



HEALTH AND SOCIAL SERVICES BOARD

OFFICE OF  
THE CHIEF EXECUTIVE  
MEMORANDUM

TO: Dr W McConnell, DPH  
Mrs M Kelly, CN

FROM: Mr S Lindsay, CE

DATE: 6 August 2004

SUBJECT: ROOT CAUSE ANALYSIS DEVELOPMENT PROGRAMME

Bill, I would be grateful for your comments. I will put these together with my own comments and respond to Margaret on this.

Margaret, are there any issues here that we should be aware of in developing our response?

Regards,

Steven

Enc

*Risk of using L.C case as*

*Case study →*

*Became Discoverable*

*Involvement of family - what is it?*

*Should Trust seek legal advice*

*Risk of future  
Product ill defined*



# RCA

- > get copy of memos for file
- > RCA - Training - speak to Brendan
- > Copies of correspondence
  - > letter to family - apologise & leave door open → formal letter from Jenny
  - > Communication - media - what action
    - need expertise immediate & also
    - Jenny discuss with chairman & try to get in with Crown Prosec + external expertise!
  - > Independence
  - > Predominance - Royal College → Check with Wendy + Anita find out → Diana to secure
- > 1st 2 day -
  - staff involved in LC case
  - clinical & managerial
  - Facilitated externally
- > Prog 9 & 11<sup>th</sup> RCA - L.C.
  - 11/12 & 15/16 Nov. Training
  - > Report @ end of Dec following.
    - 15<sup>th</sup> Dec feed back L.C. → Action Plan
    - 16 Dec feed back from other Groups → Action Plan
  - Feb → C & S.C. Gwe Group
  - March → Trust Bd

9th & 10th Nov

E'

> Meeting with Nursing Staff prior to ~~Training~~  
Service Review

ACTION

> Letter to staff + support - counselling.

> need to engage Maggie & Kenley →  
outside of training etc. to get their story.

> ? Seamus Wade - Dime & Houghton speak to Seamus.

> Re-agree date of next meeting

# Root Cause Analysis Update

2/9

- SMT discussion 3/18
  - meeting with Jenny Irvine 1/9
  - Briefed Hugh Mills 1/9 pm
  - Jenny to speak to Dana & recovery group.
- Proposed approach

- ① Refocus on Care Review of LC case
- ② Renew approach

Propose: —

- ① Train small group independent people in Root Cause analysis
- ② apply Root cause analysis to LC case
- ③ Renew other approaches to care review  
eg narrative  
experience from Social Work
- ④ Carry out comprehensive review  
& draft findings & recommendations
- ⑤ Present to Clinical Social Care Governance D. Labelled  
& to WKS&B & Dept.
- ⑥ May want to seek legal advice
- ⑦ Request all relevant reports on case —  
from Careviews Report & GMC
- ⑧ Clarify extent of involvement of family

Concerns with original approach

> High Risk to Trust & Board

> Await  $\dot{g}$  Findings from Coroner &  
OJCE

> Implications for Staff

> legal implications given the  
family's position.

> Media management

> Independence?

Ann O'Brien

Root cause analysis is only  
1 part of the process  
use it as a tool to look at the  
non clinical bit →  
Need to look at whole thing

Company to put together something re  
methodology to share with S.G. to see if  
this is what we need

eg Should this involve training people in  
R. cause analysis so can use them as a resource  
for other incidents

Re Press Release - Anne spoke to Hugh  
(need for a strategy) → media  
last week re communication re L.C.

She has <sup>public</sup> ~~said~~ <sup>in person</sup> Dept, Bd, clinicians →  
That was just allowing things to  
happen.

Anne is email comment on R. this, pan →  
does not like comment on parent - mod. unit  
~~How~~ <sup>Amend Hugh</sup> ~~are you~~ prepared to follow up on press release  
(Material, case in drugs) interviews re TV programme  
who will this be

Interested  
Re Hugh  
Personally  
management  
in S.L.

Recommend Health Communication Company.  
Anne has offered support - peer support - from CEO from  
England towards open 5 individual coaching  
hasn't responded.

Fears in S.L → unfortunate

