

The Inquiry into Hyponatraemia-related Deaths

Chairman: Mr John O'Hara QC

Ms Catherine Rodgers
Departmental Solicitors Office
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Centre House
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BELFAST
BT1 4JE

Your Ref: LIT 477/08/B5/CR

Our Ref: AD-0671-13

Date: 14th October 2013

Dear Ms Rodgers,

Re DEPARTMENTAL AND ADDITIONAL GOVERNANCE SEGMENT

I am grateful for the papers and appendices provided on behalf of the Department.

It would be helpful if the Department could respond to the supplementary questions set out on the attached paper in order to help the Chairman develop his understanding of some of these matters. Some of the supplementary questions relates to the position paper of the Trust. I therefore attach for ease of reference a copy of the Trust's position paper and that of the Board.

It would be helpful if the Department was able to respond to the attached paper by 30 October.

The continuing assistance of the Department is much appreciated. Our exchanges will be shared with the parties and made public in order to set the scene for the evidence which will be given in week commencing 11 November.

Yours sincerely,



AD Anne Dillon
Solicitor to the Inquiry

Secretary: Bernie Conlon

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**FURTHER ISSUES ARISING FOR DHSSPS FROM
ITS OWN SUBMISSIONS AND THOSE OF THE
BELFAST HEALTH AND SOCIAL CARE TRUST AND
THE HEALTH AND SOCIAL CARE BOARD**

1. Paper C.1 from DHSSPS concerns “assurance and accountability arrangements for arms length bodies”. At paragraph 8, bullet point 6, and then at paragraph 51, reference is made to the Minister having accountability meetings with around four arms length bodies each year. Please advise:
 - (i) Have these meetings yet started?
 - (ii) If they haven’t started, when are they expected to start?
 - (iii) To what extent, if any, will they be public or will any record be made available of the meetings?

2. Also in paper C.1 at paragraph 51, there is a reference to the Minister engaging in planned visits “to see services being delivered and to hear the views of staff on the ground”.
 - (i) Does the Minister also make unannounced visits?
 - (ii) To what extent do medically qualified departmental officials such as the Chief Medical Officer make unannounced visits to see services being delivered and to hear the views of staff on the ground?

3. Paper C.6 from DHSSPS concerns “nursing governance”. From paragraph 44 onwards, there is a section on “Regional Ward Manager Project 2010”.
 - (i) To what extent is the envisaged role of a Ward Manager a new development as opposed to the re-introduction of an older practice?
 - (ii) How will the role of a Ward Manager be different to that of a Ward Sister or Charge Nurse?

4. Staying with nursing generally, what evidence is there of nurses in Northern Ireland raising concerns in adverse incident or serious adverse incident reports about the actions of doctors, including consultants?

5. Paper C.7 from DHSSPS concerns “medicines governance”. The paper refers to and gives examples of the very useful (and lively) regional newsletters issued by the governance team. While the publication of these

newsletters is potentially valuable, is there any tangible evidence of them having any effect on practice? If so, what is that evidence?

6. Paper C.9 from DHSSPS concerns "HSC Complaints". Please compare the Belfast Trust complaints' policy found at pages 14 – 16 of its submission and Appendix 8 to that submission with the paper issued by the Department in April 2009 which is found at Tab 13 of File C.9. How does the Belfast Trust's complaints' policy comply with the standard set by the Department in its paper? In particular, is the Department satisfied with the limited reference to the family which is found in Appendix 7 of the Belfast Trust policy?
7. Paper C.10 from DHSSPS concerns "Death Certification in Northern Ireland". At paragraphs 55 and 58 there are references to two working groups which were scheduled to meet for the first time on 4 and 8 October 2013. It would be helpful to receive an update on the work of these two groups including the membership of each one and any papers which are available from their first meetings.
8. In its position paper, the Belfast Health and Social Care Trust has set out at page 31 its position on asserting privilege for expert reports obtained by the Trust for inquests. The fact that the Trust is legally entitled to claim privilege is not in dispute. There is an issue, however, as to why it should assert that right and in whose interests it would do so. In the case of Raychel Ferguson, the Inquiry has heard evidence that the then Altnagelvin Trust obtained an expert's report which was critical of the Trust and which was then withheld from the Coroner. What view does the Department hold on this issue generally? In particular, how can a Trust possibly engender public confidence by obtaining an expert's report which is critical of some actions performed by doctors and nurses and then withholding that report from the Coroner?