

that there were several children in the ward who had recently come back from the Intensive Care Unit, and at times there were no nurses in the room at all.

13. We soon saw the familiar and friendly face of Mr Wisheart and also met with Sally Masey, the Paediatric Anaesthetist who would be looking after Ryan. They both talked to us about what would take place during surgery and what to expect when Ryan came back to the ITU we were asked if there was anything that we wanted to ask. During the operation we went out for a while and then later returned to the Parents Waiting Room. Soon after the operation Dr Wisheart met us in the ITU at Ryan's bedside. He explained that he and his team had found what he expected, namely Simple Transposition and the Sennings procedure had been carried out successfully. However he made it clear to us that Ryan was not 'out of the woods' yet but if everything went well he should be out of the ITU in about ten days. Subsequently however there were a series of setbacks. Mr Wisheart regularly attended to monitor how things were going.

POST-OPERATIVE CARE

14. One serious setback occurred when the ventilator was allowed at one time to run out of water. While sitting at Ryan's bedside my partner Julian noticed that the ventilator had run out of water as the nurse, who was a trainee on the ITU, had failed to check and notice this. Julian alerted the nurse who quickly filled it up. Unfortunately this was too late and Ryan's ventilator tube had become blocked with mucus which caused him to begin to suffocate. He had to be rushed back down to theatre to have a new tube inserted. Following this Ryan needed

further sedation making him more dependent on the ventilator. This was a huge setback in Ryan's recovery and appeared to result in him developing a kidney problem, even though it was ultimately sorted out. The kidney problem meant that Ryan stopped passing urine and had excessive fluid in his body. They had to drain fluid from between the membranes of the chest cavity and apply intensive physiotherapy to get rid of the fluid.

15. On another occasion we returned to Ryan's bedside after a short break and found that the window next to his bed had been opened and his blankets removed. The nurse caring for Ryan was used to adult heart patients becoming very hot, but the opposite was the case for Ryan, and he needed to be kept warm. Maintaining ideal temperatures for patients with very different requirements while in adjacent beds was a continual dilemma for the nurses. Ryan quickly turned blue, making the nurse, who appeared to have little experience of babies, quite distressed and she was about to call for a Doctor until a more experienced nurse took control of the situation and warmed Ryan.

16. Generally speaking, the nurses were totally dedicated and professional but occasionally situations as described above developed where their lack of paediatric training became evident. During our stay on Ward 5 there appeared to be a general shortage of equipment beds and staff, which we assumed to be the result of underfunding. Nevertheless the members of staff with whom we dealt often did a great deal of extra work in order to avoid any shortages having an impact on the patients.