INQUIRY INTO HYPONATRAEMIA RELATED DEATHS

SUBMISSIONS ON BEHALF OF DR CAMPBELL

1. The only issue which we wish to address by way of these submissions is the question of responsibility for the introduction of clinical governance and adverse incident reporting in Northern Ireland.

2. Prof Scally seems to suggest that the responsibility for this lies principally or wholly with Dr Campbell. Dr Campbell respectfully disagrees with that analysis. Dr Campbell accepts his criticism that clinical governance and adverse incident reporting should have been introduced in Northern Ireland sooner than it was, but she does not accept that this failure was a personal one, attributable to her. It is Dr Campbell's belief that Prof Scally's criticism can only properly be considered a corporate criticism of the Department, rather than a personal criticism of any individual (whether that be personal criticism of her or anyone else at the Department).

3. Prof Scally compares Dr Campbell's role to the role of CMO in England. Dr Campbell believes her role was slightly different from that of the CMO in England. The CMO in England had a much larger staff than Dr Campbell did. His role as CMO also encompassed work that, in Northern Ireland, was spread out between several different directorates, and was not concentrated on the CMO office. Although such comparisons are always imprecise, Dr Campbell understands that, by way of example, the Quality and Performance Improvement Unit would have been effectively part of the CMO office in England, whereas it was part of another Directorate in Northern Ireland. Dr Campbell therefore does not believe that the comparison between her role and Sir Liam Donaldson's, with particular reference to her ability to effect change and drive policy, is a fair one.

4. In fairness to Prof Scally, he acknowledges in both his reports that responsibility for implementation of clinical governance may not have rested with Dr Campbell[1]. It was appropriate for him to recognise this possibility given the fact that his experience in this field has been principally under the English model where the CMO had much greater powers in terms of policy development.

5. The fact that Dr Campbell did not have sole responsibility for the introduction of clinical governance or adverse incident reporting is clear from a number of documents in the Inquiry's possession as follows:

[1] 341-002-022 para 54, and 341-003-007 para 14

a. The 7 July 2004 Circular itself which was issued by the "Planning and Performance Management Directorate", not by Dr Campbell or the CMO's office[2].
b. The organisational structure which confirms that the "Planning and Performance Management Directorate" did not report through Dr Campbell or the CMO's office[3]
c. The organisational structure which confirms that the "Quality Agenda" and "Clinical and Social Care Governance" were part of the remit of the "Quality and Performance Improvement Unit" (which in turn was part of the "Planning and Performance Management Directorate")[4]
d. Noel McCann's witness statement which confirms that the "Planning and Performance Management Unit" had "responsibilities… to improve quality in the HPSS" which "stem from the consultation paper *Best Practice Best Care"*[5]
e. John McGrath's witness statement which confirms that the "Quality and Performance Improvement Unit" was responsible for "the roll out of "Best Practice: Best Care" and related legislation: Clinical and Social Care Governance"[6].
f. John McGrath's witness statement which confirms that his Directorate "oversaw the work which led to the publication in April 2001 of the major policy document "Best Practice: Best Care" which set out proposals for improving quality standards within the HPSS[7].

6. These submissions should not be interpreted as an attempt on Dr Campbell's behalf to "pass the buck" in relation to the responsibility for introducing clinical governance and adverse incident reporting. She accepts she was a senior figure in the Department and the responsibility that goes with that. It is our submission however that it would be unfair for the inquiry to adjudge any organisational failures to have been individual failings. Dr Campbell understands that the CMO's office in Northern Ireland now does have a more formalised responsibility for Quality, which is something she wholly supports.

[2] WS065/1/9
[3] 323-027f-003 and 323-027f-002
[4] 323-027f-016
[5] WS 065/1/2
[6] WS362/1/4
[7] WS362/1/13