

Witness Statement Ref. No.

365/1

NAME OF CHILD: CONOR MITCHELL

Name: ANNA KATHARINE CHILLINGWORTH

Title: Doctor

Present position and institution:

Consultant Paediatrician, Community Child Health, Royal Hospital for Sick Children, Edinburgh

Previous position and institution:

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

Senior House Officer, Craigavon Area Hospital

Membership of Advisory Panels and Committees:

*[Identify by date and title all of those between January 1995-August 2013]*

April 2011 - present: Member of Community Child Health (CCH) executive committee, CCH Training Committee and CCH Child Protection Committee

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:

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*

(1) Please address the following,

(a) State your professional qualifications and the date you obtained them.

MB BCh BAO (with honours) 2001

MRCPCH 2004

Diploma in Paediatric Neurodisability 2010

(b) State the date of your appointment to Craigavon Area Hospital, and the role to which you were appointed.

4<sup>th</sup> August 2004: Senior House Officer, Paediatrics

(c) On what date were you appointed to the role of Lead Clinician Paediatrics and for how long did you perform that role at Craigavon.

N/A

(d) Outline your responsibilities and main duties as Senior House Officer at Craigavon Area Hospital.

Management of inpatient and ambulatory patients on paediatric ward. Assessment of new admissions including those presenting acutely unwell to Accident and Emergency Department. Transfer of children and neonates to Royal Belfast Hospital for Sick Children (RBHSC) when requiring intensive care. Participation in outpatient clinics.

Management of neonates in neonatal unit, including stabilisation of newborns and resuscitation in delivery suite. Organisation of monthly perinatal meeting.

Participation in paediatric middle grade (registrar) on call rota.

Participation in department's postgraduate teaching programme. Supervision and teaching of 1<sup>st</sup> term Senior House Officers and medical students.

(e) Describe your career history before you were appointed to Craigavon Area Hospital, and provide an up to date copy of your CV.

Senior House Officer, Royal Hospital for Sick Children: 07/08/02 – 03/08/04

- Community Paediatrics, Aug 2002 – Jan 2003
- General Paediatrics, Feb – April 2003
- Paediatric A&E, May – July 2003
- Neonatology, RMH, Aug 2003 – Jan 2004
- Children's Haematology Unit, Feb – April 2004
- Paediatric Cardiology, May – July 2004

Pre-Registration House Officer, United Hospitals Trust 01/08/01 – 06/08/02

- General Surgery, Antrim Area Hospital, Aug – Nov 2001
- General Medicine, Mid Ulster Hospital, Dec 2001 – March 2002
- General Medicine, Antrim Area Hospital, April – July 2002

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

Senior House Officer (full time) 04/08/04 – 02/08/05

Neonatal Unit 04/08/04 – Nov 2004

Paediatric Ward (3 North) Dec 2004 – March 2005

Outpatient Clinics April – 02/08/05

- (2) Describe in detail any education and training you have 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:

- (a) Undergraduate level.

I am unable to recall specific details of training received relating to fluid management, prevention of hyponatraemia or record keeping in relation to fluid balance. This applies to general teaching and that relating to children.

- (b) Postgraduate level.

Knowledge of fluid management was required for MRCPCH exams. This knowledge was obtained through clinical experience and personal study. I obtained my membership in 2004, having completed Part 1 and Part 2 in 2003.

- (c) Hospital induction programmes.

From memory, training in fluid management and the prevention of hyponatraemia was provided as part of the induction programme in Royal Belfast Hospital for Sick Children in 2002. It was consistent with recommendations made by the Chief Medical Officer in 2002. I cannot recall the induction programme in Craigavon Area Hospital in 2004. I remember the poster and the fact that it was present in clinical areas.

- (d) Continuous professional development.

As a Senior House Officer clinical teaching by consultants and registrars regularly occurred on ward rounds in relation to fluid prescribing and prevention of hyponatraemia. It was recommended to ask advice from a more senior colleague when prescribing fluids in sick children or those with electrolyte abnormalities.

I completed Advanced Paediatric Life Support in 2003 and 2010. Teaching on fluid resuscitation is part of this course.

I completed the BMJ Learning online module: Reducing the risk of hyponatraemia when administering intravenous fluids to children in November 2009.

- (3) The Chief Medical Officer published 'Guidance on the Prevention of Hyponatraemia in Children' in or about March 2002. The correspondence which explained the purpose of this Guidance was addressed to Consultant Paediatricians amongst others (Ref: 007-001-001).

Please address the following matters arising out of this correspondence:

- (a) Did you receive a copy of this correspondence?

I do not remember receiving a copy of the correspondence. I was working as a Pre-Registration House Officer in Mid Ulster Hospital (General Medicine) in March 2002.

- (b) If you did not receive a of this correspondence, how was the Guidance brought to your attention and state in particular:

- (i) Who brought the Guidance to your attention?

I cannot remember who brought it to my attention.

- (ii) When was it brought to your attention?

It was included in my induction program at RBHSC in August 2002. This was my first paediatric post.

- (c) Fully describe any steps that you took whether individually or as part of a group to take this Guidance forward within Craigavon Area Hospital, under any of the following headings:

Not applicable

- (i) By arranging for the Guidance to be displayed in relevant locations, or disseminated to relevant staff;

- (ii) By providing training, advice or information in respect of the application and use of the Guidance in clinical and/or nursing practice, or by arranging such training, advice or information to be provided;

- (iii) By taking steps to monitor the implementation of the Guidance;

(iv) Any other step.

- (4) Confirm that you conducted an audit of all paediatric resuscitations between April and July 2005.

I completed an audit of paediatric resuscitations in 2005 at Craigavon Area Hospital.

If so, please address the following matters:

- (a) What was your role in the performance of this audit?

I designed the audit with Dr Jonathan Davis. Dr Sam Thompson was the supervising consultant. Dr Davis and I collected and interpreted the data. I presented the audit at the Southern Area Paediatric Audit Meeting in July 2005.

- (b) What was the purpose of the audit?

To establish incidence and outcomes of paediatric resuscitation in Craigavon Area Hospital between April and July 2005 and establish whether management followed the Advanced Paediatric Life Support (APLS) guidelines.

- (c) When was it established?

April 2005

- (d) What was its membership ie. who was involved in the audit?

Dr Jonathan Davis and I completed the audit. Dr Sam Thompson was the supervising consultant.

- (e) Were any steps taken as part of the audit to ascertain whether clinicians and nursing staff working in the field of paediatrics complied with the CMO's 'Guidance on the Prevention of Hyponatraemia in Children'.

The Advanced Paediatric Life Support Guidelines (current version in 2005) were used as the standards in the audit. We did not compare data directly with the Chief Medical Officer's Guidance on the Prevention of Hyponatraemia in Children.

If so,

- (i) What steps were taken as part of the audit to establish this?
- (ii) How were those steps carried out?
- (iii) How regularly were those steps carried out and over what period of time?
- (iv) What conclusions were reached?

(v) Were those conclusions recorded, and if so, where? If you hold any relevant records please provide copies to the Inquiry, or otherwise provide directions so that the Inquiry can seek the documentation.

(vi) Was any action taken by the audit participants or others in light of the conclusions that were reached?

(5) Have you ever received training in the use or application of the Guidance? If so, state,

(a) Who provided you with training?

Senior colleagues (Registrars and Consultants) provided training. I cannot recall specific individuals.

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

Training occurred frequently in clinical settings. I cannot recall the specific details.

(c) What form did the training take?

Training mainly occurred on ward rounds and other clinical settings as opportunities arose. Usually this was case based clinical teaching by registrars and consultants.

(d) What did you learn from the training?

The principles of fluid management in children including prescribing of appropriate intravenous fluids, monitoring of electrolytes and fluid balance as well as the management of electrolyte imbalance. We were advised of the risks of hyponatraemia. We were also educated on appropriate documentation.

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

Training was appropriate. We were advised to consult with a senior colleague when prescribing fluids in acutely unwell children and those with electrolyte imbalance.

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

I cannot recall receiving any written information.

(a) Who provided you with the written information?

(b) When did you receive it?

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

- (d) Was the written information which was given to you of an adequate quality or standard for the work that you do?
- (7) Provide any further points and comments that you wish to make, together with any documents, in relation to:
- (a) The Guidance on the Prevention of Hyponatraemia.
  - (b) Fluid management

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

Signed:



Dated:

9/10/13

# CURRICULUM VITAE

Anna Katharine Chillingworth MB BCh BAO MRCPCH

Date of Birth: [REDACTED]

GMC Number: [REDACTED]

Entry on Specialist Register : Paediatrics (Community Child Health) from 3 August 2010

## Qualifications:

2001

**MB BCh BAO with Honours**  
Queen's University, Belfast

2004

**Membership of Royal College of Paediatrics and Child Health**

2010

**Postgraduate Diploma in Paediatric Neurodisability**  
Sheffield Hallam University



Current Post (from 04/04/11)

**Consultant Paediatrician, Community Child Health**  
Royal Hospital for Sick Children, Edinburgh.

Lead consultant for Northwest Edinburgh  
Lead for Moderate Learning Disability in Edinburgh

Participation in Lothian Child Protection Service

- Regular Consultant Supervision
- Regular SCAN (Suspected Child Abuse and Neglect) clinics for Joint Paediatric Forensic Medicals, Specialist Paediatric Medicals and Comprehensive Medical Assessments
- Participation in regular Peer Review

Calareidh and Sunndach Continuing Care Service

- Provide medical support for multidisciplinary team caring for children in residential units
- Completion of CYPADM and Anticipatory Care Pathways as required

CCH representative

- Lothian Exceptional Needs Service
- Edinburgh City Council Respite Allocation Panel
- RHSC Palliative Care Steering Group

Member of CCH executive committee, CCH Training Committee and CCH Child Protection Committee

Member of RHSC Feeding Disorders Integrated Care Pathway Group  
Attendance at RHSC PSG and Medical Staff Committee meetings

Regular attendance at hospital and community grand rounds, peer review.  
Clinical supervision of General Practice and Paediatric ST doctors attached to CCH  
Supervision and clinical teaching of medical students

Acute Paediatrics (not currently due Rehabilitative Return to Work after sickness absence)

- 4 weeks per year consultant in Acute Receiving Unit, RHSC
- 42 evenings per year in Acute Receiving Unit, RHSC

Previous Posts

**Specialist Registrar** 04/08/10 – 03/02/11  
**Paediatric Feeding and Nutrition**  
**Period of Grace, Out of Programme Clinical Experience**

Royal Hospital for Sick Children, Yorkhill, Glasgow

Experience

- Management of complex feeding problems in children within a multidisciplinary feeding clinic.
- Nutritional assessment of children with complex neurodisability
- Health Visitor Growth Faltering Network.

**Specialist Registrar Training**  
**Northern Ireland Medical and Dental Training Agency**

General Paediatrics and Neonatology 03/02/10 – 03/08/10  
Ulster Hospital, South Eastern HSC Trust

Community Paediatrics 04/02/09 – 02/02/10  
Belfast Health and Social Care Trust (South and East Belfast)

Paediatric Neurology 06/02/08 – 03/02/09  
Royal Belfast Hospital for Sick Children

Neurodisability (Community Paediatrics) 07/02/07 – 05/02/08  
North and West Belfast HSS Trust

Neonatology 02/08/06 – 06/02/07  
Royal Jubilee Maternity Service

Community Paediatrics 01/02/06 - 01/08/06  
South and East Belfast HSS Trust

General Paediatrics and Neonatology 03/08/05 – 31/01/06  
Ulster Hospital

**General Professional Training**

SHO (Middle Grade) General Paediatrics and Neonatology  
Craigavon Area Hospital 04/08/04 – 02/08/05

SHO Rotation, Royal Belfast Hospital for Sick Children 07/08/02 – 03/08/04

- Community Paediatrics, 6 months
- General Paediatrics, 3 months
- Accident and Emergency, 3 months
- Neonatology, 6 months
- Haematology and Oncology, 3 months
- Cardiology, 3 months

**Pre-Registration House Officer** 01/08/01 – 06/08/02

United Hospitals Trust

- Antrim Area Hospital, Mid Ulster Hospital.

## Publications

### **Short Report**

Septo-optic Dysplasia with a transverse limb defect.  
S Millar, A Chillingworth, A Bell, D Carson, S McKee. *Clinical Dysmorphology* 2008,  
**17**: 155-156.

### **Abstracts**

Davis J, Chillingworth A, Thavagnanam S, Craig S. Standardised Parenteral Nutrition – Fast Food for Sick Babies? *Journal of Maternal-Fetal and Neonatal Medicine* 2004: 16(Suppl 1): FC3.6.3

Chillingworth A, Millar S, McKee S, Bell A. Amniotic Band Syndrome – not always an isolated condition. *Irish Medical Journal* June 2006

McGregor E, Chillingworth A, Stewart M, Bothwell J. Feeding Problems in children with autistic spectrum disorder, Asperger's Syndrome and social and communication problems. *Developmental Medicine and Child Neurology* 2008 114 (Suppl): 21-2

Chillingworth A, McErlean L, Stewart M. Evaluation of swallowing difficulties in children referred for videofluoroscopy from a community multidisciplinary feeding clinic. *Developmental Medicine and Child Neurology* 2008 114 (Suppl): 30-1

## Regional and International Presentations

### **Sip feeds may suppress appetite without improving growth**

- Feeding Disorders Conference, GOSH, London, November 2012
- Long Term Enteral Feeding, exploring dilemmas and controversies, RCPSCG, September 2012
- RCPCH Annual Conference, Glasgow, May 2012 (poster)
- International Conference on Nutrition and Growth, Paris, March 2012
- Community Paediatric Research Group meeting, Birmingham, July 2011

### **Nutritional Status of Children with Severe Neurodevelopmental Problems**

- Long Term Enteral Feeding, exploring dilemmas and controversies, RCPSCG, September 2012
- Community Paediatric Research Group meeting, Birmingham, July 2011

### **Speech and Language Problems in Children**

- Conference of the Growth, Development and Behaviour Chapter of Indian Academy of Paediatrics, Ludhiana, India, October 2010

### **National Autism Plan for Children: Are we meeting guidelines for assessment?**

- Belfast Health and Social Care Trust Community Paediatric Audit Meeting, December 2009

### **Feeding problems with children with Autistic Spectrum Disorder, Aspergers Syndrome and Social and Communication Difficulties**

- BACCH (Northern Ireland) Spring Meeting, May 2008
- European Academy of Childhood Disability, Zagreb, June 2008
- BACCH Annual Scientific Meeting, September 2008

### **Evaluation of swallowing difficulties in children referred for videofluoroscopy from a multidisciplinary feeding clinic**

- European Academy of Childhood Disability, Zagreb, June 2008 (poster)
- BACCH (Northern Ireland) Spring Meeting, May 2008

### **Percutaneous Central Venous Lines: Improving Insertion Technique and Documentation.**

- International Forum for Quality and Safety in Healthcare, Paris, April 2008
- RJMS Audit Meeting, June 2006
- UPS SpR Audit Meeting, February 2008

### **Procedures for Child Protection Case Conferences and the Prevalence of Domestic Violence, Mental Health Problems and Substance Abuse**

- Ulster Paediatric Society Junior Members Forum, December 2006

### **Septo-optic dysplasia – not always an isolated condition**

- Irish Perinatal Society Spring Meeting, Dublin, May 2006

### **Standardised Parenteral Nutrition – Fast food for Sick Babies?**

- Irish Perinatal Society Meeting, Cork, April 2004
- Irish and American Paediatric Society Annual Meeting, Westport, Sept 2004

Courses and Education

- 2013: Clinical Evaluation of Child Sexual Abuse, Edinburgh  
RCPCH Annual Conference, Glasgow
- 2012: NHS Education, Scotland, GPST Clinical Supervision Workshop, Edinburgh  
International Conference on Nutrition and Growth, Paris  
Long Term Enteral Feeding, exploring dilemmas and controversies, Glasgow  
RCPCH Child Protection Study Day, Edinburgh
- 2011: Emergency Care for Children With Exceptional Healthcare Needs, Perth  
Community Paediatric Research Group Summer Meeting, Birmingham
- Postgraduate Diploma in Paediatric Neurodisability (Sheffield Hallam University)  
- Completed June 2010
- 2010: Paediatric Forensic Course: Child Sex Abuse, Southampton  
Management Development Programme for Specialist Registrars, NIMDTA  
CHAS Seminar: Transition and Caring for Young Adults, Glasgow  
Cerebral Palsy, Implications for Clinical Practice, Belfast  
RCPCH Paediatric Nutrition Course, Southampton  
Indian Academy of Paediatrics, Conference on Growth, Development and  
Behaviour, Ludhiana, India
- 2009: Advanced Paediatric Life Support Provider  
Teaching the Teacher: NIMDTA, Belfast  
Generic Skills in Medical Education, Belfast  
Mini Pupillage in Family Care Centre, Laganside Court, Belfast  
Bayley (III) Scales of Infant and Toddler Development, Belfast  
Child Protection Response and Recognition (Online)  
Being Assertive and Dealing with Conflict, Ulster Hospital, Belfast  
Introduction to Child Public Health and Advocacy, RCPCH, London  
BPNA, Paediatric Epilepsy Training Level 2, Belfast
- 2008: BACCH (Northern Ireland) Study Day: Paediatric Palliative Care  
Participation in Pilot , Safeguarding Children Level 2
- 2007: Griffiths Developmental Scales, Lurgan, Northern Ireland  
ADOS Training, Belfast  
Newborn Life Support Provider, Belfast  
Community Child Health Update, UCL, London  
Child Bereavement Trust SpR Training, Belfast  
BPNA Paediatric Epilepsy Training, Level 1, Belfast
- 2006: The Art and Science of Child Protection, RCPCH/RCPE, Edinburgh  
Paediatric and Infant Critical Care Transport, Leicester  
Level 2 Child Protection Training, S&E Belfast
- 2005: Evidence Based Child Health, Cork, Ireland  
UPS Spring Symposium: Child Protection, Belfast

## Clinical Governance

### Guideline Development

- Member of RHSC Feeding disorders, Integrated Care Pathway Group, 2013
- Nutritional Assessment of Children in Special Schools, Yorkhill, January 2011
- Management of Hypotonia in Infancy, Ulster Hospital, April 2006

Regular attendance and participation at SE Scotland Managed Clinical Network for Child Sexual Abuse Peer Review

Regular attendance and participation at RHSC CPD sessions, RHSC Grand Rounds, CCH Grand Rounds and Peer Review

### Audit

- National Autism Plan for Children: Are we meeting guidelines for Assessment?
- Feeding problems in children with ASD, Aspergers Syndrome and Social and Communication Difficulties
- Evaluation of swallowing problems at a multidisciplinary feeding clinic
- Percutaneous Central Line Insertion in Neonates
- Child Protection Case Conferences
- Hypotonia in infancy
- Paediatric Resuscitation
- Standardised TPN Use in Neonates
- Enuretic Clinic Management

BMJ Learning: Reducing the Risk of Hyponatraemia when administering intravenous fluids to children, Nov 2009

### Right Patient, Right Blood

- Performed competency assessment for medical staff in RBHSC, Nov 2008-Feb 2009
- Completion of Competency Assessment, October 2008

Attendance at International Forum on Quality and Safety in Healthcare, Paris, April 2008.

Paediatric Clinical and Social Care Governance Committee Risk Management Assistant (August 2005 – July 2006, Craigavon Area Hospital)

- present summary of incidents to committee and provide feedback to staff