

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

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

Our Ref: AD-0613-13

Date: 30th July 2013

Dear Ms Bolton,

Re: Raychel Ferguson Governance

I refer to the above and to the recent statement of Ms Therese Brown.

Minutes of the Clinical Audit meeting are attached. At the end of the first paragraph page 120 of her statement, there is reference to a summary being sent by the group to WHSSB.

I would be grateful if you would inform me if this action was carried out. In addition please send me the summary, whether in draft or final form, which was prepared on foot of this meeting.

I would be grateful for your response within 7 days.

Thank you for your assistance.

Yours sincerely,

pp Anne Dillon

Anne Dillon
Solicitor to the Inquiry

Secretary: Bernie Conlon

Arthur House, 41 Arthur Street, Belfast, BT1 4GB

Email: inquiry@ihrdni.org **Website:** www.ihrdni.org **Tel:** 028 9044 6340 **Fax:** 028 9044 6341

12-1-2001 15

ALTNAGELVIN HOSPITALS HEALTH AND SOCIAL SERVICES TRUST
ALTNAGELVIN AREA HOSPITAL

CLINICAL AUDIT COMMITTEE

Minutes of the Clinical Audit Committee meeting held on Thursday 23rd November 2000,
commencing at 1.00pm in the Seminar Room, Trust Headquarters, Altnagelvin Hospital.

Present: Dr M. Parker, Clinical Audit Co-ordinator
Mrs T. Brown, Risk Management Co-ordinator
Mrs A. Cole, Audit Assistant
Dr G. Furness, Consultant Anaesthetist
Mrs J. Johns, Head of Physiotherapy
Miss S. Patton, Chief Dietician
Mrs A. Witherow, Clinical Effectiveness Co-ordinator

Apologies: Mr [redacted] Audit Assistant

In Attendance: Miss [redacted] Personal Secretary

1.0 WELCOME

Dr Parker welcomed everyone to the meeting and thanked them for their attendance.

2.0 APOLOGIES

Apologies were noted.

3.0 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting were agreed.

4.0 MATTERS ARISING

4.1 Admissions Audit

Dr Parker informed the meeting that both Mrs Witherow and himself attended an Area Audit meeting at the WHSSB recently when each Trust presented progress on their area wide audit. [redacted]

Action: Dr [REDACTED]

4.2 Documentation Audit

Dr Parker informed the meeting that Mrs Witherow and himself presented the results of this audit to the members of the Hospital Management Team at their recent meeting in October and added that it was received quite well. He added that each individual Directorate received a copy of their own results and were informed that a re-audit would take place in one year's time. Mrs Witherow said that she has attended the Ward Sisters meetings to discuss the action required in relation to nursing. She added that the Clinical Directors would be required to action the medical aspect of this. Dr Furness said that the Drug and Therapeutic Committee would be looking at the kardex again as it had been put on hold. Mrs Brown asked if this would cover the names of drugs to which Dr Furness replied that the booklet states to use the generic name. Mrs Witherow said that the format of the kardex allows for the generic name to be used and added that the new group would be looking at this issue. Dr Parker said that the WHSSB have asked for a copy of the audit. Discussion then followed on whether the group should allow the WHSSB to have access to the results of the audit. Mrs Johns suggested sending them a summary of the audit and Mrs Brown said that perhaps a summary of the key issues should be sent to them. The group then agreed that a summary should be sent to the WHSSB.

Dr Parker informed the meeting that Dr Beirne spoke to him after the meeting and raised concerns about the overheads that were used. Dr Parker said that he informed him that these overheads were not used in the report but only in the presentation. Mrs Brown said that this issue has arisen during the Study Days on Legal Aspects of Documentation. Mrs Witherow said that the presentation was to the highest level of staff within the Trust and, therefore, confidentiality would be ensured. She added that it was necessary to use real life examples. Dr Furness asked if a member of staff was auditing something specific to one person should that person have a say. Dr Parker replied that if someone was to undertake an audit in the Obstetric and Gynaecology Department the results could not be released until all the people involved within that department have seen it and are aware of it. Discussion then followed on auditing topics in relation to other departments and then making people aware of the results. Mrs Brown said that there are legal aspects but as Chair of the Clinical Audit Committee Dr Parker could carry out audits on other departments. Dr Furness said that as the Chair of the Drug and Therapeutic Committee he would like to undertake an audit on antibiotics to which Dr Parker replied that as the Chair of the Committee it would be acceptable to do the audit without informing people.

4.3 Discharge Letter Audit

Dr Parker said that he has spent time with the two GP representatives discussing the format of a discharge letter. He said that they agreed that it should be a proper letter and he then proceeded to distribute a list of items, which they agreed should be included within a discharge letter. Dr Parker said that the letter to the GP should be dated within two weeks of the patient's discharge. Dr Furness asked if it should include what has changed in relation to medication and who is in charge of the medication. Mrs Witherow said that the letter may not be with the GP for two or three weeks and therefore the summary discharge sheet is very important and needs to be looked at. Dr Parker said that this discharge summary sheet would be looked at in conjunction with who should carry out these discharge letters. He said that discussions had taken place on whether the Consultant should be responsible for writing the discharge letter and it was agreed that this would be the most preferable option.

Dr Furness said that it would be necessary to start from the beginning at find out what treatment or medication the patient was on before their admission and suggested that a letter states only the changes to this medication. Mrs Witherow said that there could be boxes to tick stating whether there have been changes to the dose or the frequency and then space to record any additions. She added that if the Drug and Therapeutic Committee will be looking at a new drug kardex this could be split up to include medication on admission and medication on discharge. Dr Furness said that it would be helpful if the GPs send a list of the medication the patient is taking when admitted. Mrs Johns said that it will not be perfect on the first attempt and adjustments can then be made. Dr Parker said that he agreed with this and suggested carrying out an audit of ten discharges from each specialty and audit what information is missing from each discharge summary sheet. He said that following the audit the group could see what action is required and further discussions could then take place with the GP representatives. This was agreed by all those present.

4.4 Audit Symposium

Dr Parker informed the group that the Annual Audit Symposium would take place on Thursday 17th May 2001 in Lecture Theatres 1 and 2 in the Clinical Education Centre.

4.5 Inpatient Satisfaction Survey

Dr Parker informed the group that this survey has currently been put on hold.

he has spoken to Dr Fulton and it was agreed to cancel all the remaining meetings and to ask each Directorate to organise their own meetings for junior Doctors. He added that he will continue with the meetings for the staff within the Obstetric and Gynaecology department and that the Audit Co-ordinator within each specialty is now responsible for organising audit meetings within their departments. Dr Parker said that the co-ordinators included: Dr [REDACTED] Mr Gilliland, Dr [REDACTED] Dr [REDACTED] Dr [REDACTED] Mr [REDACTED]. He said that Mr Wray had suggested carrying out a rolling audit meeting whereby each Directorate presented every month and that all clinics were cancelled to allow for better attendance. Dr Parker said that it would not be appropriate to cancel clinics to allow for the juniors to attend. Mrs Witherow suggested putting something in writing to Mrs Burnside and it was agreed that Dr Parker and Dr Fulton meet with Mrs Burnside to discuss the situation.

Action: Dr Parker

Dr Parker said that there had been a visit by the Deanery approximately three weeks ago and added that the report has been received. He said that most junior Doctors did not mention clinical audit despite being spoken to about it at their induction and invited along to these audit meetings. He added that the Doctors said that they knew nothing about audit. Dr Parker said that this reflects badly on the Audit Committee. He said that when the Royal College attend the junior Doctors also state to them that they know nothing about audit. He added that those visiting do not speak to anybody else except the juniors and then send a report based on this. Dr Parker said that there is no comeback on this or no appeal.

Mrs Johns asked if the Committee could influence how these bodies carry out their reports to which Dr Parker replied that it would be good to be able to speak to them and give your opinion. Mrs Witherow said that these reports are factually incorrect. Mrs Johns said that it would be useful if these bodies received all the correct information and made their report on this. Dr Parker said that there are seventy-six junior medical staff of which nine are within the Obstetric and Gynaecology department. Mrs Cole suggested contacting those who have requested assistance and asking them to present at these meetings. Dr Parker said that the department would have a record of those who have requested assistance and these individuals could be asked to present on completion of their audit. Dr Furness said that it may be useful to have a meeting of all the audit co-ordinators to take forward the issue of audit within the hospital.

9.0 CURRENT AUDIT PROJECTS

Mrs Cole distributed an update on the audit projects currently being undertaken and the audit proposals, which have been received since the last meeting. The group then proceeded to read through these lists and agreed which audit proposals assistance can be offered to. Mrs Witherow said that in relation to the proposal from Mrs McDowell she felt that the group would need to have a look at her questionnaire. Dr Parker said that if it is for her dissertation he does not feel what assistance the audit department could provide. Mrs Cole said that she has requested analysis of the information gathered. Dr Parker said that he has concerns regarding this particular audit request. Mrs Brown said that she felt it was more a Personnel issue than an audit to which Dr Parker agreed. The group then agreed that this was a Personnel issue and Dr Parker agreed to write to Mrs McDowell informing her of the

decision of the group and suggested that she contact the Personnel Department for assistance.

Action: Dr Parker

10.0 ANY OTHER BUSINESS

10.1 Journal of Clinical Governance

Dr Parker informed the group about this publication and Mrs Brown added that Miss Duddy currently received this publication.

10.2 Audits Completed from Sister 



10.3 Transfer Audit



10.4 Blood Transfusion Audit



Action: Mrs Witherow

10.5 Schedule of Meetings

[REDACTED]

10.6 Area Audit

Dr Parker informed the meeting that it was agreed that Altnagelvin would participate in one area audit each year. The group said that they agreed with this proposal.

11.0 DATE, TIME AND VENUE OF THE NEXT MEETING

[REDACTED]

There being no further business the meeting concluded at 2.40pm.