

The BRI Inquiry into Paediatric Cardiac Services in Bristol 1984-1995

Name	Patricia Dorothy FIELDS
Address	Bristol Royal Infirmary Bristol BS2 8HW
Occupation	Professional Head of Nursing, Bristol Royal Infirmary

Introduction

1. This statement is made in response to the Inquiry's request for information relating to evidence to be heard in "Block 4". I also make reference to my earlier statement provided to the Inquiry dated 24 May 1999.
2. My role as Nursing Officer and subsequently as Nursing Adviser both related to general surgery and not to cardiac surgery, so my knowledge of this is very limited and I am unable to add much further information than that which I have already provided to the Inquiry in my earlier statement.
3. The Nursing Officers for cardiac surgery were Lorna Wiltshire (1979 – 1981), Lynn Green (1981, for approximately 2 years) and Hilary Dickinson (mid-1980s onwards). Please see paragraph 13 of my statement dated 24 May 1999.

Issue C: The Service Provided: Nature and Outcomes

4. I am unable to comment on this issue as I have no knowledge, save as to say that my role was peripheral – I was not invited to discuss these sorts of issues and my views were never sought.

Issue D: Referrals

5. I am unable to comment on this issue, save as to say that I was never approached to offer any views on a referral. I had a basic awareness that children were referred from BRHSC, or from out of the area, to the BRI for surgery.

Issue E: Pre-Operative Management of Cases

6. I am unable to comment on issues E1 to E13 and E15 in relation to paediatric cardiac surgery as this was not something I would have been involved in. I was aware that occasionally there were pressures on available beds within cardiac ITU and so a decision would have had to be made about whether or not to operate. However, this was just a basic awareness on my part and I was not involved in the decision making process.

E14: Pre-operative observation, assessment and care by the nursing staff and other professions (such as physiotherapists).

7. I would imagine that if a senior clinical nurse manager needed any advice in relation to work being carried out, for example, on the standards of nursing care, then I would have been their point of contact. However, I am unable to recall any specific examples.

Issue F: Management of Surgery

8. I am unable to comment on issues F1, F2, F3b, F4, F5 and F6, as this relates to issues outside my knowledge.

F3: a. The qualifications, training, experience and skills of all other members of the surgical team (e.g. nurses and perfusionists).

9. I recall that there were set standards which had to be maintained with regard to the experience of nurses at different levels. The decision with regard to training rested with the clinical nurse manager, who would always try to ensure that her immediate staff maintained the established criteria set by the hospital.

Issue G: Post-Operative Care

10. I am unable to comment on issues G2, G3 and G5 – G12 as these issues relate specifically to paediatric cardiac surgery and I have no knowledge.

G1: The national standards or guidance in existence, in 1984-1995, to shape the organisation, numbers and experience of staff within ICUs such as those of the BRI and the BCH.

11. I was not aware, during my appointment as Nursing Officer, that any bench-marking was carried out in relation to comparing the ICU within the BRI with other centres.

G4: The availability of staff throughout the 24 hour day to assess and to meet, following such assessment, the needs of any child in ICU after paediatric cardiac surgery.

12. In the mid to late 1980s there was a negligible use of agency and bank nurses. More often than not necessary staffing numbers were met within the cardiac surgery establishment. Staff were asked to work overtime or to change their shifts. However, I believe that this was a national occurrence, not just in the BRI.
13. Post-Trust status, there was an increase in the use of agency nurses. I believe this was due to a change in nurse training and clinical grading issues – some re-grading appeals were still to be heard upon my return to work in 1990.

Issue I: Treatment of Families, including the Bereaved

14. I am unable to comment on this issue, as I had no direct involvement with this and have no knowledge, save for issue 14, to say please see my comments at paragraphs 24, 25 and 26 of my statement dated 24 May 1999.

Issue J: Post-Mortems and Inquests

15. I am unable to comment on this.

Issue K: Training and Retraining

K1: The support and assistance made available to all members of staff, to help them keep abreast with developments in clinical practice; and the use made of such facilities.

16. During my appointment as Nursing Officer, there was a less formal system in place to support staff through further training as compared with today. There was less encouragement for nurses to develop their skills and less emphasis was placed on further training for nurses than, say, for doctors who had a defined number of days set aside for training purposes. Nurses sometimes had to undertake further training in their own time.
17. Nowadays, nurses are actively encouraged to seek further training and a budget is set aside to finance training for nurses.

K2: The process of appraisal and training required of a paediatric cardiac surgeon in 1984-1995, before embarking on an advanced operative procedure not previously performed by him.

18. I am unable to comment on this.

K3: The extent to which those obligations were affected by the fact that:

- a. the procedure was new, and not well-established elsewhere, or (conversely) that it was well-established elsewhere;
- b. there was an absence of "local" skill or advice, so that any assistance must necessarily have been obtained from outside the institution in question.

19. I am unable to comment on this.

K4: The professional or contractual obligations regarding such appraisal and training imposed upon a paediatric cardiac surgeon (both at the BRI, and generally within the UK).

20. I am unable to comment on this.

K5: The professional obligations or duties (if any) placed upon the person or persons carrying out, or assisting with, the retraining of a professional colleague.

21. I am unable to comment on this.

K6: The responsibility borne by:

- a. a paediatric cardiac surgeon;
- b. an anaesthetist;
- c. other members of the surgical team (perfusionists, nurses, etc.); or
- d. referring cardiologists

for ensuring that all members of the surgical team were properly trained to assist at new procedures not previously carried out at an institution.

22. I am unable to comment on this.

K7: The professional or contractual standards or obligations (if any) regarding the organising or undertaking of such further training imposed upon the individuals listed at (a) - (d) above.

23. When I returned to work in 1990, there was an increased use of agency staff. It was sometimes difficult to release nurses to attend study days as part of their ongoing professional development. Since the appointment of the present Director of Nursing and the development of the UBHT nursing strategy there is outlined in this a greater commitment to professional development.

24. The nurses' training needs were identified through their SDPRs (Staff Development Performance Review). If the nurses felt they wanted, or needed, further training and were finding it difficult to find the time to undertake a course of training, I would be happy to fight their battles to ensure they received the training they wanted. I cannot recall any specific instances when this occurred.

25. There were, and still are, statutory requirements that each member of staff must meet. For example fire training, health and safety at work etc. These are generally written into the job descriptions. The BRI also has certain other aims that it is working towards. For example, each member of staff should have basic life support training.

K8: The nature and extent of any further training undertaken by all members of the paediatric cardiac surgical team at the BRI, before embarking on any new surgical procedures.

26. I am unable to comment on this.

K9: Whether such further training met the requirements of the professional or contractual standards or obligations.

27. The onus was on the individual to keep up to date with their training needs, so as to meet the professional and contractual standards.

K10: The steps to be taken by a paediatric cardiac surgeon to ensure that his surgical technique and/or clinical skills was and remained adequate to the task of performing procedures which he was accustomed to carrying out.

28. I am unable to comment on this.

K11: In particular, the steps to be taken to:

- a. evaluate and assess his own performance;
- b. maintain competence; and
- c. embark on retraining (whether as a matter of routine, or in response to specific concerns about his ability to perform particular procedures).

29. I am unable to comment on this.

K12: The professional or contractual obligations (if any) regarding such evaluation and retraining imposed upon a paediatric cardiac surgeon (both at the BRI, and generally).

30. I am unable to comment on this.

K13: The steps that were, in fact, taken by paediatric cardiac surgeons at Bristol to ensure that their surgical techniques and/or clinical skills were and remained adequate.

31. I am unable to comment on this.

K14: Whether such steps as were taken met the requirements of the professional or contractual standards or obligations current at the time and the extent to which those actions conformed to accepted practice.

32. I am unable to comment on this.

K15: The responsibility borne by members of staff (such as the paediatric cardiac surgeons, the anaesthetists, other members of the surgical team, or managers) in ensuring that all members of the surgical team were, and remained, properly trained and skilled.

33. I am unable to comment on this.

K16: The professional or contractual standards or obligations (if any) regarding the organising or undertaking of such training imposed upon staff members, both at the BRI, and generally.

34. I am unable to comment on this.

K17: The continued professional education and training undertaken by members of the paediatric cardiac surgical team at the BRI.

35. I believe I have already covered this within issue K7 above.

K18: Whether such continued education and training met the requirements of professional or contractual standards or obligations imposed at the time and the extent to which it conformed to accepted practice.

36. Further training, as required by statute eg health and safety, was always supported and given priority and always met the requirements set down. See also my response to issue K7 above.

K19: Whether it is (a) inevitable; and (b) acceptable, that a surgeon carrying out a new procedure will experience a "learning curve" during which his competence or results may fall below the standards achieved by a surgeon who has carried out a reasonable number of these procedures.

37. I am unable to comment on this.

K20: The relationship between learning curves, and maintaining minimum acceptable levels of performance.

38. I am unable to comment on this.

K21: The steps that can be taken to minimise the length of a learning curve, and to ensure that all relevant lessors are learnt as soon as possible.

39. I am unable to comment on this.

K22: How an acceptable learning curve may be defined, prospectively.

40. I am unable to comment on this.

K23: the steps that can and should be taken to protect a patient, during the term of a learning curve.

41. I am unable to comment on this.

K24: The information, tools and professional guidance available to the medical profession, to assist in the task set out at (19) to (21).

42. I am unable to comment on this.

K25: The extent to which the profile of an acceptable learning curve (if such exists) may legitimately be affected by:

- a. the fact that the procedure is innovative and not well-established elsewhere;
- b. the balance between the expected benefits of the new procedure, and the benefits likely to be obtained by the best alternative course of action;
- c. the explanation of the risks given to the parents, guardian or child concerned.

43. I am unable to comment on this.

K26: The evaluation of the likely "learning curve" made by the paediatric cardiac surgical team at the BRI, before any new surgical procedure was embarked upon.

44. I am unable to comment on this.

K27: The steps (if any) taken, whether by such a surgeon or any other member of his unit, to monitor whether any adverse outcomes of a new surgical procedure were:

- a. a product of the process of acquiring sufficient experience at performing a new procedure; and/or
- b. whether, if so, the process of acquiring such experience or skills was progressing at an acceptable rate.

45. I am unable to comment on this.

Issue L: Informed Consent

46. I am unable to make any comment on this as I had no input.

Issue M: Review of Cases and Medical and Clinical Audit

47. I am unable to comment as I did not see any audit data during the period in question.

Issue N: The Expression of Concerns

48. I am unable to comment on this save to say that if there were concerns, I am sure that the senior nurses in cardiac would have felt happy to discuss these with me. I cannot recall any specific instances when this happened, although I believe I was always open, available and able to listen.

Signed.....
PATRICIA DOROTHY FIELDS

Dated.....19.7.99.....

H:\stt\P Fields.sta2.doc (16/07/99)