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Private & Confidential
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Our Ref: DWJ/MCA3354 – MEDI/4/167
Your Ref: Departmental Audit
Direct e-mail: dwj[redacted]

Dear Anne

Hyponatraemia Inquiry

With reference to the clinical audit documents lodged with the Inquiry and as requested by the Inquiry, we would provide the detail below.

Dr Taylor located the documents in a PICU filing cabinet and all documentation should be available from the Trust. Those submitted were merely Dr Taylor's personal copies but not exclusive to him. They do not directly involve the case of Lucy Crawford. Rather they have been provided to assist the Inquiry in terms of:

a) seeking to add documentary context to the evidence Dr Taylor has given, whereby (i) the clinical audit function of the half day meetings, was separate and distinct from (ii) the Mortality Meeting part of those half days;
b) providing Dr Macfaul with some further documentation in order to help him properly understand, and view in context, the clinical audit part of the process (above, (i)). Dr Macfaul appears to conflate the two (separate) concepts at various points in his Report – perhaps because of an absence of documentation as to (i)). He further states at paragraph 718 of his Report [250-003-135], with regard to the concept of the "audit cycle": "*It is not evident how this process was managed in RBHSC and the Clinical Directorate which had a responsibility to supervise audit processes. Audit can take place either with a single case being presented, or a number of similar cases could be aggregated and analysed by clinical audit process.*" Elsewhere he writes (at paragraph 721), "*It is not evident whether an annual (or other frequency) audit report was made to the clinical directorate nor whether any reports were sent to the clinical director or whether the minutes were shared with him or her or with any oversight Audit committee in the Trust*".

The documents provide examples of the type of work which Dr Macfaul is discussing. Specifically (and to take each document individually):

1) The "*Implementing Clinical & Social Care Governance*" brochure has been provided in case it is of assistance to the Inquiry. It relates to a Conference in Clinical Governance hosted by the Trust in February 2000. It was therefore felt it might be of use to the Inquiry in its work. It appears to demonstrate the clinical governance structure of the Trust at the relevant time.

2) The *Royal Hospitals Trust Monthly Report on Medical / Clinical Audit Activities* (*February and March 2001*) documents are Dr Taylor's copies of the Clinical Audit Committee's (CAC) overview of the clinical audit work of each directorate, and each Audit Facilitator within those directorates. See, for example,

February 2001 at page 5. Some directorates are recorded as having "Minutes Not Submitted". "Paediatrics", on the other hand, has submitted minutes of a presentation of an Epipen Audit. The documents demonstrate that:

a. there was an overall Clinical Audit Committee, to which monthly minutes were submitted by the Directorates, and
b. within that structure, there was no querying of the established policy whereby the Mortality Section of the meeting was unminuted.

They demonstrate the monthly "oversight" of each Audit Facilitator (to confirm that they were performing their relevant duty).

3) The *letter to Clare Wilson* (27 November 2000) demonstrates the type of work which Dr Taylor carried out in order to assist in the proper conduct of Clinical Audit projects ie to encourage the recipient to measure her practice against pre-set standards. It is an example of the Audit Cycle in process.

4) The *Directory of National Audits 1999* has been included to assist the Inquiry in understanding the type of National Audit activity which was being undertaken at this time. The number of Audit Titles being presented in the Paediatric Directorate is extensive.

5) Similarly, the *Worksheet of Audit Activity (dated 15/03/00)* has been included to inform the Inquiry of the range of clinical audits undertaken throughout the Trust and in the Paediatric Directorate in particular (see page 3). This outlines the activity of Dr Taylor as Paediatric Audit Facilitator.

6) The *Organisational Plan for the Development of Clinical Audit 1999-2000 (Action Plan / Progress Report)* has been included as it appears contemporaneous and demonstrates that each directorate fed back the work of their meeting to the Clinical Audit Department. It again confirms that Dr Taylor was part of a process of Clinical Audit by which the minutes of Multi-Professional Clinical Audit meetings, together with the Attendance Register, were returned (by the PICU Secretary) to the Clinical Audit Department. It again demonstrates that no minutes or data from the Mortality meeting section of the afternoon were ever sought by the Trust.

7) The *letter from Dr Connor Mulholland* (14 February 2000) has been submitted as it is contemporaneous. It helps demonstrate the distinction between the Clinical Audit section of the meetings, and the Mortality meetings (in that the Paediatric Anaesthetists had apparently expressed a wish to separate away from the general Paediatric Clinical Audit meeting, in order to make their session more specific).

Yours faithfully