

The Inquiry into Hyponatraemia-related Deaths

Chairman: Mr John O'Hara QC

Ms Wendy Beggs
Directorate of Legal Services
2 Franklin Street
Belfast
BT2 8DQ

Your Ref: NSC B04/1

Our Ref: AD-0167-10

Date: 15 September 2010

Dear Ms Beggs,

Re Investigation into the death of Claire Roberts
Protocols and Procedures

I refer to the above.

I would be grateful if you would obtain responses from your client, the Belfast Trust, to the following questions:

1. What guidelines or protocols were/are in existence (in 1995 and today) regarding:
 - (a) whether a full or limited post mortem is appropriate
 - (b) the circumstances in which a death should be reported to the Coroner
 - (c) the circumstances in which consent for a hospital post-mortem should be sought from next of kin.
2. What was the RBHSC policy in 1996 on measuring and recording fluid losses, including urine output?
3. Regarding monitoring of a child's condition, to cover the period 1996 to the present day:
 - (a) What was the policy on the frequency of blood samples being taken; in particular, in circumstances where a child was admitted in the evening and a blood sample taken on admission, when would the test be routinely next repeated?
 - (b) What was the hospital policy regarding the testing and monitoring of a child's urine and electrolytes in a patient who has the potential for electrolyte imbalance?
 - (c) Was there a policy on how to monitor and measure fluid output (e.g. weighing dry and wet nappies in order to calculate the urine output from the difference in weight)?

Secretary: Raymond Little **Deputy Secretary:** Bernie Conlon
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4. What was the hospital policy in place in 1995 regarding giving information to parents on their child's condition and prognosis?
5. What was the protocol for admission to a Paediatric Intensive Care Unit in 1996, and what is it now?
6. Relating to consultants, what are the policies, again for the period 1996 to the present day, in respect of the undernoted matters?
 - (a) Responsibility: is there a protocol governing the circumstances in which a named consultant is appointed and what should happen if there is to be a transfer of care between consultants?
 - (b) Availability; when, if at all, should a consultant examine a child admitted under their care?
 - (c) Treatment in Emergencies; did/does the RBHSC have a policy dealing with the expected standards of practice for paediatricians regarding this issue?

I would be grateful for a reply to the matters raised in this letter within 14 days.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'Anne Dillon', written in a cursive style.

Anne Dillon
Solicitor to the Inquiry