

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: NSCB04/1
NSCW50/1
NSCS071/1

Our Ref: BC-0210-13

Date: 2nd August 2013

Dear Ms Beggs,

Re: Raychel Ferguson Governance

I refer to the attached extract from Ms Brown's statement (Ref: WS-322/1 p.119-120)

I would be grateful if you could forward to the Inquiry the results of the documentation audit referred to at para 4.2

It is imperative that the Inquiry advances its investigation in relation to this aspect of the terms of reference as expeditiously as possible. Accordingly, we would ask for your fullest co-operation with regard to the above request notwithstanding the holiday period. We would ask you to respond to this request no later than the 9th August 2013.

Yours sincerely,



Bernie Conlon
Secretary to the Inquiry

Secretary: Bernie Conlon

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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.