Hospital

[As at the time of the child's death]

Staff Nurse, Ward 6 - Altnagelvin Hospital Health & Social Services Trust ("AHHSST")

Membership of Advisory Panels and Committees:

[Identify by date and title all of those between January 2000 - present] None

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.

(1) Please provide the following information:

- (a) Your qualifications as of 2001 (please also provide a copy of your CV);
RGN.**

Describe your career history;

I began my nurse training in May 1974 in the Royal Victoria Hospital in Belfast. I qualified as a RGN in the RVH in May 1977.

I worked as a staff nurse in the Adult intensive care unit in the RVH Belfast from May 1977 - January 1979.

I gained vast knowledge and experience from the highly motivated staff in the intensive care unit. The unit was extremely busy due to all the bomb blast injuries, gun shot wounds and multiple trauma as well as all other conditions requiring intensive care.

February 1979 I began working in intensive care Altnagelvin Hospital I had left the Royal in January 1979.

Altnagelvin Hospital was both a child and adult intensive care. The staff were very motivated and highly skilled in all concepts of critical care on both children and adults. October 1982 the unit admitted patients critically ill from the Dropping Well Bomb Ballykelly (17 killed 30 injured). Patients were transferred to other hospitals. Staff came in from home.

November 1987 - I was on duty to admit seriously ill patients transferred from Enniskillen bombing (11 people killed 63 injured).

1998 - I got an E Grade as part of the grading system.

October 1993 - I was on duty the morning after the Greysteel Mass shooting (8 people killed) we received the seriously ill (13 people wounded with gun shoot wounds). Staff came in from home.

In 1993 - I became a nurse preceptor teaching and assessing student nurses in the Knowledge and Skills in critical care.

In 1994 I acted up a F Grade Nurse from 29th August - 1 January 1995. From June 3rd 1996 I was in charge of the intensive care unit in the absence of the Ward Sisters.

In 1997 I received a Professional Studies Certificate in the Principles of Critical Care Nursing.

I became a diabetic Link Nurse - to train in ICU.

November 1997 - I became a preceptor trained to teach, assess post graduate nurses in their knowledge of the concepts of Critical Care and support them.

1998 - I acted up a F Grade Nurse from March 2nd - 26th April 1998 from 21st November 2000 to 3rd June - I was deployed to WDS (Surgical) as a rotation programme - I gained good experience from the Ward setting.

I returned to intensive care unit on 3rd June 2001. I became a Band 6 Staff Nurse 2008 dated back to 2004.

Over the years I have developed an excellent knowledge of all aspects of the Critical Care

from the many highly skilled nurses and doctors whom I have worked with. The critical ill patient and their relatives being the pivotal point.

I attend study days and update my nursing skills to provide the best Quality Nursing Care to the critically ill patient and the support of their relatives.

(b) Please describe your work commitments at the AHHSST from the date of your appointment; I worked full time 37 1/2 hours (per week) from February 1979 at AHHSST. I reduced my hours to 21 1/2 hours (per week) October 1980.

(c) What was your role, and what were its functions, accountabilities and responsibilities (was this reduced to writing by 2001? If so please provide a copy of the same); I have attached a Job Description which I believe best matches my roles and responsibilities at that time. There is no Job Description in my HR Personnel File or ICU Personnel File.

My role as a staff nurse was to assess, plan and implement and evaluate the care of the critically ill patients in intensive care and support their relatives.

To have a good knowledge of the management of ventilators, equipment and renal replacement therapy. Have updated skills and CPR.

Teaching and assessing student nurse and junior staff nurses and auxiliary staff.

Ensuring that procedures are carried out according to established practices, standards and policies. Develop standards of care. Maintain accurate and legible nursing records - Hand written or on computer.

Ensure patient confidentiality is maintained at all times. Adhere to hospital (Altnagelvin) Trust policy on use of Medicines and UKCC Advisory Document.

Administrative Responsible - Attend COSH and fire lectures to be familiar, with the safety regulations. Be familiar with disciplinary and grievance policies of the Trust.

General - Act up for Sister when required. Keep abreast of changes and developments in nursing.

Take part in teaching and assessing junior staff.

(d) Who was your line manager in 2001?

Mrs McDonald was my line manager.

(2) With respect to the following statement, given by Sister Elizabeth Millar, that: *"There was a long, long discussion about the appropriateness of the fluid, because I think when Raychel was taken to the Royal, one of my nurses accompanied Raychel. And a nurse in the intensive care in the Children's in Belfast said when Raychel arrived 25 and there was handover, that she was on the wrong fluid. The nurse came back, obviously, and said this to me and my colleagues"* (Ref: Transcript of the Oral Hearings 1st March 2013 p. 64-65) please state:

(a) Whether you are the nurse identified in this statement

No. I was not the nurse identified in this statement.

I was the only nurse who accompanied Raychel to Belfast. I did not have any

conversation with a nurse there about fluids nor did I relay same to Sister Millar. Therefore I am not the nurse identified in Sister Millar's statement.

- (b) The identity of the person(s) you spoke to at the RBHSC
Not applicable.
- (c) What these individuals said to you
Not applicable.
- (d) Whether you received confirmation of this information, and if so from what whom or what source
Not applicable.
- (e) What did you understand this information to mean
Not applicable.
- (f) Who you reported this information to in Altnagelvin or elsewhere
Not applicable.
- (g) Who else became aware of this information in Altnagelvin
Not applicable.
- (h) Whether you were involved in the Critical Incident Review into Raychel's death, and if so in what way?
No I was not involved in the Critical Incident Review.
- (i) Whether you were asked to make a statement or provide further information in relation to accompanying Raychel to the RBHSC or the information obtained there?
No.

- (3) Please provide such further comment as you think relevant. It would be of very considerable assistance if you could attach any documents you may hold which may be relevant to procedures, strategies, policies or any such issues as you think may be relevant.

I staff Nurse Margaret Dooher came on duty to the intensive care unit at 7.50am on the 9/6/2001 and was allocated by charge Nurse McMEnamin to assist Dr Nesbitt (Consultant Anaesthetist) with the emergency transfer of Raychel Ferguson to the Royal Sick Children's Hospital in Belfast. I took the handover from the night nurse who had been looking after Raychel from the admission to intensive care at 7am.

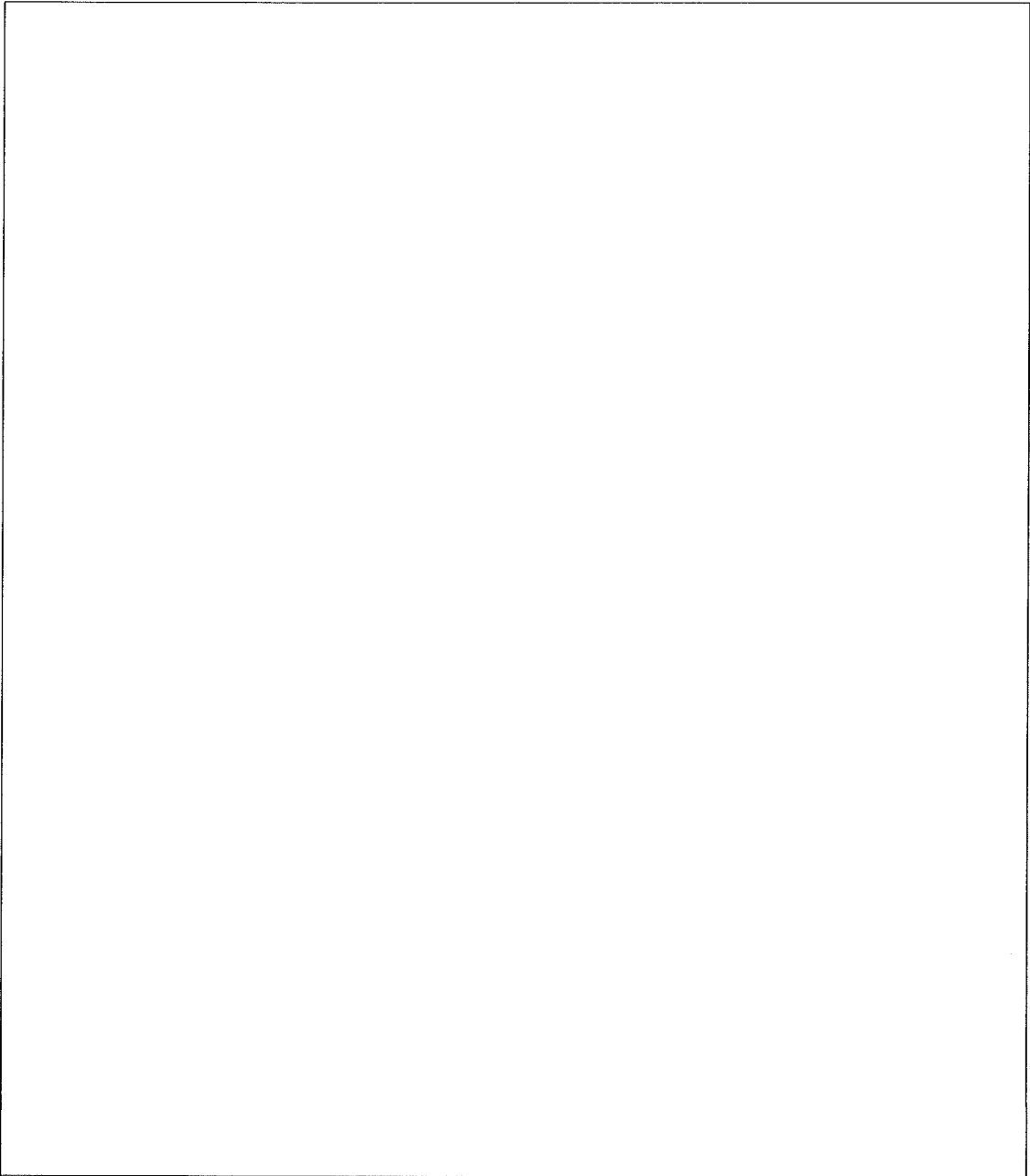
Raychel was already intubated and on a ventilator. At approximately 9am Dr Nesbitt and I transferred Raychel to the Scanner room for a repeat CT Scan. We returned to the intensive care unit following the CT Scan - See clinical notes intensive care 020 023.

An ambulance was already booked to take Raychel to the Royal Belfast Sick Children's Hospital.

I checked the transfer equipment and emergency bay. The Transfer Referral sheet was filled in - see clinical notes intensive care, document 020 024.

At 11.10am Dr Nesbitt and I transferred Raychel to RBHSC by ambulance with police escort. No other nurses went with us. I took Raychel's observations and recorded them as charted in the Transfer Referral sheet - see clinical notes as charted in the transfer Referral sheet - see clinical notes intensive care document 020 024.

We arrived at 12.20pm – the transfer was uneventful. I handed over to the staff nurse in the RBHSC who was taking over Raychel’s care. See clinical notes intensive care document 020 023 and Transfer Referral sheet clinical notes intensive care document 020 – 024. I collected the transfer equipment. Dr Nesbitt and I returned by ambulance to intensive care Altnagelvin.



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

Signed: *M. P. Dooler*

Dated: 11/7/13.

Altnagelyvin Hospitals Health & Social Services Trust

Surgery & Critical Care Services

JOB DESCRIPTION

- Job Title:** Staff Nurse Grade 'E' - Intensive Care/High Dependency Unit/Operating Theatre
- Grade:** 'E'
- Responsible To:** Sister or Charge Nurse of Department
- Accountable To:** Clinical Services Manager
- Qualifications:** Registered General Nurse on UKCC Register.
- Role:** The Staff Nurse is a member of the department team and is designated regularly in charge of the department/operating theatre.

Professional Responsibility

- 1.1 Responsible for assessing, planning, implementing and evaluating individual programmes of care including patient reception, peri operative care and management of the mechanically ventilated patient.
- 1.2 Carry out all forms of direct/indirect care for the intensive care/high dependency care patient under supervision.
- 1.3 Carry out continuous renal replacement therapy under supervision.
- 1.4 Participate as a scrubbed member of the theatre team, in accordance with theatre policies and procedures.
- 1.5 Have updated skills in cardio pulmonary resuscitation.
- 1.6 Act as a circulating member of the unit providing assistance as required to anaesthetic and surgical staff.

- 1.7 Observe and report upon patients' condition whilst in the unit.
- 1.8 Be familiar with management of central venous pressure lines, arterial lines and epidural cannula.
- 1.9 Co-operate with other departments/hospitals to ensure the safe transfer of patients to and from the unit/department.
- 1.10 Adhere to the Altnagelvin Trust Policy of 'Use & Control of Medicines' and the UKCC Advisory Document 'Administration of Medicines'.
- 1.11 Maintain accurate and legible nursing records (either on computer or manually) and ensure their safekeeping.
- 1.12 Ensure that confidentiality is maintained at all times.
- 1.13 Ensure that procedures are understood by staff and carried out according to established practices, standards and policies.
- 1.14 Participate in the teaching of learners and ensure that learners objectives are met in accordance with the requirements of the National Board.
- 1.15 Comply with responsibilities in relation to clinical governance.
- 1.16 Supervise junior members of nursing staff and ancillary staff.
- 1.17 Develop good interpersonal relationships with patients, relatives and other members of the multidisciplinary team.
- 1.18 Provide support and up to date relevant information for patients relatives.
- 1.19 Participate in the development of care pathways in conjunction with the multidisciplinary team.
- 1.20 Report incidents/accidents involving patients/staff to Sister or CSM including relevant documents.
- 1.21 Develop written standards of care and conduct department audits which allow the effectiveness of nursing to be evaluated. Where deficits in standards of care are highlighted, take appropriate remedial action.
- 1.22 Participate in research and trials of new equipment and materials.

- 1.23 Ensure the safe keeping of patients' belongings and valuables in accordance with hospital policy.

Administrative Responsibilities

- 2.1 Be familiar with and adhere to health and safety regulations, fire policies, COSHH regulations and infection control policies.
- 2.2 Ensure compliance with HSE/98 Regulation and adhere to Trust Policy.
- 2.3 Ensure essential supplies of all stock items are maintained within the department.
- 2.4 Practice due economy ensuring optimum use of nursing resources, supplies and equipment.
- 2.5 Be familiar with disciplinary and grievance policies of the Trust.

General Responsibilities

- 3.1 Act up for Sister when required.
- 3.2 Participate in the orientation and induction of new staff and in the development of good interpersonal relationships.
- 3.3 Promote and participate in research projects.
- 3.4 Keep abreast of changes and developments in nursing and take every opportunity to maintain and improve professional knowledge and competence.
- 3.5 Participate in regular performance review and development of junior staff as required.

This job description is not definitive nor restrictive and will be modified to meet changing needs.

The Trust operates a policy on smoking, alcohol and health.

July 2000



Altnagelvin Hospitals Health & Social Services Trust

PERSONNEL SPECIFICATION

Each statement contained in the Personnel Specification must be justifiable by evidence obtainable from an analysis of the job. The specification should describe the person who is capable of doing the job adequately. Factors shown below are examples and may not be relevant for all posts. If so they should be marked "Not Applicable". Blank boxes are available to note additional factors. Please note, however, that the completion of the qualifications and/or experience section is compulsory.

POST:	STAFF NURSE GRADE E
DEPARTMENT:	ICU/HDU/RECOVERY
LOCATION:	ALTNAGELVIN AREA HOSPITAL
DATE:	6/9/01

FACTORS	ESSENTIAL	DESIRABLE
QUALIFICATIONS AND/OR EXPERIENCE	RGN QUALIFIED AND REGISTERED WITH THE UKCC AND HAVE A MINIMUM OF 3 YEARS POST REGISTRATION EXPERIENCE AT GRADE D OR ABOVE, ONE OF WHICH SHOULD BE IN ICU/HDU OR THEATRE NURSING. (10)	ADDITIONAL QUALIFICATIONS (1) MAIN COURSE MANAGEMENT CERT. DUBLIN MAY 03 (3) ADDITIONAL EXPERIENCE ABOVE MINIMUM MAY 05 (5) RELEVANT COURSE (ICU/HDU/THEATRE SPECIALIST COURSE) IN A RECOMMENDED UNIT (5)

KNOWLEDGE	ICU/HDU/THEATRE KNOWLEDGE (20) CLINICAL GOVERNANCE (15) DEVELOPMENT OF CARE PATHWAYS (10) HEALTH & SAFETY (7)	
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FACTORS	ESSENTIAL	DESIRABLE
SPECIAL APTITUDES	INITIATIVE (10)	
	LEADERSHIP (10)	
	COMMUNICATION (10)	

SPECIAL CIRCUMSTANCES		
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INTERESTS		
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SIGNATURE: Jonathan [Signature] DATE: 6/3/01

020-024

ALTNAGELVIN HOSPITALS HEALTH AND SOCIAL SERVICES TRUST
TRANSFER REFERRAL SHEET

Patient Name: RACHAEL FERGUSON Hospital No: A11 3134254

Date of Admission: 7/6/01 Ward: Wd 6

Present Location: ICU

Principal diagnosis: INITIAL - APPENDICITIS

ENTER ? MENINGITIS ? ENCEPHALITIS

Reason for Transfer: TO PAED ICU BELFAST

Time of decision: 09.00 (OR FIRMED)

Referring Consultant: DR. NESBITT

Receiving Consultant: DR. CREAN

Results of Relevant Investigations: ? Sub. arachnoid flac.

Current Drug Therapy: 2.4 mg IV Cefotaxime } T.O.s

1.2 mg IV Benzylpenicillin }

And else.

CHECKLIST:

Family informed: Yes / No

Was patient full attended: Yes / No

ITEMS TO BE SENT WITH PATIENT:

Case Notes: - Originals Yes / No
- Copies Yes / No

X-Rays - Originals (chest) Yes / No
- Copies Yes / No

Patients Belongings: Yes / No

CT X-rays (not sent)
packed up

Signature: [Signature]

RF - ALTNAGELVIN

020-024-052

TRANSFER RECORD SHEET

Patients Name: RACHEL FERGUSON Hospital No: AN 313954

Date: 9th June 2001 Time of Departure: 11:10 AM

PATIENT INTERVENTION / MONITORS:

Tracheal Intubation:	Yes / <u>No</u>	- Size of E.T.T.:	<u>6.0</u>
Ventilated (Manual)	Yes / <u>No</u>	- Type of Ventilator:	<u>Dräger Portable</u>
(Mechanical)	<u>Yes</u> / <u>No</u>	- Mode of Ventilation:	<u>SIMV IPPV</u>
Central Venous Lines	Yes / <u>No</u>	C.V.P. Monitoring	Yes / <u>No</u>
E.C.G.	<u>Yes</u> / <u>No</u>	SAO ₂	<u>Yes</u> / <u>No</u>
Blood Pressure (Direct)	<u>Yes</u> / <u>No</u>	ET CO ₂	<u>Yes</u> / <u>No</u>
(Indirect)	<u>Yes</u> / <u>No</u>	Urinary Catheter	<u>Yes</u> / <u>No</u>
Chest Drain	Yes / <u>No</u>		

Time	11:10	11:20	11:30	11:40	11:50	12:00	12:10	12:20				
H.R.	105	105	104	103	105	103	103	104				
Rhythm	SR	SR	SR	SR	SR	SR	SR	SR				
B.P. (W/M)	96/47	96/47	95/50	93/47	98/50	97/45	97/46					
C.V.P.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
SAO ₂	100%	100%	100%	100%	100%	100%	100%					
Insp. O ₂												
Resp. Rate	10	10	10	10	10	10	10					
Tidal Volume	200	200	200	200	200	200	200					
Airway Press.	+18	+16	+16	+16	+16	+18	+16					
Peep cmH ₂ O	+2	+2	+2	+2	+2	+2	+2					
ET CO ₂	34	34	34	34	34	33	35					
PUPILS	E	E	E	E	E	E	E					
Right Size	7	7	7	7	7	7	7					
Right Reaction	F	F	F	F	F	F	F					
Left Size	7	7	7	7	7	7	7					
Left Reaction	F	F	F	F	F	F	F					

SIZE OF PUPIL

- 1 .
- 2 .
- 3 .
- 4 ●
- 5 ●
- 6 ●
- 7 ●
- 8 ●

FLUID	VOL.	STARTED AT	RATE	SIGNATURE
<u>WAL + KCL</u>	<u>1L</u>	<u>9 AM</u>	<u>100ml</u>	<u>[Signature]</u>

DRUG	DOSE	TIME	SIGNATURE

Time of Arrival: 12:20 pm Tick if journey uneventful:

Any Important Episode of: Desaturation Hypotension Arrhythmia Hypertension Other

If Yes, Please elaborate:

Evaluation:

RF - ALTNAGELVIN

020-024-053

EVALUATION SHEET

020-023

Date	Time	Prob. No.	Evaluation	Signature	B.O.	Communications/Instructions/Investigations
			Ventilated - fluids changed to 0.9% NaCl			
			sed to 40ms HR			
			1m MESO4			
			2.4ml IV Ceftaxime			
			1.2mg IV benzylpenicillin given			
			Catheterised and 10 play (5ml water)			
			CT Scan ordered			
			Initially subarachnoid haemorrh found			
			& evidence of ICH. - transferred to ICU			
			ICU Team Ventilation commenced via servo.			
			Repeat CT Scan. - taken 9am.			
			Obs. (see chart) stable.			
			GCS 3 - unresponsive Pupils			
			Large fixed & dilated.			
			Bed available in Sick Children's RVH.			
			Rachael fully attended. Family informed			
			Aware of condition - RVH by ambulance			
			& police enroute 11:00am.			
			Ult. eventual journey to Belfast started 12:30 PM on 11/11/03			
			Neg balanced IL Obs. radiology			
			Hypertensive. T 33.5 on departure RVH.			
			EPY CODE EP Bone Profile MESO4 sent.			
			Wounds given to staff in Sick Children's.			

RF - ALTNAGELVIN

020-023-050

Na

Hospital Number:

Ward:

HC5

020-023

EVALUATION SHEET

Date	Time	Prob. No.	Evaluation	Signature	B.O.	Communications/Instructions/Investigations
9/6/01	10:00am		New patient age 9yrs referred from WOB at Iam with history as follows - admitted to WOB on 7/6/01's abdominal pain. No past medical history. Appendicitis removed Thursday night. Inability to eat - no problems during, or on 8/6/01 - no concerns - vomited 2-3 times during day - was able to walk. No temp. diarrhea.			
			Check by nurses 3am - mont urine - unresponsive - tonic seizure HR 160. Received 5mg Diazepam P.R.			
			10mg IV diazepam - seizure lasted 5min. Bites BBP UTE Ca MA Cultures taken			
			4:10 am. Very unwell. Pupils dilated. Unresponsive HR 160/min. Pua. Rash. Petechia upper chest? Vomiting. 2 Amp. 3702 98% Intubally 98% O2LO2 but sat 2 quickly + became apnoeic. Intubated & Anaesthetist Sped G ETT orally. (No drugs given prior to intubation).			
			Rachael Ferguson			
			Hospital Number: AH-313854			Ward: 101

RF - ALTNAGELVIN

020-023-051

NE
8mm
8mm

HC5

Staff Training / Development 2002 – 2013

- 2002 – Immediate Life Support (25th June)
- 2003 – Critical Care Conference (5th Nov)
Paediatrics – Paediatric Symposium – Paediatrics from aboard (11th Dec)
- 2004 – Critical Care Audit Forum (24th July)
- 2005 – I.L.S (Life Support) (8th March)
Bi – Annual Critical Care Conference (20th Oct)
- 2006 – Mandatory Training (22nd Nov)
Critical Care Forum (29th March)
Bi – Annual Critical Care Conference (20th Oct 2006)
Blood Glucose Monitoring Training Advantage Meter & Link Nurse Meeting (4th April)
- 2007 – Diabetic Link Nurse Meeting (23rd Jan)
Critical Car Forum (8th March)
Diabetic Link Nurse Meeting (16th Oct)
Critical Care Forum (24th Oct) Rolling Programme Ventilation
I.L.S (28th Nov)
- 2008 – Drug Reaction (MDEC) 7th April
Blood/ Blood Component education session (29th Sept)
Moving & Handling – Mandatory Training (14th Oct)
Infection, Prevention & Control – Mandatory Training (29th Oct)
Bi – Annual Critical Care Conference – Sepsis (6th Nov)
Clinical Supervision (25th Nov) C.E.C
- 2009 – 24th Feb – C.C.F – Management Plan/Workshop
- 4th Aug – Mandatory Training CEC
14th, 15th, 16th BACCN Conference Belfast
22nd Sept – Critical Care Forum – Paeds – In preparation in Notric
Training & CPAP Hood
21st Oct Oral Hypoglycaemic Therapy – Diabetic Link Nurse Meeting
27th Oct ILS
- 2010 – 19th April – Critical Care Forum – Lidco Therapy/ Lidco
Practical Clinical Supervision
12th May - Combination Day – Blood/Blood Component Education Session/
Injection Control/ Prevention. Mandatory Training

S/N Margaret Doohar ICU

18th Oct - ILS

17th Nov - BI Critical Care Conference

2011 – 14th April - Clinical Supervision & Organ Donation

13th June - Haemovigilance Assessment

12th Oct – Mandatory Training – Fire Safety/ Better Blood Transfusion
Practice/ COSHA/ Risk Management

15th Nov – Bi – Annual Critical Conference

2012 – 29th May – Band 6 Workshop

20th June – Study Day – New Equipment , Monitors/CPAP Masks Clinical
Supervision

5th Sept – ANTT Peripheral & Central Assess – now

16th Oct – Moving & Handling Update

17th Oct – Blood/ Blood Component Education

20th Nov – Bi – Annual Critical Conference

S/N Margaret Dooher ICU

Professional Development/ Training from 1991-2001

1991 – 14th January – Standards of care and workshop

1992 – COSHE Training

1993 – 5th May – Conference A&E Trauma Study day

21st May – Preceptor/Mentor Training to assess student nurses

19th May – Study day – How to evaluate & improve care planning on the ward

1994 – Acting F grade 29th August 1994 – 1st Jan 1995

1995 – 3rd Aug – Major Trauma Study day

Multiple Trauma Accident & Emergency

7th Nov - Nursing Audit Meeting

Seminar – Childrens Order Act

4th Dec – CPR Training

1996 – CPR Training & Assessment

20th April – Major Trauma Study day

Head & Chest injuries

3rd April – Common Core Unit MDEC

30th April – started placement for common

7th May - Common Core Unit – Study

14th May - Common Core Study day

21st May - Common Core Study day

28th May – Common Core Study day

3rd June – Acting F grade (1996) – 7th July 1996

4th June –

S/N Margaret Doohar ICU

August 2nd – assignment handed in to MDEC

1997 – 29th Jan – Critical Care Course started

12th Feb, 26th Feb, 12th March, 26th March, 9th March ended. Assignment handed in.

28th March – Diabetic Link Nurse Meeting

9th Sept – Link Nurse Meeting

15th Aug – Diabetic Link Nurse – Review Advantage Meter system & Diabetic Principles for Nurses.

17th Nov – Training at Coleraine University for Preceptor Training to assess post grad nurses.

25th Sept – IT Training

1998 – 30th Jan – Assessment of Post Grad Students. Coleraine University

22nd April – Basic Life Support

28th May – Continuous Dialysing Therapy

Acting F grade March 2nd – 26th April 1998

1st Nov – ECG Training Day

2nd Nov – ECG Training Day

19th Nov – Prisma Training – Hemofiltration

1999 – 1st Feb – Diabetic Link Nurse Meeting

5th Oct – Diabetic Link Nurse Meeting

2000 – 7th April – Study Day Anaesthetics – Case Study, presentation and ventilation

18th April – Diabetic Link Nurse Meeting

26th Sept – Diabetic Link Nurse Meeting

21st Nov – To ward 8 surgical ward for 7 months until 3rd June 2001

2001 – 25th Oct Nippy Training

Devlin, Denise

From: Joanna Bolton [REDACTED]
Sent: 17 July 2013 16:27
To: Conlon, Bernie (IHRD); Devlin, Denise
Cc: John Johnston
Subject: RE MRS DOOHER

"This email is covered by the disclaimer found at the end of the message."

Dear Bernie,

I note that the front page of Mrs Dooher's statement cites her previous position as being a Ward 6 Nurse. Mrs Dooher did work on ward 6 I am instructed that she worked in ICU.

Kind Regards,

Joanna

Joanna Bolton

Solicitor Consultant

Directorate of Legal Services, Business Services Organisation, 2 Franklin Street, Belfast, BT2 8DQ

Tel: [REDACTED] | **Email:** [REDACTED]

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