Witness Statement Ref. No. 351/1

NAME OF CHILD: CONOR MITCHELL

Name: Francis John Lavery

Title: Mr

Present position and institution:

Staff Nurse, Band 5, Medical Admissions Unit
Craigavon Area Hospital,
Southern Health and Social Care Trust

Previous position and institution:
[As at the time of the child's death]
Staff Nurse, Grade E, Medical Admissions Unit,
Craigavon Area Hospital,
Craigavon Area Hospital Group Trust

Membership of Advisory Panels and Committees:
[Identify by date and title all of those between January 1995-August 2013]

Branch Executive Committee Member from 5th March 2010 to 30th September 2012
Southern Branch PR 8th June 2007 to 17th February 2010
RCN Northern Ireland Regional Board Member from 8th March 2010 to present
RCN Older Peoples Forum 16th June 2010 to present
RCN Northern Ireland Learning Representative (Accredited) from 15th November 2007 to present
RCN Northern Ireland Older People's Nursing Network Sub Group Member since 2008
RCN Northern Ireland Diversity Sub Group Member since 2010
RCN Southern Branch Treasurer from 01st October 2012 to present
Trade Unions Representative on the Trust Excellence Awards Committee 2013

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

25th May 2004	Initial Statement to Coroners Court Re Joanne Mitchell obo Conor. CM - Coroner 087-018-095
26th May 2004	Deposition of Witness at inquest regarding the death of Conor Mitchell before Mr JL Leckey, Coroner for the District of Greater Belfast. CM - Coroner 087-019-096
3rd February 2010	Witness statement of Francis John Lavery before the Investigating Committee of the Nursing and Midwifery Council in the matter of Nursing and Midwifery Council and Ruth Bullas.

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 ARISING OUT OF YOUR DEPOSITION TO THE CORONER

With reference to your deposition to the Coroner dated 26 May 2004, please provide clarification and/or further information in respect of the following:

(1) *"1. I am a Staff Nurse in Craigavon Area Hospital. 2. I was on duty on 8 May 2003." (Ref: 087-019-096)*

(a) State your nursing qualifications and the date you qualified as a nurse.

Registered General Nurse	7th May 1989
Advanced Diploma Specialist Practice in Elderly Care	June 2003
BSc Honors Specialist Practice in Elderly Care	June 2006

(b) Provide a detailed account of your career history post qualification.

8th May 1989 to 22nd October 1989
Staff Nurse, Grade D, Rehabilitation/Continuing Care and Male Surgery
Greenisland/Whiteabbey Hospitals

23th October 1989 to 19th January 1990
Staff Nurse, Grade D, Care of the Elderly
Wakehurst, Belfast City Hospital

20th January 1990 to October 1992
Staff Nurse Grade D, Ward 7&8
Lurgan Hospital

October 1992 to January 1995
Staff Nurse, Grade D, Stroke Unit
Lurgan Hospital

January 1995 to 24th January 1999
Staff Nurse, Grade D, Ward 7&8
Lurgan Hospital

25th January 1999 to 15th March 1999
Staff Nurse, Acting E, 2 South Acute Medicine
Craigavon Area Hospital

16th March 1999 to 6th May 1999
Staff Nurse, Acting E, Ward 7&8
Lurgan Hospital

7th May 1999 – November 2001
Staff Nurse, Grade E, Ward 7&8
Lurgan Hospital

November 2001 to 9th March 2003
Staff Nurse, Grade E, Ward 6
Lurgan Hospital

10th March 2003 to present
Staff Nurse, Medical Admissions Unit
Craigavon Area Hospital

(c) State whether you have any qualifications or experience in the field of paediatrics.

I have no qualifications in the field of paediatrics. I had 6 weeks experience as a student nurse during my general nurse training.

(d) Describe your work commitments to the Craigavon Area Hospital from the date of your appointment as a Staff Nurse, stating the locations in which you worked and the periods of time in each department/location.

20th January 1990 - January 1999	Staff Nurse, Band D, Lurgan Hospital
January 1999 –March 1999	Staff Nurse, Winter Ward, Acting Band E Craigavon Area Hospital
April 1999 - 9th March 2003	Staff Nurse, Band E, Lurgan Hospital

10th March 2003 – present **Staff Nurse, Band E/Band 5, Medical Admissions Unit, Craigavon Area Hospital**

I took up employment in the Craigavon Area Hospital Group Trust as a Staff Nurse Grade D in Lurgan Hospital in January 1990. I worked in a number of wards in Lurgan Hospital acquiring experience in the Assessment and Rehabilitation of Older People, Care of patients with chronic medical conditions, cardiac, respiratory, neurological and cancer.

My key responsibilities included:

- assessment, planning, implementation and evaluation of nursing care (Roper, Logan and Tierney Model of Nursing)
- Assisting patients with activities of daily living, recording vital observations, recording fluid balance, documentation of care and communicating with patients, their family and other professionals in the multidisciplinary team.
- Administration of medications and management of intravenous fluids.
- Development of my leadership and management skills, I was initially responsible for a small cohort of patients and following a period of time deputised for the Ward Sister on both day and night duty.
- Developed skills in communication report writing and collaboration with other members of the multidisciplinary team (medical, physiotherapy, occupational therapy, dieticians, speech and language therapist and Social Services) I participated in multidisciplinary ward rounds and contributed to the Care Management process

January 1999 to March 1999

I was relocated to 2 South Acute Medicine in Craigavon Area Hospital which was opened to deal with the increased activity and acuity of patients over the Winter months.

10th March 2003 to present.

- My key responsibilities were as above.
- Initially I was delegated responsibility for a number of patients on each shift and progressed to a period of Acting up Clinical Charge Nurse from 22nd March 2004 to 3rd April 2005.
- I am a mentor for Student Nurses and previously facilitated Enrolled Nurses converting to Registered General Nurses and was an accredited NVQ assessor with City & Guilds thereby enabling me to assess nursing auxiliaries to develop their knowledge and skills

During this period I have also attended study days and training.

- Intravenous Therapy Management – 23rd November 2000 (Beeches Nursing & Midwifery)
- Mentorship Session 18th January 2002 (Queen's University Belfast)
- Holistic Assessment 6th June 2002 (City & Guilds Improvement Event)
- City & Guilds NVQ Assessor D32 & D33 Awards December 2002
- General Principles of Wound Management January 2003 (Queen's University Belfast)
- Fluid Balance Recording and Implications for Practice MEWS 15th May 2009
- Blood Administration 26th June 2009
- Modified Early Warning Scores (MEWS) 10th July 2009 I hour refresher(Beeches Nursing & Midwifery)
- Immediate Life Support Course 17th September 2009
- Manual Handling Training 14th April 2010 and Refresher 2nd June 2011
- Administration of Medicines Update 25th April 2012
- National Early Warning Scores 21st August 2012 (on line educational module)

(e) Describe your duties as a Staff Nurse in the Medical Admissions Unit of the Craigavon Area Hospital as of the 8 May 2003.

As per my previous statements I was on duty in Medical Admissions Unit from 07:30 – 16:45 on 8th May 2003. I was allocated to the front wing of Medical Admissions Unit for the morning period.

In the afternoon I was allocated to work in D bay and side room 2 and 3, front wing of Medical Admissions Unit.

I assessed, planned, implemented and evaluated the care of the patients allocated to me that day, and transferred patients to other wards.

In relation to Conor Mitchell I did not attend Conor Mitchell immediately when he was transferred into the Medical Admissions unit but I saw him from a distance. There were lots of other staff members around who were dealing with the situation. I entered Conor Mitchell's room a while later to see if he was okay. Conor Mitchell's grandmother and mother were in the room also present was a Doctor (I cannot recall the name of the Doctor), Ruth Bullas and another Nurse (I cannot recall the name of the other Nurse). Ruth Bullas was completing Conor Mitchell's admission.

I cannot recall any specific events or details about Conor Mitchell, however, I can remember that his grandmother and mother were very anxious and concerned. I remember that they

were concerned that Conor was experiencing pain from the venflon in his arm. From my memory Conor Mitchell's mother wanted the venflon removed. Ruth Bullas was dealing with Conor Mitchell but I recall bleeping a doctor about 2 or 3 times. Each time that I did so I informed the family. The first time, I think that I called a doctor from a different team not directly treating Conor Mitchell. I then bleeped Doctor Totten about 2.30pm and 2.45pm and I recorded this in the nursing notes. I explained the situation concerning Conor Mitchell's IV fluids and his venflon. Doctor Totten suggested that we should flush his venflon.

I recollect speaking with Ruth Bullas. In so far as I recall, she mentioned that Conor Mitchell had suffered a spasm. On hearing this, my normal practice would have been to notify the Doctor and inform the nurse in charge. I recall telling Ruth Bullas to inform Sister Brenan (Dickey) and I remember informing Dr Totten of the spasm myself.

I do not recall seizures being mentioned to me by Conor Mitchell's family during the shift. If I had been informed of seizures I would have made the Doctor aware. I did not hear the family shout for any help in relation to seizures.

I checked Conor Mitchell periodically during the shift and would have entered the room to see if Ruth Bullas required further assistance with the patient. I was aware that she was still on duty with the patient and so I was free to attend to my other duties on the ward.

(f) By the 8 May 2003 describe in detail the education and training you had received in fluid management, the prevention of Hyponatraemia and record keeping in relation to fluid balance, to include any particular training relating to fluid management in children, and provide dates and names of the relevant institutions/bodies, by reference to the following:

(i) Undergraduate level (Pre-Registration)

I received basic fluid management training during my student nurse training. I received no specific training in relation to fluid management in children or the prevention of hyponatraemia .

(ii) Postgraduate level. (Post Registration)

I do not recall receiving any specific training in relation to fluid management of paediatrics or in the prevention of hyponatraemia.

(iii) Hospital induction programmes.

As far as I can recall there was no specific hospital induction programme but I was orientated to the ward environment and supported by Senior Nursing Staff.

(iv) Continuous professional development.

I do not recall any specific training in the prevention of Hyponatraemia.

(2) *"3. I spoke with Conor's mother and ascertained that her concerns were related to Conor not getting his IV fluids. 4. I can't remember anything specific regarding Conor. I dealt with his mother's concerns regarding IV fluids. I provided psychological support to the mother over that period of time. 5. The family expressed concerns relating to the IV fluids, I cannot remember them expressing any concerns about spasms." (Ref: 087-019-096)*

(a) What do you mean when you say that Conor's mother was concerned that *"Conor was not getting his IV fluids"*?

I cannot recall the exact details of the conversation; however I do recall that his grandmother and mother were concerned that Conor was experiencing pain from the venflon in his left arm and wished for it to be removed. My recollection is that the intravenous fluids were not connected at that time.

(b) Why was Conor not getting his IV fluids?

The cannula was not working, as documented on the fluid balance chart.

(c) From what time was Conor not getting his fluids?

I do not know when the intravenous fluids were stopped.

(d) What steps did you take to deal with those concerns?

Ruth Bullas was dealing with Conor Mitchell but I recall that I bleeped Dr Nicholson and when she replied I advised her that Conor's venflon was not working and that his family wanted the venflon removed. Dr Nicholson suggested that I contact Dr Totten.

I bleeped Dr Totten at approximately 2.30pm and 2.45pm and have recorded this in the nursing notes. I explained the situation concerning Conor Mitchell's IV fluids and his venflon. Dr Totten suggested that we should flush his venflon.

(e) Did you report those concerns to anyone else? If so,

(i) Who did you report them to?

It is my recollection that I informed Sr Brennan (nee Dickey) and also spoke to Staff Nurse Barbara Wilkinson,

(ii) What did you say to those to whom you reported the concerns?

I cannot remember the exact details, however I would have relayed the concerns brought to my attention by the family and my own observations and what I had been informed by Staff Nurse Bullas.

(iii) At what time did you report the concerns?

In the nursing notes, it states I contacted Dr Totten at 2.30pm and 2.45pm. I would have spoken to my colleagues around the same time. I do also recall speaking to Sister Brennan again at 4.10pm

(iv) What response, if any, did you get from those to whom you reported the concerns?

I spoke to Dr Nicholson and she instructed me to contact Dr Totten. Dr Totten requested that the venflon be maintained if possible and requested it to be flushed and that she would be down to the ward as soon as possible.

(f) Were you or anyone else able to resolve the concerns expressed by Conor's mother? If so

(i) How were those concerns resolved?

I was unable to do anything to address any concerns regarding IV fluids beyond contacting the medical staff, an action which I carried out as stated in the previous question. I have documented that Dr Totten re-sited Conor's cannula at 4.00 pm. Beyond this, I am unable to say when or if any other action was carried out to resolve the concerns.

At what time were those concerns resolved?

I understood from Sister Brennan (Dickey) that the concerns had been resolved as the IV fluids had been reconnected. It is documented that IV fluids were reconnected at 4.10pm.

(3) *"As Conor was dehydrated IV fluids were important." (Ref: 087-019-097)*

(a) How did you know that Conor was dehydrated?

I had been informed by Sister Brennan that Conor was dehydrated. The staff on the back wing of the MAU ward reinforced this. The medical staff in Accident &Emergency had diagnosed dehydration and the admitting SHO had diagnosed dehydration and query urinary tract infection.

(b) What were the symptoms of dehydration exhibited by Conor?

His appearance was pale and he was lethargic.

How severe was his dehydration?

The symptoms I observed were pale and lethargic. The degree of severity of Conor's dehydration was never specifically stated beyond being told that he was dehydrated.

(c) How was his dehydration being treated?

Conor was to have intravenous fluids.

II. QUERIES ARISING OUT OF CONOR'S CAGHT HOSPITAL CASENOTES: FILE 88

With reference to the content of Conor's CAGHT Hospital Casenotes, please provide clarification and/or further information in respect of the following:

(4) Were you responsible for making any of the entries contained at Ref: 088-004-091 – *Nursing Report/Evaluation* – or do any of the entries refer to issues that you were responsible for dealing with?

Yes I made entries Ref 088-004-091 on the date in question and signed the entry. The patient was not my specific allocated responsibility, however when I became aware of the issues with his venflon I took action as documented.

Refer to each of the entries that you made, or those entries which refer to issues that you were responsible for dealing with, and explain what each such entry means, particularly with regard to any issue relating to Conor's fluid management.

The entry I have made in the evaluation notes Ref 088-004-091 reads as follows:

"and at 2.30pm and 2.45pm family concerned about patient not receiving intravenous fluids. Dr Nicholson contacted. Venflon resited by Dr Totten at 4pm ".

Were you responsible for making any of the entries contained at Ref: 088-004-063 – *Intake/Output Chart?* If so, refer to each of the entries that you were responsible for making and explain what each such entry means.

Yes I made the following entries at Ref 088-004-063, parallel to the time of 2pm "venflon extravascited," parallel to the time of 3pm "Dr Totten informed of spasms" I did not observe spasms myself and I am unclear as to whether I was notified by S/N Bullas or the family.

(5) Were you responsible for making any of the entries contained at Ref: 088-004-064 – *Particulars of Intravenous Fluids to be Taken?* If so, refer to each of the entries that you were responsible for making and explain what each such entry means.

No, I was not responsible for any of the entries contained on Ref 088-004-064.

(6) What do the documents at Ref: 088-004-063 and Ref: 088-004-064 tell us about Conor's fluid management during the 8 May 2003 when you were a staff nurse on duty in the Medical Admissions Unit? Fully describe the steps that were taken with regard to Conor's fluid management by reference to these documents during the period when you were on duty.

With reference to Ref 088-004-063, this document details the oral intake and output and the volume and type of intravenous fluids erected and how much of the fluids have been administered over a period of time. I have recorded as detailed above "venflon extravascited," "Dr Totten informed of spasms" I did not observe spasms myself and I am unclear as to whether I was notified by Staff Nurse Bullas or the family.

Ref 088-004-064 is the medical prescription for the intravenous fluids, it describes the amount, type of fluid, any additives , time to be commenced, time completed , signature of the prescribing doctor and the signatures of the two nurses who have checked and erected the fluids.

I was not involved in the administration of the intravenous fluids prescribed for Conor Mitchell.

Who was responsible for managing Conor's fluid needs in the Medical Admissions Unit during any period when he was a patient there?

Medical staff would have been responsible for prescribing any intravenous therapy and making suggestions about on-going fluid intake. Nursing staff would have been responsible for carrying out these instructions and monitoring intake and output.

(7) Why was no record made of fluid output in the Intake/Output Chart (Ref: 088-004-063)?

I am unable to offer any reason as to why there is no fluid output recorded. There was no apparent output of urine, faeces or vomit during the short period of time I was in Conor's room.

(8) Who was responsible for making a record of Conor's fluid output?

The Staff Nurse allocated to his care or any other member of nursing staff who cared for Conor and was aware of him passing urine, faeces or vomit..

(9) How was Conor's fluid balance monitored?

The normal method of monitoring fluid balance is the maintenance of an input/output chart. Medical staff would utilise blood test results, e.g. U&E.

III QUERIES ARISING OUT OF THE 'GUIDANCE ON THE PREVENTION OF HYPONATRAEMIA'

With reference to the *Guidance on the Prevention of Hyponatraemia* (Ref: 007-003-004) which was issued by the Chief Medical Officer in March 2002, please provide clarification and/or further information in respect of the following:

(10) Was the Guidance brought to your attention at any time before or after 8 May 2003, and if so state,

This specific guidance was not brought to my attention at any time before May 2003.

(a) Who brought the Guidance to your attention?

N/A

(b) When was it brought to your attention?

Guidance on hyponatraemia was brought to my attention in 2009.

In what way was the Guidance brought to your attention?

It was brought to my attention at a Trust hyponatraemia training course in November 2009

(11) Have you ever received training in the use or application of the Guidance and if so state,

(a) Who provided you with training?

The training was provided by members of the Practice Development Facilitator, October 2009

(b) When and on how many occasions have you been provided with such training?

October 2009 by the Practice Development team

October 2011 by a Clinical Sister in the Medical Admissions Unit.

(c) What form did the training take?

PowerPoint presentation with handouts, group work by the Practice Development Facilitators. The Clinical Sister used a questions and answer based approach.

(d) What did you learn from the training?

The importance of baseline assessment, weight, observations of skin elasticity, lethargy, responsiveness, condition of the mouth and tongue and if eyes are sunken, importance of recording fluid intake and output, choice of intravenous fluids, monitoring, documentation and seeking advice.

(e) Was the training of an adequate quality or standard for the work that you do?

It has provided me with the awareness to seek further guidance when dealing with people who may be termed as paediatric or at risk of Hyponatraemia due to body weight

(12) Have you ever received written information in relation to the use or application of the Guidance and if so please provide a copy and state,

(a) Who provided you with the written information?

The Practice Development Team

(b) When did you receive it?

October 2009

(c) What did you learn from the written information?

The importance of documentation, baseline assessment, seeking advice and correct choice of fluids and the importance of body weight. Also the difference between adults and children.

(d) Was the written information which was given to you of an adequate quality or standard for the work that you do?

Yes.

(13) Please address the following matters:

(a) The Guidance was reproduced as an A5 poster. Please clarify to the best of your knowledge whether the Guidance was displayed in the Medical Admissions Unit of Craigavon Hospital on the 8 May 2003?

To the best of my knowledge, the guidance was not displayed in the Medical Admissions Unit on 8th May 2003.

(b) If you are aware of any other location(s) within the Hospital where the poster was displayed, please indicate.

I am not aware of any other locations where the poster was displayed.

(14) In the context of fluid management in Conor's case, was the Guidance applicable?

In hindsight, the Guidance would have been applicable.

(15) Insofar as you aware, if the Guidance was applicable to fluid management in the circumstances of Conor's case, was the Guidance actually applied?

No, I was unaware of the Guidance at the time

If so, and where applicable,

(a) Describe the steps were taken under 'Baseline Assessment'.

(b) Describe the steps that were taken under 'Fluid Requirements'.

(c) Describe the steps that were taken under 'Choice of Fluid'.

(d) Describe the steps that were taken under 'Monitor'.

(e) In respect of any part of the Guidance that was not applied, explain why it was not applied?

IV GENERAL

Please address the following:

(16) After Conor's death were you asked to take part in any process designed to learn lessons from the care and treatment which he received, to include any issue about his fluid management? If so,

(a) Describe the process in which you participated in.

No.

(b) Who conducted it?

Not applicable as per response above

(c) When was it conducted?

Not applicable as per response above

(d) What contribution did you make to it?

Not applicable

(e) Were you advised of the conclusions that were reached, and if so, what were they?

Not applicable

(17) Provide any further points and comments that you wish to make, together with any documents, in relation to:

(a) The care and treatment of Conor on 8th May 2003.

I have no further comment.

(b) The Guidance on the Prevention of Hyponatraemia.

The Guidance (2002) would have been generally useful in dealing with patients

(c) Fluid management.

No further comment

(d) Record keeping in association with fluid management.

I acknowledge the importance of recording accurate intake/output and acting on same.

(e) Any other relevant matter.

The training in Hyponatraemia provided in 2009 has been very beneficial

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

Signed: Francis J. Lavery **Dated:** 24th September 2013