

Witness Name: Fiona
Doune Murphy
Statement No.: 1
Exhibits: N/A
Dated: [XXXX]

THIRLWALL INQUIRY

WITNESS STATEMENT OF Fiona Doune Murphy

I, Fiona Doune Murphy, will say as follows: -

1. I am a Registered Nurse and have been on the Nursing and Midwifery Register since January 1986. My previous appointments have been in Critical Care at Harefield Hospital, Middlesex, Stoke Mandeville Hospital, Buckinghamshire, Bolton Hospital NHS Trust, Lancashire, Northern Care Alliance and Liverpool University Hospital Trust and Liverpool University Hospital.
2. In 2002, I became one of 21 Donor Liaison Sisters working in Bolton Hospital Critical Care Unit. The aim of my post was to increase the number of organ and tissue donors. I created a nurse-led eye retrieval service and made bereavement support a usual part of hospital practice, creating an addendum to the Liverpool Care of the Dying Pathway (Appendix 1). 2004 was the year that I set up the Bereavement and Donor support service, which was a trust wide initiative, ensuring that every patient and family were given bereavement support and the option to donate.
3. In 2006, I became a member of the Organ Donor Taskforce, chaired by Elizabeth Buggins. The aim of the task force was to explore barriers to organ and tissue donation. During that time, I also became the first Registered Nurse to hold the position of Clinical Lead for organ and tissue donation recruited and funded by NHSBT.
4. In 2008, I achieved the role of Nurse consultant in Bereavement and Donor care. In 2008, I became an active member of the North West Darzi review, chaired by Professor John Ellershaw – this was to support the introduction of quality within the NHS.
5. 2011 was the year that I was privileged to have been named the Royal College of Nursing Nurse of the year. In 2012, I commenced a secondment as Assistant Director of Nursing to Salford NHS Foundation Trust and in 2013 created the first Royals Alliance between

Salford, Wigan and Bolton working across Her Majesty's Coroner Mrs Jenifer Leeming's jurisdiction to implement the SWAN model of care (appendix 2).

6. The SWAN model is used to support and guide the care of patients and their loved ones when dying is recognised and after they have died. SWAN is about providing excellent, individualised bereavement care for every person, every family, every time. It is patient and family focused and centers on meeting the unique needs of each individual and their loved ones, irrespective of age or mode of death. The aim is giving families some control in uncontrolled circumstances. I believe that the SWAN Model is appropriate to use in any setting both within healthcare and in a community setting for both expected and unexpected death. My experience gives evidence that through good communication and collaboration with our coroner and police colleagues we can achieve a good experience of care and compassion and leave a positive memory of care and kindness, even in the most difficult situations. The SWAN model has been developed to ensure that bereavement nurses are involved in Sudden Unexpected Child Death ("SUDC") across Greater Manchester and Liverpool hospitals. This is of the upmost importance providing immediate support to the family and to the multiprofessional meetings that happen as a result of the child death. The SWAN model is used in neonatal units in the areas that I have worked. It can also be easily adapted in areas that don't practice in this way.
7. In 2014, I was awarded a Florence Nightingale Scholarship and had the opportunity to work with cultures and communities that I have had the privilege to care for. I travelled to Singapore, Australia, India and worked closely with our Jewish communities. The aim was to understand death and dying with those patients, so we could further enhance the SWAN model ensuring better understanding of faith and rituals at the end of people's lives.
8. In 2016, I was awarded an MBE in the Queen's birthday honours for nursing, bereavement and donation. In 2016, I became the Associate Director of Nursing where I increased my hospital portfolio to implement the Swan Model to include Royal Oldham, Rochdale Infirmary and North Manchester Hospitals as they transitioned in to becoming the Northern Care Alliance. In 2016, I became the Patron of the Good Grief Trust, the umbrella charity for bereavement support, over 1000 charities sit under this umbrella. The Good Grief Trust is also the secretariat for the All-Party Committee for the bereaved, Chair Tobias Ellwood.M.P.
9. In 2017, I was privileged to be invited by the Greater Manchester Coroners to lead the immediate support and aftercare of the deceased victims from the Manchester Arena Bombing. Working in collaboration with Greater Manchester Police and the Family Liaison

Officers, this resulted in a SWAN Bereavement Nurse being placed within the Coroner's Office, ensuring every family, including community deaths, received immediate support. I worked closely on the National Coroners Postgraduate module at Bolton University and received an honorary Doctorate for Nursing and Bereavement.

10. 2020 saw COVID and support was given to increase the SWAN team to 80 staff across the footprint – ensuring that no one died alone. In 2021, I became the Corporate Director of Nursing at the Northern Care Alliance for End-of-Life Care and Bereavement. In January 2022, I commenced my current and final role as Corporate Director of Nursing at Royal Liverpool University Hospitals. Taking on patient experience, chaplaincy, nursing quality, volunteers, end of life and bereavement. This post has afforded me the privilege in becoming an active member of the international collaborative for best care of the dying with Chair Professor John Ellershaw. The past two and a half years has been a true enabler working with Merseyside Police and our Senior Coroner Mr Andrea Rubello OBE. Working in collaboration with Liverpool University to further enhance the SWAN model secure funding via NHS England to educate twenty-five 4 generalists at Post Graduation level to become SWAN scholars. I retired from my current post at the end of June 2024.
11. The SWAN Model of Care for End of Life and Bereavement was first created and developed at Salford Royal NHS Foundation Trust in 2012. It was subsequently implemented at Pennie Acute Hospitals NHS Trust (now merged with Salford Royal NHS Foundation Trust to form the NHS Northern Care Alliance), since 2016. It has since been rolled out across over 70 Care Organisations throughout the UK and abroad .
12. The SWAN model is instigated at the point of recognition of dying and is used to support care throughout the dying phase, into bereavement and beyond. Staff explain to family wherever possible, of what the SWAN model means, and a SWAN sign is placed on the bedroom or curtain in which the dying person is being cared for. It acts as a visual reminder for all staff to employ the principles of the SWAN model in their care for that person and their loved ones, and reminds everyone, including other visitors, to be mindful of maintaining as peaceful environment as possible.
13. The SWAN is an enabling model which supports generalists to be specialists in bereavement care. The ethos is about empowering teams and giving them **permission to care** and to **break the rules that don't exist** (Implementation book appendix 2). Staff, particularly nurses, often feel that they can't act autonomously when someone dies – including a baby death. This is due to the death being under the care of the Coroner. Enhanced communication with the Coroner and the Police if they are involved is a great

way to ensure that families always know what is possible. For example, a handknitted blanket and knitted hearts can be placed next to the deceased patient or baby . If hand or footprints can't be taken immediately following a death, a clear timeline of when they can be taken can be articulated to the family. My experience has taught me that often the Senior Investigation Officer is really appreciative of the support of a bereavement nurse or midwife and realises the comfort that mementoes bring to newly bereaved families. It is also a misconception that nurses who have been trained in verification of death cannot verify a death. The general feeling is that verifying a death needs to be undertaken by a doctor. It is actually certification of death that must be undertaken by a doctor. It is a positive experience for a family to have the nurse caring for their deceased child or relative to perform verification of death. This ensures that the actual time of death (last breath/heartbeat) is documented with the correct date and time of death . This has proved to be a positive outcome for families and local agreement with coroners and police in Greater Manchester and Liverpool ensure that this happens.

14. Bereaved parents appreciate good clear communication from someone who is providing immediate support and acts as a conduit to regularly update and guide them through this most difficult time. Walking gently at their side ensuring communication, and next steps are always articulated. Memory making is vital at this time. I have witnessed many times the benefit of improved relationships with coroners, medical examiners, SUDC and the police ensuring that families are at the heart of all gentle conversations. The SWAN model is transferable in any setting including neonatal settings ensuring holistic support, spiritual care and liaison with both medical examiners and coroners. The SWAN model also provides support to any health care professionals that may need to de-brief following the death. The psychological outcomes for parents who experience loss within a neonatal unit rely on nursing staff to be enabled and empowered to provide effective bereavement support. Evidence suggests that this is not the case in many cases due to the heavy emotional burden and inconsistent education.
15. It is my opinion that the anticipated death of a baby or the death should be articulated by the consultant with responsibility for the baby. This should always be with a bereavement midwife or nurse, skilled nurse ensuring that they are available for immediate support and follow up. This should be face to face in an area of privacy – ensuring that the parents are with their baby as much or as little as they wish, thus , ensuring some sense of control in an uncontrolled situation.
16. Notwithstanding a coronial and police investigation – a skilled and educated bereavement nurse should be present. This ensures that the process can be reiterated

in a way that families understand. Bereavement nurses that have forged relationships with both the police and coroners have shown the benefit to all involved. A consistent and trusting relationship with explanations that are in lay terms is vital in demystifying the policy and processes that must be followed. The use of language and words is vitally important. For example, we "visit" patients – always, however our colleagues often use "viewing". We view a house or a car - not our most loved baby.

17. Signposting to support is absolutely vital, enabling families access when they need it. The Good Grief Trust is a national umbrella of over 1000 support groups that can be accessed from anywhere in the country. These charities include those supporting neonatal deaths. For example, SANDS and Winston's Wish. Many police forces, coroner's offices and hospital teams use The Good Grief Trust's "Good Grief Cards" as a resource. My experience tells me that signposting to much needed support is sporadic across the country, and this should change. This can easily be delivered by the access to The Good Grief Trust website and bereavement cards, enabling families access to this much needed support. This could easily be included in all bereavement information packs provided by neonatal units.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed:

Personal Data

Dated: 01.08.2024