

The Inquiry into Hyponatraemia-related Deaths

Chairman: Mr John O'Hara QC

Ms Angela Crawford
Directorate of Legal Services
2 Franklin Street
BELFAST
BT2 8DQ

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

Our Ref: HW-0032-12

Date: 9th July 2012

Dear Ms Crawford,

Re Claire Roberts Governance

I refer you to the minutes of the Paediatric Directorate Clinical Audit Meeting on 10 December 1996 (305-011-591, enclosed).

You will note that at this meeting Dr Shields handed over the role of Audit Co-ordinator to Dr Taylor. I would be grateful if you could inform the Inquiry of the following:

- 1) The full name and job title of Dr Shields.
- 2) The Job description for the role of Audit Co-ordinator.
- 3) For how long had Dr Taylor been a member of the Audit team prior to becoming Audit Co-ordinator?
- 4) From what dates did Dr Taylor fulfil the role of Audit Co-ordinator?
- 5) If and when Dr Taylor ceased to be the Audit Co-ordinator, who did he hand over to?

Further, the note also states that, *"each unit continue to do the case note review audit and the completed forms should be returned to the Clinical Audit Department on a monthly basis."*

I would be grateful if you could forward to the Inquiry all completed forms for the period 1995 -1996.

Please provide the requested information by 16th July 2012.

Yours sincerely,



Htaik Win
Assistant Solicitor to the Inquiry
Enc

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ROYAL GROUP HOSPITALS

PAEDIATRIC DIRECTORATE CLINICAL AUDIT MEETING

Date: 10 December 1996

Venue: Function Room RBHSC

Attendance: See Register

The meeting began with Dr Shields handing over the role of Audit Co-ordinator to Dr Taylor.

A discussion followed with the staff present about the future running of the audit programme, the following was noted:

1. The audit meetings should start as usual with the Mortality meeting - each case presentation should have a time limit and the consultant supervising the case should have the opportunity to express problem areas in the management of the case in a non-hostile environment.

Those presenting cases should indicate to Dr Taylor how long they will require.

2. The directorate should continue doing 3 or 4 multiprofessional audits each year and would encourage the team approach to audit.

Each unit should now be thinking about a suitable topic so that a date for presentation can be arranged in advance.

Audit topics which involve the clinical audit staff should have an audit request form completed and passed to Dr Taylor for approval.

Staff are also encouraged to do audit topics within their own resources. Reports of these audits should be forwarded to Dr Taylor.

In addition it is important that each unit continue to do the case note review audit and the completed forms should be returned to the Clinical Audit Department on a monthly basis.

3. Participants expressed frustration that it had not been possible to implement many of the changes recommended in many of the audits because of resource limitations. This was discussed with the Directorate Manager, who felt that the audit results and recommendations were helpful for him when putting forward business cases for future change. However, with limited resources these changes could not all be implemented immediately and the directorate needed to look again at how it used existing resources.

Date of next meeting
Tuesday 14 January 1997