### Arlen Hill Hospital's Inquiry - Opening Statements at Hearing

## Commencing 10th January 2025

### **Direction 3 – Opening Statements at Hearing Commencing [Date]**

In terms of section 17 of the Inquiries Act 2005 ("the Act"), Ms Shaw ("the Chair") of the Arlen Hill Hospital's Inquiry ("the Inquiry") directs that, notwithstanding the provisions of Direction 2 – Opening Statements, any core participant with leave to appear at the diet of hearings due to commence on 10the January 2025 ("the hearing") may:

- 1. Submit a statement in writing to the Inquiry no later than [Submission Deadline]; and
- 2. Subject to having provided a statement in writing by that date, make an oral submission in support of the written statement on the first day of the hearing of no more than 60 minutes duration.

in both cases directed solely at the topics for the hearing as specified in the Appendix to this Direction.

Ms Shaw – Chair of the Arlen Hill Hospital's Inquiry 5<sup>th</sup> January 2025

#### NOTE

Direction 2 – Opening Statements provides that no opening statements to the Inquiry will be made by Counsel to the Inquiry or by or on behalf of core participants for the reasons set out in the Note to that Direction.

Having considered representations received during the consultation with core participants on the draft of Direction 2, the Chair is persuaded that it may be appropriate and helpful to the conduct of the Inquiry to invite written statements ahead of the opening of the hearing and to permit brief oral submissions in support of the written statement on the opening day by those who have submitted written statements by the deadline for submission.

Any written or oral submissions should, however, be directed solely at the topics for the hearing as specified in the Appendix to this Direction.

It should be noted that this Direction does not require core participants with leave to appear at the hearing to make either a written submission or an oral submission. The decision as to whether to do so is entirely one for each core participant, and they should do so only in so far as they consider that it is appropriate and helpful to the Inquiry.

# Appendix to Direction 3 – Opening Statements at Hearing Commencing 10<sup>th</sup> January 2025 – List of Topics for Hearing

1. Patients and families will be asked to provide evidence of their experiences and of their perceptions of matters that fall within the terms of reference. This evidence will include the following:

Arlen Hill Hospital (a) In the case of each patient in relation to whom evidence is led or put before the Inquiry, a discussion of the medical conditions or issues that required the involvement of the hospital in the first place, and an overview of treatment received, services provided, and facilities accessed; (b) Identification and description of any physical, emotional, or other problem experienced by a patient or family member during or connected to treatment or care where the witness is concerned that there may be a link to some aspect of the hospital environment; (c) The outcome of the identified problem and its impact upon patient and family; and (d) Patient and family perception of communication with them in relation to these matters.

- 2. Evidence will also be sought from patients and families who received treatment within predecessor facilities to Arlen Hill Hospital. This evidence will include:
  - (a) In the case of each patient in relation to whom evidence is led or put before the Inquiry, a discussion of the medical conditions or issues that required hospital involvement in the first place, and an overview of treatment received, services provided, and facilities accessed; (b) Identification and description of any physical, emotional, or other problem experienced by a patient or family member during or connected to treatment or care where the witness is concerned that there may be a link to that problem and the unavailability at the time of facilities at Arlen Hill Hospital; (c) The outcome of the identified problem and its impact upon patient and family; and
  - (d) Patient and family perception of communication with them in relation to these matters.