

Jackie Clinton

Correspondence: Statement – 14 March 2012

Fullerton appeared happy with the care and did not raise any concerns to me.. I had no reason to believe Mrs Fullerton was unhappy with any aspects of her daughter's care until

10th November when the nurse allocated to her that day informed me early into the shift that Mrs Fullerton had concerns and that she felt Hayley was being neglected.

I asked the nurse allocated to Hayley Fullerton if her mother wished to speak to me about her concerns immediately and she declined as the doctors were with Hayley and there was a lot going on. We agreed I would meet with her the following day to discuss her concerns.. Sadly Hayley died on the morning of 11th November 2011.

Correspondence: Official Complaint Letter

Jackie Clinton, the ward manager asked me on the morning of Tuesday 10/11/09 if I wanted to make a complaint, I told her all I wanted was for someone to help my baby. Hayley had been ignored long enough, I wasn't interested in filling out complaint forms while she lay there struggling to breathe. I thanked Jackie for her help and said how relieved I was that at last, someone was listening. All I wanted was Hayley to get the help she needed and deserved.

I saw Jackie Clinton, she was very kind. All I wanted was help with everyone's names in the letter, I told her what I had written and she listened carefully. She asked me if there was anything they could do on the ward to improve things. JUST LISTEN. I respect Jackie Clinton, she was sensitive and considerate, I knew she was genuinely upset and sad about my precious baby Hayley. I did say I was bothered by Junior Sister Shelia Bennett, I told her she had lied about Hayley having a "COUGH and a COLD"
We truly believed on Tuesday when Jackie Clinton had asked if I wanted to make complaint that everyone had finally taken us seriously and had listened and responded.

22 hours before Hayley died:

Ward Manager Jackie Clinton asked me if I wanted to make a FORMAL COMPLAINT. I told Jackie I didn't want to leave my baby to fill out complaint forms; I just wanted everyone to listen and to HELP HAYLEY

10 November
Approx 9.00am:

Jackie Clinton, Ward Manager asked me if I wanted to make a formal complaint, she was very kind. I thanked her for listening but said I just wanted them to HELP HAYLEY. Hayley needed me; I didn't have time to fill out forms while my baby was lying suffering.

Correspondence: Interview Notes

2 November 2010

Tues - mom really unhappy
- Mom's complaint - complaint about
her care -
- She was over nice, outrage, tantrum
- Tuesday stayed all day
Jackie didn't ask Mom if want to make
complaint.

Correspondence: Transcript of Coroner's Court

When questioned about the handwritten note made during her interview, "She was over nice, outrage, tantrum. Tuesday stayed all day." Jackie Clinton stated "May I look at that again, please, because that's not true". "No. I absolutely refute that. I would never, ever say that. I never experienced Miss Stevenson having tantrums, and - no".

MISS LUCAS: Thank you, sir. I just wanted to ask you about the transfer from Ward 12 to Ward 11. Do you have any recollection of the time of that transfer?

A. Yes, I clearly remember Hayley or the provision for her coming from Ward 12 to Ward 11. I was actually at a meeting with Ward 12 manager on that day, and she was recalled to the ward to speak to Miss Stevenson about Hayley coming across, because I know that she had got concerns. Hayley at that time was on Milrinone, a drug to support her heart, and we had a high number of patients that needed a high nursing input on the ward. The girls, when I went on to the ward, were trying to make provision in the high dependency area for Hayley, but I was told by the Ward 12 manager that Hayley's mother did not want to go into high dependency because she wished to stay by the bed. She had not been in high dependency on Ward 12 and she wished to stay with Hayley. We were uncomfortable about having another high dependent child because of the Milrinone on the ward and so I believe Hayley stayed on Ward 12 and the Milrinone was weaned off, and she came to us later that day. I don't recall what time because I was not then on duty.

This is not true.

Correspondence: Letter to BCH

I SEE NO EVIDENCE OF ANY;

- IMPROVEMENTS
- LEARNING
- PREVENTION

I FIND THESE EMPTY PROMISES

- INSULTING
- WITHOUT SUBSTANCE
- PATRONISING

I also find it sickening that one of the four members of the Working Party who generously contributed to the development of the ratified – Version 1.0.0 – Observation and Monitoring Policy 2008 was Jacqui Clinton.

This is the same Jacqui Clinton, Ward Manager of Ward 11 who asked me if I wanted to complain after telling everyone the day before Hayley died;

“MY CHILD HAS BEEN OVERLOOKED, NEGLECTED AND IS SUFFERING”.

I informed her that I didn't want to complain I just wanted her to help save Hayley.

“HELP SAVE MY BABY!”

After I talked to her, Jacqui Clinton felt it was appropriate to still have a STUDENT NURSE in charge of looking after my Hayley.

She couldn't take a temperature properly but still recorded what she thought it was 37.5 – which was inaccurate as Hayley's next reading was 36.5!

Staff Nurse Sanjet Moore failed to check up on her Obs and Monitoring.

What the HELL was Jacqui Clinton thinking?

All these Policies and Guidelines are pathetic if the woman who helped developed them can't even adhere to them!

The next time I saw Jacqui Clinton was when Hayley was having her cardiac arrest.

She had to push her way through all the Crash Team.

She put her hand on my back and asked me if there was anyone I should call?

That was the only support Hayley received from her.

To call her grandparents to come in immediately because Hayley was DYING.

To add insult to injury, the nursing staff were too lazy to record our telephone numbers in case of EMERGENCY.

What the hell kind of operation is she running on Ward 11?

RESPIRATORY FAILURE

NASAL PRONGS

Before Hayley's lung collapsed, she had oxygen administered by nasal prongs. When the nurse put the HEADBOX ON she didn't bother taking Hayley's nasal prongs out.

The nasal prongs were useless to Hayley because they were disconnected from the oxygen outlet at 2.00 am, on Tuesday 10 November 2009.

I am so angry at myself for not picking up on it sooner but I finally clicked at 11.30 am on the Tuesday morning that Hayley's nasal prongs were rendered useless and it was an obstruction to her breathing.

Poor Hayley – all the adults responsible for her care were PATHETIC including me.

Everyone had looked at Hayley, even Physio but nobody thought to remove the plastic prongs shoved up her nose.

For crying out loud, her lung had collapsed. I had to ask Junior Sister Sheila Bennet to remove her nasal prongs.

You didn't need a medical background to figure that out. It was just plain COMMON SENSE.

HIGH DEPENDENCY CARE

Hospital Investigation Report states;

“Regardless of the patient's bed allocation, it is possible for nursing staff to provide high dependency care in a normal bed which is what happened during 10 and 11 November 2009”.

The only High Dependency criteria that Ward 11 fulfilled was the appropriate level of staffing.

Point 2.8 – An appropriate level of staffing is in place to ensure that an adequate level of observation is facilitated (determined by the child's clinical status).

In children that are requiring higher levels of observations, the workload of the nurse with this child/children may need to be reduced to enable him/her to undertake this level of monitoring properly.

NURSING ISSUES: STAFFING, EDUCATION AND TRAINING FOR HIGH DEPENDENCY

Expertise and supervision

26. A registered children's nurse who has completed an advanced life support course eg PLS/APLS/PALS, should be present at all times throughout every 24 hour period of care.

Simone the student nurse was in charge of Hayley the day before she died – 10 November 2009.

- She certainly did not have an advanced life support course.
- She wasn't even a qualified nurse
- She didn't know how to take a temperature with a plastic dot strip
- She asked me to get the temperature double checked. Was that not the job of the staff nurse Sanjet Moore to properly supervise and monitor her student? Sanjet Moore should have checked the temperature. She wasn't even in the room. She was training.

Based on this incorrect temperature reading of 37.5, Hayley was put in ISOLATION. Her next temperature was 36.5.

5. Liability

“5.1 Registered nurses are individually accountable for their standard of practice.

Health care assistants and student nurses must act under the direct supervision of a registered nurse”.

For crying out loud Hayley was supposed to be in PICU on 10 November 2009!!

But Jacqui Clinton thought it was appropriate for a student nurse to be monitoring Hayley.

How dare she allow Hayley to be made into a guinea pig.

Hayley needed high quality, high dependent care and there she was dumped at the door on the Ward with the door shut in ISOLATION and a student nurse practicing taking her temperature without the supervision of staff nurse Sanjet Moore.

This is RECKLESS ABANDONMENT as far as I am concerned.

I feel sick to my stomach as I fail to grasp what the hell was going on in Jacqui Clinton’s head. She put Hayley at risk. How could she, especially as I had told her the very same morning,

“my child has been overlooked, neglected and is suffering – please help save my baby”.

Byronny Winnall you need to check your FACTS.

This needs to be investigated further.

I am lead to believe by Sarah-Jane Smith C.E.O., that the Investigation was thorough and honest.

Your investigation has not been thorough. Jacqui Clinton has not been honest.

1. Training

New registered nurses and HCAS if undertaking observation monitoring are competent undertaking basis observations.

Deficiency in capability/competence must be dealt with by;

- The Ward Manager
- Practice Development Nurse

Did anyone bother to show Simone how to take a temperature properly?

PHD Annual Report 2005 BCH

Ward 11

Paediatric High Dependency care has always been available; however since December 2004 there has been a designated area.

The majority of staff within the ward have completed a PICU/PHDU course.

What is the difference between;

PLS/APLS/PALS and PICU/PHDU course.

Were staff nurse Sanjet Moore and Staff Nurse Jane Titley trained in any of these courses.