



**Business Services
Organisation**

Directorate of Legal Services

— PRACTITIONERS IN LAW, TO THE
HEALTH & SOCIAL CARE SECTOR —

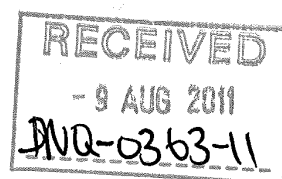
2 Franklin Street, Belfast, BT2 8DQ
DX 2842 NR Belfast 3

Your Ref:
BC-0040-11

Our Ref:
HYP B04/2

Date:
9th August 2011

Ms Bernie Conlon
Secretary
Inquiry into Hyponatraemia- related deaths
Arthur House
41 Arthur Street
Belfast
BT1 4GB



Dear Madam

RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS –CLAIRE ROBERTS

I refer to the above and to your letter of 21st July 2011 (BC-0040-11).

DOCUMENTS REQUEST

1. Response to follow.
2. Response to follow.
3. There were no guidelines, procedures or protocols in October 1996. (See my letter dated 10th January 2011 (re AD-0167-10) answers 2 and 3. The current policy was enclosed).
4. From 23.05.06 suitably trained nurses were permitted in the Royal Group of Hospitals Trust to administer intravenous first dose antibiotics. The Directive is enclosed.
5. Midazolam was not a controlled drug.
6. There was only one meeting with the Roberts family. This occurred on 7th December 2004 (see my letter dated 10th January 2011 (re AD-0177-10 which also notes that the Minutes of that meeting are already in the possession of the Inquiry). The Trust's letters to the Roberts family dated 17th December 2004 (website redacted between 090-049-153 and 090-050-154) and 12th January 2005 (website redacted between 090-048-152 and 090-049-153) and related emails (website redacted between 090-049-153 and 090-050-154) are also in the possession of the Inquiry.

Providing Support to Health and Social Care



B. FURTHER QUESTIONS FOR RBHSC

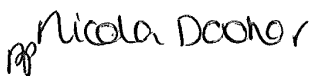
1. Response to follow.
2. Response to follow.
3. My letter dated 24th November 2010 in response to your letter of 15th September 2010 (AD-0166-10) addresses this at point 2. The arrangements would have been the same during office hours although it might have taken longer if another patient's scan was in progress.
4. There was no provision for out of hours MRI in 1996, either at the RVH or anywhere else in Northern Ireland. During office hours, patients were transferred by ambulance with a nurse, and if appropriate a doctor, to the MRI scanner at Carrickmannon House.

For patients requiring anaesthesia for MRI (generally under age 5), Carrickmannon House had a two bed anaesthetic bay for induction of, and recovery from anaesthesia. There were two routine GA sessions per week, mostly used for day case pre-booked patients and ward in-patients from RBHSC. Emergency cases outside these times required a team of staff to come with the patient from RBHSC.

5. Midazolam was not a controlled drug.
6. Response to follow.
7. The Minutes of the sole meeting with the Roberts family on 7th December 2004 are in the possession of the Inquiry. They list the Trust personnel attending as Dr. Rooney, Dr. Steen, Dr. Sands and Professor Young. Dr. Rooney was the Trust Clinical Psychologist who Dr. McBride, Medical Director asked to liaise with and support the family at the meeting. Dr. Steen and Dr. Sands were clinicians who had been involved in Claire Roberts' care. Professor Young was the Queens University Professor of Medicine who Dr. McBride asked to review Claire's notes. Dr. Webb did not attend the meeting. By 2004 he had moved to another consultant post in Dublin and was not a Trust employee. No neurologist attended the meeting, however the emails referred to above indicate that Dr. Webb was informed by telephone of the matter.
8. My letter dated 10th January 2011 in response to your letter of 21st October 2010 (AD-0177-10) addresses this at page 2 paragraph 1 and in answer to question 3.
9. My letter dated 10th January 2011 in response to your letter of 21st October 2010 (AD-0177-10) addresses this at page 2 in answers to questions 3 and 4.

10. Professor Young is a Professor of Medicine, and Consultant in Clinical Biochemistry.
11. Professor Young was not considered as being independent of the Trust. He was providing an internal Trust opinion and as he stated in his Coronial witness deposition (090-052-160) he expected that the Coroner would be obtaining an independent opinion which did then occur.
12. My letter dated 10th January 2011 in response to your letter of 21st October 2010 (AD-0177-10) addresses this at page 2 in answer to question 4 and second set of questions number 1 whereby Dr. McBride having verbally been made aware that hyponatraemia may have contributed significantly to Claire's death this allowed him to make the decision to refer the case to the Coroner. There is no Trust documentation in relation to the verbal report however Professor Young's Coronial witness statement (090-052-160) records his advice.
13. My letter dated 10th January 2011 in response to your letter of 21st October 2010 (AD-0177-10) partly addresses this at page 2 paragraph one. The date and person contacted is not held on record by the Trust.
14. The Trust Minutes of the meeting on 7th December 2004 provided to the Roberts family, Mr. Roberts' email to Dr. Rooney of 9th December 2004 20:44 with questions, the Trust's letters of 17th December 2004 and 12th January 2005 are all in the possession of the Inquiry and are the only documents of communication with the Roberts' family.
15. Dr. Webb did a rota of one week on call for Paediatric Neurology Consultations, every other week. This involved while doing daytime work being available 24/7 for consultation on children and newborns with neurological problems. He believes he was on call for the week beginning 21st October 1996.
16. Response to follow.

Yours faithfully



Wendy Beggs
Assistant Chief Legal Adviser

Direct Line: [REDACTED]
Email: [REDACTED]

**DIRECTORATE OF NURSING, PATIENT AND ENVIRONMENTAL SERVICES
1ST FLOOR
KING EDWARD BUILDING
EXT: [REDACTED] FAX [REDACTED]**

M E M O R A N D U M

**TO: Divisional Managers
Nursing Executive**

FROM: [REDACTED] Assistant Director of Nursing

DATE: 23 May 2006

RE: Intravenous Administration of first dose antibiotics

Please note that with immediate effect suitably trained nurses may administer intravenous first dose antibiotics. It has been recognised that this will improve patient care in that administration delays should be minimised.

[REDACTED]