Friday, 18 October 2013

(11.00 am)

(Delay in proceedings)

(12.15 pm)

Timetabling discussion

THE CHAIRMAN: Thank you, everyone, for waiting. I have been brought up-to-date about what discussions have taken place and I just now want to outline how I see the way forward in dealing with the need for oral evidence in Conor's case.

We've had a chance to examine, as I'm sure all of you have had, and interpret and understand the admission which was made yesterday by the Southern Trust as successor to Craigavon Trust. It is a very important document in admitting failings and conceding fundamentally that the guidelines which were issued by the department in 2002 were not made known to the staff who treated Conor and, by extension, could not have influenced the way in which Conor was treated and the way in which that treatment was recorded.

On that analysis, we've had discussions and some thoughts about which witnesses still need to be called from the witness schedule which was circulated last week. The position now seems to me to be as follows. On the clinical side, since the doctors and nurses who

treated Conor in Accident & Emergency and in the medical assessment unit were not aware of the guidelines and had not been trained in them, there is no good reason to ask them to give evidence following on from their written witness statements about why they didn't know about the guidelines and why they didn't follow them. The answers are now self-explanatory. Accordingly, and subject to any representations from the floor, it is not my intention to ask any of the treating doctors or nurses to give evidence next week.

On the implementation side, there are, however, some outstanding issues which I would like some clarification on. I'll outline them briefly. In his evidence to the inquiry, the then medical director in Craigavon Trust, Dr McCaughey, has indicated that when the guidelines were received by him from the Chief Medical Officer in 2002 that he circulated them to the various relevant clinical directors, including paediatrics, Accident & Emergency, and so on.

The evidence which we have received, taken in conjunction with yesterday's concessions by the trust, indicates very strongly that while the guidelines did make their way to the children's area where Dr Bell worked, they may not have made their way to Accident & Emergency or to the medical assessment unit where Dr Lee

and Mr Sterling were the most senior people at the relevant time. And I think we need to explore this issue to some extent.

The fact that Dr Bell can remember receiving the guidelines and can remember the work which she did in implementing the guidelines, whereas Dr Lee and Mr Sterling can't remember any equivalent, does rather suggest that, whatever Dr McCaughey intended, the guidelines only went to the paediatric section and not elsewhere, and I would like that area investigated and developed at least to some extent.

On the nursing side, and in a sense quite separate from yesterday's developments, we received an additional volunteered statement on Monday from Mrs Foy, who was at that time the nursing director. However, she was the acting nursing director taking on some extra responsibilities and heading towards retirement. She has indicated that Mrs O'Rourke, who was the clinical services manager, was the person who would actually have been responsible for implementing the guidelines on the nursing side. That's not something which Mrs O'Rourke seems to agree with from the statement which she had previously provided to the inquiry. So we do need some more information on this apparent contradiction between the most senior nurses in the trust at the time.

That would then bring in Mr Mone, who succeeded Mrs Foy in or about September 2002, and there's an additional query which arises from that, which is this: if the guidelines were not disseminated and implemented on the nursing side through either Mrs Foy or Mrs O'Rourke, does that mean that the paediatric nurses were not familiar with the guidelines, even if the paediatricians were? So that's a second area which still needs some development.

A third area which needs some development is the response which was provided, dated 7 April 2004, to the Chief Medical Officer by Dr Caroline Humphrey, who by then was the medical director. She provided a letter of reassurance to Dr Campbell, setting out what had been done in the Craigavon Trust since 2002 to implement the guidelines which had come from the department. In light of yesterday's concession, it's rather more difficult than it was before to accept at face value the information provided by Dr Humphrey to Dr Campbell.

In her evidence to the inquiry Dr Humphrey has stated that at least part of the information from that letter came from Dr McCaughey, her predecessor as medical director. And we need to explore to some degree how this information went to the Chief Medical Officer when it now appears that, at least in some respects,

1 that information was somewhat inaccurate.
2 A fourth issue is about the decision of the trust
3 not to conduct a serious adverse incident investigation.
4 I'm concerned about this. It's an issue which was
5 developed in the opening, which was delivered on
6 Wednesday. Within the opening, you will find it at
7 section 18, page 83 of the opening. I won't expand on
8 this now, but I am concerned about the absence of
9 a serious adverse incident investigation at any point
10 within the trust, and I would like some development of
11 that because the explanation which has been given to
12 date, I'm afraid, is a bit unsatisfactory.
13 This is relevant, partly because it leads into the
14 final segment of the inquiry, which is the up-to-date
15 position and how serious adverse incident investigations
16 are now much more a requirement in very specific
17 circumstances, which would certainly now include Conor,
18 though arguably they even did so in 2003/2004.
19 There is one final point which it is relevant to
20 highlight and it is that, on information which I have
21 received for the purposes of the final week of
22 hearing -- that's the week in which the department, the
23 Belfast Trust and the Health & Social Care Board, will
24 come before me with panels to discuss the current
25 situation -- it is apparent that Dr Smith from the

1 Southern Trust has been prominent in auditing the
2 implementation of hyponatraemia guidelines as they have
3 followed from 2004 onwards. It's not only the task of
4 this inquiry to uncover areas where there are weaknesses
5 and failings or arguably weaknesses and failings, it's
6 also the task of this inquiry to draw attention to areas
7 in which there have been improvements and developments
8 in the service. Partly because that's only fair to the
9 people involved and also because it puts on the public
10 record a more balanced analysis of what has been
11 happening in the past and what is happening now.
12 Dr Smith, I understand, is not immediately
13 available, but will be available on Thursday -- perhaps
14 Thursday morning, but certainly at some point on
15 Thursday -- and it would be useful to me for the
16 purposes of completing the inquiry evidence and writing
17 my report to hear something from Dr Smith in which he
18 can expand on what he's put in his statements.
19 So against that background, my view, subject to
20 anything which I hear now from the parties, is that we
21 do need to hear some more evidence. It has been
22 suggested to me that the trust will prepare a further
23 paper which will be available to the inquiry and can
24 then be circulated by this Monday at lunchtime, which
25 may deal with some of the issues which I've raised.

1 I will then decide, on receiving that paper, which of
2 the issues which I have rehearsed over the last few
3 minutes needs to be the subject of oral evidence later
4 in the week. What we have discussed -- and again this
5 is subject to any contrary view from the floor --
6 is that we will receive the paper from the trust by
7 Monday lunchtime, we will circulate it, and then I will
8 indicate by Tuesday morning which witnesses, if any, are
9 required to give evidence, with that evidence being
10 contained -- almost certainly contained -- to Wednesday
11 and Thursday. That is the position, Mr McAlinden;
12 is that right?
13 MR McALINDEN: Yes, Mr Chairman, that's the position.
14 THE CHAIRMAN: The witnesses who I provisionally identified
15 yesterday in a paper which was circulated to the
16 parties, would they be available on Wednesday or
17 Thursday if they were required?
18 MR McALINDEN: They will be notified today that they may
19 well have to give oral evidence on Wednesday or
20 Thursday.
21 THE CHAIRMAN: On this analysis, we don't need to go into
22 Friday, but if I have to go into Friday, I will.
23 I suspect that in light of what I have said and in light
24 of what I understand is going to come from the
25 department by further development, then two days'

1 evidence will probably be sufficient. But as I say, if
2 it's not, then we'll go into Friday.
3 MR McALINDEN: Yes.
4 THE CHAIRMAN: Do you have anything that you need to raise
5 on what I have said?
6 MR McALINDEN: No.
7 THE CHAIRMAN: Mr Quinn?
8 MR QUINN: Nothing, sir.
9 THE CHAIRMAN: Unless there's anything from the floor, then
10 we will proceed on that basis. I think you can take it
11 that we will sit on Wednesday at 10 o'clock. Quite
12 whose evidence we will hear on Wednesday, I'm not yet
13 sure, but the oral hearings can then be, in Conor's
14 case, in light of these very helpful developments, which
15 I'm grateful for, confined to Wednesday and Thursday.
16 And I think, Mr Quinn, just to tidy up one point, we
17 had asked you for a revised opening. I think, in light
18 of what's going to come from the trust, you're going to
19 give your third version perhaps of the opening.
20 MR QUINN: It'll be a much shortened version, I can assure
21 you, sir.
22 THE CHAIRMAN: I'm pleased about that. And whatever
23 discussions are taking place, I support them and I hope
24 that you make progress. So until Wednesday morning at
25 10 o'clock. Thank you very much.

1 (12.28 pm)

2 (The hearing adjourned until

3 Wednesday 23 October at 10.00 am)

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