

medical nurses for cardiology and surgical nurses for surgical procedures. There is, however, continuity with some members of the team remaining the same, for example dietician and physiotherapist.

62. Each ward has an admission list. Staff check the admission list and can see if a child with whom they have had contact has been admitted onto another ward.

63. I remember that there was an attempt to arrange an exchange of nurses at BRHSC with cardiac nurses at the BRI. However this was not very practical as all the posts were within the required establishment and the skills were different for both units. There was a general shortage of paediatric trained nurses for much of the period.

H3 The response of the clinicians and the management of the BRI to any problems created by the split site.

64. I was aware that medical staff did not like the arrangement of the split site. However, these were recognised specialist procedures and specialist equipment was needed. It was generally accepted that the procedures could not be done at BRHSC. We tried to ensure that a nurse who knew the child stayed with the child.

65. Over the years management reports referred to transferring the paediatric cardiac surgery service from the BRI to BRHSC. I became involved in liaising with Ward 5 BRI staff in the assessment of equipment, personnel and resources preparatory to eventual transfer in late 1995. I was mainly in discussion with Rachel Ferris, Directorate General Manager, and Fiona Thomas, Cardiac Nurse Manager.