Witness Statement Ref. No.	366/1

NAME OF CHILD: CONOR MITCHELL

Name: Jonathan Davis

Title: Dr.

Present position and institution:

Consultant in Neonatal Medicine, St Michael's Hospital, University Hospitals, Bristol

Previous position and institution: Middle Grade SHO (in lieu of registrar), Craigavon Area Hospital (2004 – 2005)
[As at the time of the child's death]

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

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

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 - July 2001

MRCPCH – June 2004

FRCPCH – November 2011

Doctorate of Medicine – July 2013

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

Appointed to the post of Middle Grade SHO, post started in August 2004

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

I was appointed to a middle grade SHO post in Craigavon. I was awarded my training number in August 2005.

(d) Outline your responsibilities and main duties as Specialist Registrar Paediatrics at Craigavon Area Hospital.

My responsibilities in Craigavon as a middle grade SHO (in lieu of Registrar) were the primary supervision of the assessment and admission of patients to the ward and the neonatal unit. My responsibility was to assess, initiate investigations and initiate treatment. I supervised an SHO in these tasks also. I was also primarily responsible for the neonatal unit and the care of the patients therein. I was responsible for the supervision of the ward during the day and at night.

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

I had completed one year as a pre-registration house officer in the Ulster hospital, Dundonald (undertaking adult medicine and surgery) and a two year paediatric rotation in the Royal Group of Hospitals. During this two year rotation (2002 - 2004) I undertook, community paediatrics, ward based general/renal paediatrics, Neonatal Intensive care, Paediatric intensive care, Neurology and Accident and emergency medicine. This allowed me to complete my general professional training and to undertake my membership examinations.

(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.

I commenced work in August 2004 and completed 12 months. I worked on the registrar rota as part of a 7 person rota and undertook one in 7 24 hour shifts with one in 3.5 weekends. During the year I was placed on the general paediatric ward, neonatal unit and clinic/relief cover for 4 month periods. My responsibilities were mainly clinical as described above.

(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 recall some discussion of fluid management of children as a paediatric undergraduate. This was discussed during bedside teaching during the paediatric programme lectures and during my attachment in Altnagelvin Area Hospital. Attachment September to December 1998

(b) Postgraduate level.

I recall being instructed in an informal manner during my first SHO year's rotation by my registrars. It was mandatory training during my Registrar years 2005-2011 to complete a BMJ learning module entitled 'Reducing the risk of Hyponatraemia when administering fluids to children.'

(c) Hospital induction programmes.

I cannot recall the specifics of my hospital inductions. I do recall an emphasis being place in our daily practice to use appropriate fluids when prescribing to paediatric patients.

(d) Continuous professional development.

I recall updating and learning from individual cases I was involved with. We were also instructed during on-going education in the various hospitals in which I worked as part of the rolling education programme. I have no longer the programmes for these sessions.

(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 commenced paediatrics in August 2002. I don't recall receiving a copy of this correspondence specifically.

(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?

There was an emphasis always placed on correct fluid administration and observation both clinically and biochemically. This guidance was probably brought to my attention my supervising registrars.

(ii) When was it brought to your attention?

I commenced Paediatrics in August 2002. It was part of the fabric of care from when I commenced my Paediatric training.

(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:

I did not start work in Craigavon until August 2004. I do not know what specific initiatives were taken at the time of the published guidance. When I arrived in August 2004 as part of our on-going education the administration of fluids was included in the on-going education programme.

(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 in or about 2005-06, and/or subsequently, that you alongside Dr. B. Bell (Consultant Paediatrician) were responsible (on behalf of Craigavon Area Hospital) for

conducting an audit involving a monthly tele-link at regional level with respect to the stabilisation and transfer of critically ill children.

If so, please address the following matters:

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

I initiated and ran the audit. I organised the meetings and the selection of cases as well as the discussing with Dr Bob Taylor (Consultant Paediatric Anaesthetist, in Paediatric intensive care in Belfast.

(b) What was the purpose of the audit?

The purpose of the audit was to establish education for Paediatric trainees working (at that time in Craigavon) who would have to care for Paediatric patients requiring transfer to Paediatric intensive care in Belfast. The discussion of cases would allow non-transport trained individuals to review cases and allow improved knowledge for the advanced intensive medical management and movement of paediatric patients to PICU from Craigavon.

(c) When was it established?

2005

(d) What was its membership i.e. who was involved in the audit?

All paediatric, anaesthetic and emergency department clinical staff in Craigavon Area Hospital.

(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'.

Not that I recall.

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,

Not that I recall.

(a) Who provided you with training?

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

(c) What form did the training take?

(d) What did you learn from the training?

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

(6) Have you ever received written information in relation to the use or application of the Guidance?

Not that I recall.

If so, please provide a copy and state,

(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

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

Signed: **Dated:**