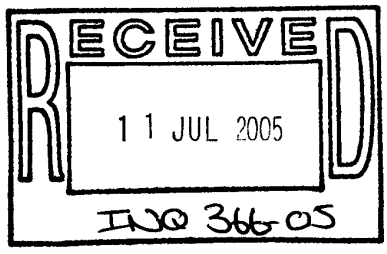
PROMOTING HEALTH
Northern Health and Social Services Board
SECURING CARE

Promoting a Smoke-free Environment



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The Inquiry into Hyponatraemia-related Deaths
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File Ref: 67/315

30 June 2005

Dear Ms Chamberlain

INQUIRY INTO HYPONATRAEMIA-RELATED DEATHS

Thank you for your letter of 17 May 2005, seeking clarification on the role of the Health and Social Services Board in Northern Ireland. In response to the questions you have posed, the following is the response of the Northern Board.

1. **Role and Responsibilities of the Boards**

The Health and Social Services Boards were established by Article 16 of the Health and Social Services (NI) Order 1972 and over the years, additional functions have been placed on the Board, some from statute and others from departmental guidance and directions. In essence, the Boards are tasked with:

(a) Assessing the health and social wellbeing of the local population and its health and social care needs;

(b) Establishing a strategy to meet those needs and to implement national and regional priorities;

(c) Implementing the strategy through service level agreements with HPSS and other providers, and through working with other agencies, organisations and individuals;

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NATIONAL TRAINING AWARDS 2002

(d) Monitoring and evaluating changes in health and social wellbeing and the delivery of care to ensure objectives are achieved, refining the strategy as necessary;

(e) Discharging other corporate and statutory objectives.

In all of this the Board is directly accountable to the Department. The Chief Executive as Accountable Officer has a personal role with regard to the Board's financial responsibilities, reporting directly to the Permanent Secretary.

Just over 430,500 people live within the Board's area which covers the Council boundaries of Antrim, Ballymena, Ballymoney, Carrickfergus, Coleraine, Cookstown, Larne, Magherafelt, Moyle and Newtownabbey. As a commissioner of services, the Board is required to assess the health and social care needs of local people and to plan, secure and pay for services to meet those needs within the resources made available to it from the Department. The Board does this through entering into a range of service and budget agreements with Trusts and other providers for the delivery of services to residents within the Board's area.

2. Interaction between NHSSB and Trusts

The 1990s witnessed a division between the commissioning and provision of health and social care with the introduction of the Trusts. Article 10(1) of the Health and Personal Social Services (NI) Order 1991 gave the Department of Health and Social Services the power to establish Trusts. The Board commissions services from the Trusts within its area (Causeway, Homefirst and United) and from other Trusts as well for the delivery of services to meet the assessed needs of its population. Trusts are directly accountable to the Department for the implementation of structures and processes to underpin sound financial, organisational and clinical and social care governance. There is no direct managerial relationship between local Trusts and the NHSSB.

The service and budget agreements between the Board and Trusts detail the range, volume and cost of services commissioned by the Board as well as inputs, outputs, standards and monitoring arrangements. There is a complex range of health and social care services being delivered on the Board's behalf and in monitoring performance, the Board has to prioritise

bearing in mind the perceived risk (both care and financial) arising in different service areas. In addition, monitoring has to be undertaken from within available staffing and financial resources, all the time aiming to ensuring that adequate time and resources are available to discharge the other duties placed on the Board. This balancing of competing priorities is a fluid exercise requiring the Board to work closely with the Trusts to identify areas of greatest risk and to treat those risks insofar as this is possible within limited resources and within the parameters set by policy and legislation. The Board is also conscious of public expectation in these matters.

There is also frequent interaction between Board and Trusts in the area of delegated functions. The large majority of statutory functions placed on the Board concern the type and/or quality of health and social care services to be provided in the Board's area. As the Board provides very few such services directly it delegates these functions to the Trusts, to be discharged through the services the Board commissions from them. The Health and Personal Social Services (NI) Order 1994 provides the legal basis for the delegation to Trusts of statutory functions previously exercised by Boards. The Order made Trusts accountable through their commissioning Boards to DHSS for the discharge of all statutory functions delegated to them. Included among these functions are those in relation to mental health services as well as the majority of the statutory powers and duties in the Children (NI) Order 1995.

The Provisions of the Health and Personal Social Services (NI) Order 1994 (Statutory Instrument 1994 number 429 (NI) 2) must be considered and in particular the Provisions of Article 3 which provides as follows .....

> "A Health and Social Services Board may with the approval of the Department, by instrument in writing under seal to provide for such relevant functions of the Board as are specified to be exercisable, in relation to the operational area of a specified HSS Trust by that HSS Trust on behalf of the Board."

Article 3 (7) provides .....

> "An HSS Trust shall, notwithstanding that it is exercising functions on behalf of a Health and Social Services Board by virtue of an authorisation for the time being in operation under this Article be

entitled to enforce any rights acquired and shall be liable in respect of any liabilities incurred (including any liability in tort) in the exercise of those functions in all respects as if they were acting as a principal and all Proceedings for the enforcement of such rights or liabilities shall be brought by or against the HSS Trust in own name."

Thus, Trusts take on the legal responsibilities associated with delivering these functions and the Board retains a responsibility for ensuring the Trust has in place the necessary arrangements to discharge these functions effectively. This responsibility informs and influences our monitoring arrangements.

There are several strands to our performance monitoring and monitoring of delegated functions:

- The Board and Trust have monthly service and performance meetings at which performance against the Service and Budget Agreement is reviewed. Both Board and Trust have the opportunity to raise operational issues and the Board is given an understanding of how the Trust is addressing any matters arising.
- These formal monthly meetings are supplemented by a range of contacts between Board and Trust officers at other levels. For example, the Programme of Care teams within the Board would have frequent interaction with their Trust peers where service delivery issues and matters pertaining to this would be considered.
- There are regular meetings at Chief Executive level between the Board and local Trusts.
- Senior officers from both the Board and Trusts would meet on a regular basis, both on an ad hoc basis and on specific groups where there would be discussions on the strategic development of certain services or on current issues of concern.

3. Role of the Board in the education and continuous development of doctors and nursing staff employed by the Trusts

Doctors:

The Board has no direct role in the education and continuous development of doctors employed by Trusts. The Board clearly

recognises that a modern, high quality service to patients must be underpinned by relevant good quality education and life long learning.

- So far as pre-registration House Officers are concerned, their education is supervised by Queen's University Belfast on behalf of the GMC.

- With regards to other junior doctors, their education and training is supervised by the erstwhile Northern Ireland Council for Postgraduate Medical and Dental Education now renamed Northern Ireland Medical and Dental Training Agency. Training posts are inspected by the relevant Medical Royal Colleges. These training posts are then approved if the Colleges are satisfied with the content of the training and that trainees have sufficient protected time.

- Consultants must be fully registered with the General Medical Council. This means that they must fulfil certain criteria such as medical audit and continuous professional education. This is reflected in their appraisal folders. Appraisal is carried out by the Trust and is a requirement laid upon each employing authority by the DHSSPS and upon each individual doctor by the General Medical Council, satisfactory appraisal being an essential part of revalidation. The Medical Royal Colleges support the CPD Programmes which should reflect individual needs (identified as part of the Annual Appraisal Process) as well as service needs (identified by organisations).

Nurses and Midwives:

- **Post-registration Education**

  The Commissioner of post-registration education for nurses and midwives is the DHSSPS. The process involves each Trust identifying training needs for nurses and midwives in its employ. An analysis of these training needs is undertaken at Trust level and fed back to DHSSPS. This information informs the development and preparation of an education commissioning plan. Trusts and Boards are brought together under the education commissioning group arrangements, to discuss and agree the

education commissioning plan. The Board's role is one of influencing the strategic focus of the education commissioning plan. Monitoring of activity against the education commissioning plan is also undertaken by the DHSSPS.

Funding (normally specified on a Trust by Trust basis) by the DHSSPS, to support the delivery of certain elements of the education commissioned, is released from the DHSSPS to the Board. In turn the Board allocates the pre-specified funding to each Trust.

- **In-service training for nurses and midwives**

  The Northern Health and Social Services Board does not have a role. Trusts from the Northern and Western Board area work together within the North and West In-service Consortium. The Consortium provides training programmes to staff employed at Trust level.

  In addition, each Trust will also avail of a range of other study days, which are directly purchased by the Trust.

4. Dissemination of information learned as a result of Coroner's Inquest or Inquiries

As and when the Board receives copies of a Coroner's report or reports of Independent Reviews or Inquiries into serious adverse incidents, the report is considered by the Chief Executive in conjunction with relevant Directors. Where issues of significance arise in relation to service delivery or risk, these would be brought to the attention of the Board for its determination on the way forward. The Board does not routinely receive all the reports of Coroners' inquests but the Coroner does, on occasion, forward reports where the Board is an interested party.

Information about events which may require dissemination is received by the Board from various sources:

- Direct reporting by Trust officers of events which have occurred within the Trust.

- Information received through complaints or from the Independent Review Process for complaints.
- Information received through the professional advisory mechanisms of the Board including the Area Medical, Nursing, Dental and Clinical Audit Advisory Committees.
- Information received by relevant Board officers in respect of their statutory functions such as the Director of Public Health in relation to health protection issues and the Director of Nursing in relation to midwifery.

5. Interaction between the Boards and the DHSSPS in relation to the dissemination of information

With respect to information received by the NHSSB and onward communication, the NHSSB has many informal networks between professional groups both internal and external to NHSSB, which facilitate the open discussion and sharing of information that can be used to improve the services the Board oversees. There is a range of formal inter-Board meetings where opportunities to raise issues of mutual concern (including emerging risks) are provided.

In addition to those networks, the NHSSB is represented on a number of regional groups where Boards and/or Department and Trusts are in attendance, such as

- Regional Governance Network
- Regional Litigation and Complaints Forum
- Regional Health and Safety Forum
- Four Board Governance Group

These Regional Governance Fora represent best practice in HPSS Governance in Northern Ireland providing an opportunity whereby specialised knowledge of risk and governance in health and social care can be promoted, developed and shared. The opportunity to learn through experience by the presentation and discussion of real case studies is also available.

At a local level, the Board has regular monitoring meetings with all the Trusts from which the NHSSB commissions services. At each of these

meetings service risks and proposed treatment plans are discussed. The Board's annual in-depth monitoring programme considers a wide range of services across all programmes: areas are selected on the basis of strategic importance and health and social care professional concerns. These programmes provide an opportunity to ensure recommendations of Independent Reviews and Inquiries (both internal and external to our Board area) are considered and implemented as appropriate.

The NHSSB has arrangements in place for the reporting of untoward events by Trusts, within the Northern Board area, which aim to promote learning from incidents to improve future patient care. Departmental circular HSS (PPM) 06/04 *Reporting and Follow up on Serious Adverse Incidents: Interim Guidance* requires all Trusts and Boards to formally communicate all serious adverse incidents directly to the Department. The Department has undertaken to analyse the incidents reported and will be providing a briefing session for the HPSS in the near future with a report on its findings. The NHSSB will be represented at this briefing session and welcomes this approach to the sharing of information, which is designed to effect improvements to patient care. The NHSSB would welcome the formalising of this regional approach to the dissemination of information.

If you have any queries, please let me know.

Yours sincerely

Stuart MacDonnell
Chief Executive

BH/JM/H/71