

The Inquiry into Hyponatraemia-related Deaths

Chairman: Mr John O'Hara QC

Ms Wendy Beggs
Assistant Chief Legal Adviser
Directorate of Legal Services
2 Franklin Street
BELFAST
BT2 8DQ
dls@csa.n-i.nhs.uk

Your Ref: NSCB04/1
NSCW50/1
NSCS071/1

Our Ref: BC-0025-11

Date: 8th June 2011

Dear Ms Beggs,

Re: Investigation into the death of Adam Strain

1. I refer to previous correspondence, in particular Anne Dillon's letter of 29th November 2010 (copy enclosed) and your reply of 22nd December 2010 (copy, also enclosed). In that reply it was stated "Current medical notes relating to a patient admitted to a ward are kept in a chart trolley. Where there are a large number of such charts, while the most recent ones would be kept in the trolley, historic charts would be requisitioned to the ward and kept at the Nurses'

I should be obliged if you would ask your client to provide answers to the following:

- (i) where Adam's previous anaesthetic records would have been kept as at 27 November 1995 – including those going back to 1991; and
 - (ii) how long it would have taken to bring them to the ward if they had been requisitioned out of hours on either 26 November 1995 or 27 November 1995
2. The list attached to your letter of 20th January 2011, lists those members of nursing and medical staff involved in Adam's care. Can you please identify:
 - (i) the nursing Sister on duty in PICU;
 - (ii) the nursing Sister on duty in theatre and
 - (iii) the nursing Sister in charge of the Nephrology Ward for the period between 8pm on 26th November 1995 and 12 noon on 28th November 1995.
 3. Dr. Taylor refers at page 9, Q.17(a) of his Supplemental Witness Statement to Dr Montague leaving the operating theatre at about 0900, soon after surgery started, and being replaced by another (unnamed) anaesthetic trainee. Could you please provide:

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- (i) the identity of the trainee anaesthetist
 - (ii) the experience of the trainee anaesthetist
 - (iii) whether he/she was on call or on duty and if on duty their rota for 26 and 27 November 1995
 - (iv) the contact details for the trainee anaesthetist
4. Your letter dated 16th December 2010 (copy attached) sets out the number of Renal Transplants in RBHSC between 1st April 1993 and 13th October 2010. Of those listed can you please identify:
- (i) those pre 27 November 1995 renal transplants that involved either Dr. Taylor or Mr Keane providing the dates in each case and
 - (ii) provide the Inquiry with the medical notes and records
 - (iii) those post 27 November 1995 renal transplants that involved either Dr. Taylor or Mr Keane providing the dates in each case and
 - (iv) provide the Inquiry with the medical notes and records
5. Dr. Taylor was asked to identify the measurements of Adam's urine sodium concentrations to which he had access prior to Adam's transplant surgery. In his supplementary witness statement his answer at page 37, Q.97 (b) only refers to results in 1991 dated: 28 November 1991, 29 November 1991, 30 November 1991, 5 December 1991, and 14 December 1991. Could you please provide the following;
- (i) where Adam's previous printouts of urine sodium concentrations would have been kept as at 27 November 1995 – including those going back to 1991; and
 - (ii) how long it would have taken to bring the 1991 printouts of urine sodium concentrations to the ward if they had been requisitioned out of hours on either 26 November 1995 or 27 November 1995

I should be obliged if the information could be provided by Tuesday 14th June 2011.

Thank you for your assistance.

Yours sincerely,

Bernie Conlon
Secretary to the Inquiry
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Ms Wendy Beggs
Assistant Chief Legal Adviser
Directorate of Legal Services
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BELFAST
BT2 8DQ

Your Ref: NSCB04/1
NSCW50/1
NSCS071/1

Our Ref: AD-0190-10

Date: 29 November 2010

Dear Ms Beggs,

Re Investigation into the death of Adam Strain

I refer to the above. I would be grateful for your client's response to the following questions:

1. Where are all medical notes relating to a patient kept when he/she is admitted to a ward?
2. In 1995 did the RBHSC have a policy or protocol relating to:
 - (a) Recording of discussions between clinicians and between clinicians, patients and family members
 - (b) Allocation of responsibility for patients by doctors

Yours sincerely,



Anne Dillon
Solicitor to the Inquiry

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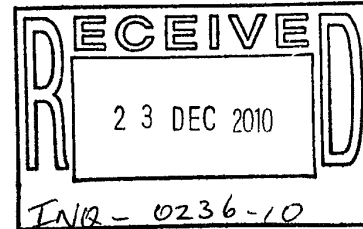
2 Franklin Street, Belfast, BT2 8DQ
DX 2842 NR Belfast 3

Your Ref:
AD-0190-10

Our Ref:
NSC B04/1

Date:
22 December 2010

Ms Anne Dillon
Solicitor to the Inquiry
Arthur House
41 Arthur Street
Belfast
BT1 4GB



Dear Madam

RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS

I refer to your letter of 29th November 2010.

In response to the questions posed the Trust has determined the following:

1. Current medical notes relating to a patient admitted to a ward are kept in the chart trolley. Where there are a large number of such charts, while the most recent ones would be kept in the trolley, historic charts would be requisitioned to the ward and kept at the Nurses' Station.
2. (a) In 1995 there were no formal RBHSC policies or protocols in place in relation to the recording of discussions between clinicians and among clinicians, patients and family members. Routine practice however would have been that decisions based on such discussions or conclusions from such discussions would have been recorded in the clinical notes, chronologically by the doctor involved, if considered to be of significance.

(b) Although there was no policy or protocol in RBHSC in 1995 for allocating responsibility for patients by doctors, standard practice was that Consultants, while retaining responsibility for their own specific patients could delegate some of their care to junior medical colleagues while requiring regular liaison regarding any significant change in a patient's condition. When a Consultant was not immediately available responsibility would be handed to Consultant colleagues e.g. Consultants and junior doctors would work out of hours on on-call rotas to provide continuous patient care.

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Yours faithfully

pp *Nicola Dodder*

Wendy Beggs
Assistant Chief Legal Adviser

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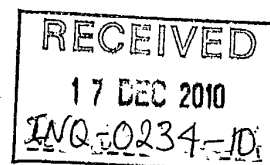
2 Franklin Street, Belfast, BT2 8DQ
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Your Ref:
AD-0156-10

Our Ref:
NSC B04/1

Date:
16 December 2010

Ms Anne Dillon
Solicitor to the Inquiry
Arthur House
41 Arthur Street
Belfast
BT1 4GB



Dear Madam

RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS

I refer to your letter of 21st July 2010.

The Belfast Trust has performed 52 renal transplants in RBHSC between 1st April 1993 and 13th October 2010.

The surgical teams involved were: Keane (1), Kernohan (2), Keane/Boston/Kelly (1), Keane/Brown (1), Boston/Donaldson (1), Kernohan/Saad (1), Connolly/McCallion (1), Connolly/Marshall (2), Connolly (22), Connolly/Grieve (1), Connolly/Sami (1), Keane/Sami (1), Connolly/Dugan (2), Connolly/Bailie (1), Connolly/Ho (2), Connolly/Wolsey (1), Connolly/Dillon (1), Connolly/McKnight (1), Pandey/Connolly/Pahaja (1), Pandey/Radipkrishna (1), Omar (2), Pandey/O'Kane (1), Connolly/Ervine (1). (3 Surgical teams could not be identified)

The anaesthetic teams involved were: Bhann/Paxton (1), Crean (2), Crean/Hill (1), Taylor/Montague (1), Bhann (1), Taylor/McConaghy (1), Taylor/McCloskey (1), McKaigue/Campbell (1), Chisakuta/McKaigue (1), McAtamney/McCabe (1), McAtamney/Chisakuta (1), Crean/Molloy (1), McAteer (1), Keaney (1), Lyons/Gormley (1), Bedi/Lyons (1), Lyons/Morris (1), Lyons/Stafford (1), Chisakuta/Mahajan (1), Chisakuta/Stafford (1), Chisakuta/McMorrow (1), Chogle (1), Symington/Chisakuta/Dripps (1), Chisakuta/Dripps (1), Chisakuta/Kamiah (1), Chisakuta/Sims (1), Chogle/Taylor (1), Taylor/Cavanagh (1), Robinson/McAlonan (1), Robinson/Hendron (1), Chisakuta/Mishra/Kansor (1), Taylor/Cooke (1), Lipczynski (2), Crean/Lyons (1), Robinson (1), Chisakuta (1), Chisakuta/Mottram (1), Lipczynski/Mottram (1), Robinson/Shevlin (1), Taylor/Campbell (1), Chisakuta/Curry (1), Robinson/Kelly (1). (8 Anaesthetic Teams could not be identified)

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Outcome – Primary graft function was achieved in 48 patients. In relation to 2 patients where primary graft function was not achieved both survived the transplant procedure and went on to have further renal replacement therapy. There have been 2 deaths related to transplant surgery.

Regarding polyuria 11 patients had significant polyuria pre-operatively while a further 7 patients are considered to have had significant residual urine output.

Hospital charts and information in relation to a number of patients have not been able to be recovered so the data above may not be complete.

Yours faithfully ____

pp *Nicole Doohar*

Wendy Beggs
Assistant Chief Legal Adviser

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