

# The Inquiry into Hyponatraemia-related Deaths

Chairman: Mr John O'Hara QC

Ms Joanna Bolton  
Directorate of Legal Services  
2 Franklin Street  
BELFAST  
BT2 8DQ

Our Ref: AD-0640-13

Date: 16<sup>th</sup> September 2013

Dear Ms Bolton,

You will be aware that the Chairman has granted the Southern Trust an extension until the 18 September 2013 by which date it should have complied with the Inquiry's request for information contained within our letter of the 4 September.

I refer back to your letter of the 28 August 2013. In that letter at point 3c you addressed an issue in relation to the regional audit which was conducted in 2003 and examined the degree to which hospitals in Northern Ireland were adhering to the DHSSPSNI Guidelines. You indicated that the Southern Trust had not retained copies of the audit reports or returns. The Inquiry has now taken this issue up with Dr. McAloon who was the co-ordinator of the audit.

I would be grateful if you would take instructions from the Trust in relation to a number of other audit issues.

## Audit Issue 1

When she issued the Guidelines in 2002 the Chief Medical Officer advised the Medical Directors of the Acute Trusts and other relevant clinicians that "*it will be important to audit compliance with the guidance and locally developed protocols and to learn from clinical experiences*" [Ref: 007-001-002].

Please ask your client, the Southern Trust to address the following matters:

- a. Were any steps taken at Craigavon Area Hospital to audit compliance with the (2002) Guidance and any protocols which were developed locally?
- b. If so, who was responsible for conducting this audit of compliance, and who did they report to?
- c. If applicable, fully explain how this audit was conducted, describing in detail
  - i. the methodology used to conduct the audit,

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- ii. the units or areas of the hospital which were subjected to audit
  - iii. the professional disciplines covered by the audit
  - iv. the period of time during which the audit was conducted and maintained
  - v. The results of the audit.
- d. Please provide all documentation associated with the conduct of any such audit, to include any report of conclusions reached following the audit, or any document showing any changes to practice or protocols following the audit.

### **Audit Issue 2**

On the 27 April 2007 the Chief Medical Officer, Chief Pharmaceutical Officer and Chief Nursing Officer issued Circular HSC (SQS) 20/2007 [Ref: 303-028-367] which addressed the NPSA Patient Safety Alert 22 (Reducing the Risk of Hyponatraemia when Administering Infusions to Children).

Subsequently, in September 2007 the DHSSPSNI issued the Paediatric Parenteral Fluid Therapy Guidelines ("the 2007 Guidelines").

Please ask the Southern Trust to address the following matters:

- a. As appears from Ref: 303-028-368, each Trust was expected to develop an action plan to implement NPSA Alert 22 by 2 July 2007, complete these actions by the 30 September 2007 and return the audit template to the Safety, Quality and Standards Directorate in DHSSPSNI by the 31 October 2007. The Chief Executive of each Trust was expected to complete an endorsement to confirm that the Trust had undertaken an internal audit, and that recommended actions had been implemented.

Please provide the following:

- i. A copy of the action plan devised at Craigavon Area Hospital;
  - ii. A copy of the audit template completed at Craigavon Area Hospital;
  - iii. A copy of the Chief Executive's endorsement.
- b. As appears from Ref: 303-028-368, after the 2007 Guidelines were disseminated in September 2007, each Trust was expected to implement the Guidelines locally and monitor their use.

Please address the following matters:

- i. How were the 2007 Guidelines implemented at Craigavon Area Hospital?
- ii. How was compliance with the 2007 Guidelines monitored at Craigavon Area Hospital?

- iii. Were any steps taken at Craigavon Area Hospital to audit compliance with the 2007 Guidelines?
- iv. If so, who was responsible for conducting this audit of compliance, and who did they report to?
- v. If applicable, fully explain how this audit was conducted, describing in detail
- the methodology used to conduct the audit
  - the units or areas of the hospital which were subjected to audit
  - the professional disciplines covered by the audit
  - the period of time during which the audit was conducted and maintained
  - the results of the audit.
- vi. Please provide all documentation associated with the conduct of any such audit of the 2007 Guidelines, to include any report of conclusions reached following the audit, or any document showing any changes to practice or protocols following the audit.
- vii. Are steps currently being taken to audit compliance with the 2007 Guidelines or any local fluid management protocols based on or supplementary to the 2007 Guidelines? If so, fully outline the procedures which are in place to conduct any such monitoring, and provide any documentation relevant to these procedures.
- viii. Are steps currently in place to ensure that new nursing and medical staff are trained in relation to the application of the 2007 Guidelines or any local fluid management protocols? If so, fully describe the steps that are taken to provide such training and how this is conducted. Provide any relevant documents indicating how any such training is currently provided.

Please provide the response to Audit Issue 1 by the 20<sup>th</sup> September and Audit Issue 2 by 25<sup>th</sup> September 2013.

Yours sincerely,



Anne Dillon  
Solicitor to the Inquiry