

Professor Alan Glasper
School of Health Sciences
Building 67
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Your Ref:

Our Ref: AD-0062-09

Date: 20th July 2009

Dear Professor Glasper,

I am the solicitor to the above named Inquiry, established in November 2004 by the then Minister for Health in Northern Ireland, Angela Smith MP. Her decision was made against the background of public concern about the treatment in local hospitals of children who died of hyponatraemia, which was highlighted in a documentary entitled "When Hospitals Kill". For your reference, I have attached a copy of the Inquiry's Terms of Reference.

In formulating a List of Issues that the Inquiry will address, it has become apparent that a major factor to be addressed at the oral hearings stage is the education and training that doctors and nurses received in the areas outlined below. The Chairman is of the view that a background paper covering this issue with reference to significant dates in the work of the Inquiry would be beneficial to all parties. The dates take into account a 20 year period prior to the death of the first child whom the Inquiry is concerned with and thereafter, other deaths, dates of inquests and the date of the introduction and subsequent revision of the Department of Health, Social Services and Public Safety (DHSSPS) Guidelines on the Prevention of Hyponatraemia in Children.

The Inquiry Team's current proposal is that a paper dealing with the issues detailed below, relating to the training and education of nurses (here in Northern Ireland) will be provided. It is intended that Questions 1 and 2 will be dealt with by an individual within Northern Ireland.

The areas to be covered are:

What was/is the teaching and training in Northern Ireland provided to:

(i) nurses as part of their qualification and

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- (ii) *to nurses as part of their induction, training and continuous professional development in Northern Ireland*

on fluid management, hyponatraemia and record keeping:

- (a) *between 1975-1995*
- (b) *by November 1995*
- (c) *between 28 November 1995 and Adam's Inquest which finished on 21 June 1996.*
- (d) *between 21 June 1996 and 23 October 1996.*
- (e) *between 23 October 1996 and 14 April 2000*
- (f) *between 14 April 2000 and 10 June 2001*
- (g) *between 10 June 2001 and March 2002 (the issue of the DHSSPS Guidelines on the Prevention of Hyponatraemia in Children)*
- (h) *between March 2002 and 5 February 2003*
- (i) *between 5 February 2003 and 12 May 2003*
- (j) *between 12 May 2003 and 19 February 2004*
- (k) *between 19 February 2004 and 9 June 2004 (March 2004 – revision of DHSSPS Guidance on Prevention of Hyponatraemia in Children)*
- (l) *between 9 June 2004 and 4 May 2006.*
- (m) *since 4 May 2006 to date.*

To include consideration of:

- (1) *To what extent was fluid management, hyponatraemia and record keeping covered in the teaching, training and CPD at the various points in time (a)-(m).*
- (2) *To what extent there were any changes in the teaching, training and CPD between the dates set out in (a)-(m) above, and what were the effects of those changes, if any.*
- (3) *How does that teaching training and CPD compare to the rest of the UK and the Republic of Ireland at those various times (a)-(m).*

It is in connection with point 3 that I seek your assistance, in examining the UK position and providing a comparison with that which exists in Northern Ireland. I intend to write to a suitably qualified person in the Republic of Ireland who may assist in providing a comparison with the situation in that jurisdiction.

Should you be willing to undertake this task, please let me have an indication of your fees and a timeframe within which you would be able to supply paper dealing with point 3 above. I am aware that this will be dependent upon when you can commence your research into the position in England and Wales and also, to a greater degree on when the information paper from Northern Ireland

will be available. At this stage, it is an indication of your views and availability that I am seeking.

I would welcome the opportunity to discuss this matter in more detail with you. I can be contacted by email at [REDACTED] or my direct dial telephone number is [REDACTED]

I look forward to hearing from you.

Yours sincerely,

Bernie Conlon.
B.C.

Anne Dillon
Solicitor to the Inquiry

**TERMS OF REFERENCE
(REVISED NOVEMBER 2008)**

DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

**THE HEALTH AND PERSONAL SOCIAL SERVICES ORDER (NORTHERN
IRELAND) ORDER 1972**

In pursuance of the powers conferred on it by Article 54 and Schedule 8 to the Health and Personal Social Services (Northern Ireland) Order 1972, the Department of Health, Social Services and Public Safety hereby appoints Mr John O'Hara QC to hold an Inquiry into the events surrounding and following the deaths of Adam Strain and Raychel Ferguson, with particular reference to:

- (i) The care and treatment of Adam Strain and Raychel Ferguson, especially in relation to the management of fluid balance and the choice and administration of intravenous fluids in each case.
- (ii) The actions of the statutory authorities, other organisations and responsible individuals concerned in the procedures, investigations and events which followed the deaths of Adam Strain and Raychel Ferguson.
- (iii) The communications with and explanations given to the respective families and others by the relevant authorities.

In addition, Mr O'Hara will:

- (a) Report by 1 June 2005 or such date as may be agreed with the Department, on the areas specifically identified above and, at his discretion, examine and report on any other matters which arise in connection with the Inquiry.
- (b) Make such recommendations to the Department of Health, Social services and Public Safety as he considers necessary and appropriate.