



Altnagelvin Hospitals Health & Social Services Trust

Office of the Chief Executive
Trust Headquarters

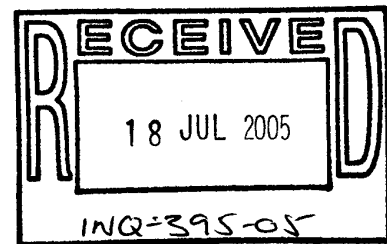
Our ref: TB/june

Your ref: FC-282-05

27th June 2005

Fiona Chamberlain
Solicitor to the Inquiry
The Inquiry into Hyponatraemia-related Deaths
3rd Floor
20 Adelaide Street
BELFAST
BT2 8GB

Dear Ms Chamberlain



Re: Inquiry into Hyponatraemia-related Deaths

With reference to your letter dated 17th May 2004 seeking clarification regarding the role and relationships of Health Boards, Trusts and the DHSSPS I wish to advise in response to your specific questions as follows:

1. Altnagelvin Hospitals H&SS Trust was established by Order of Parliament on 1st April 1996 as a Health and Social Services Trust within the Northern Ireland H&PSS. The Trust is fully accountable to the Department of Health and Social Services.

The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003 imposed a "statutory duty of quality" on HPSS Boards and Trusts. This placed a legal responsibility from 1st April 2003 on Trusts to ensure that the care they provide meets a required standard, and as the 'Accountable Officer' the Chief Executive is required to provide an assurance to the Department of Health.

Altnagelvin Hospital is the largest district general hospital outside Belfast. The Trust primarily provides acute Hospital Services to the Local Community in the Derry, Limavady and Strabane District Council Areas. The Trust's main commissioner of services is the Western Health and Social Services Board. The Board also commissions some services for people in the Omagh and Fermanagh District Council Areas.

The Trust is governed by a Board of Directors called the Trust Board. The Board is comprised of Executive and Non-Executive Directors. The Trust Board has responsibility for:

- Determining the overall policies and strategy for the Trust
- Monitoring the execution of the agreed policies
- Maintaining the financial viability of the Trust
- Complying with the statutory duty of quality

At the next level, senior management team, (Hospital Executive) is responsible for the implementation of the policies and strategies set by the Trust Board. A further tier, which is responsible for overseeing the day-to-day management of the Trust, is the Hospital Management Team. This team includes representatives from each of the Directorates within the Trust.

2. As mentioned above the Trust is fully accountable to the Department of Health and Social Services. It operates independently from the Western Health and Social Services Board, however the Trust maintains close links with the Board to ensure that the services it provides meets the needs of the resident population.

The Trust also maintains close links with all other Trusts in Northern Ireland. This is achieved through attendance by staff from various disciplines at Regional Forums for example:

- The Chief Executives Forum, attended by Trust Chief Executives.
- The Medical Directors Forum chaired by the Chief Medical Officer and attended by Medical Directors from all Trusts.
- The Nurse Leaders Network, attended by the Trust's Director of Nursing and Nurse Leaders from all Trust and the Chief Nurse at the Department of Health.

Altnagelvin Trust actively participates in a number of managed clinical networks, working closely with other Trusts and professional groups within those Trusts, these include: Accident and Emergency, Cancer and Trauma and Orthopaedics.

3. Nursing

All new Nursing staff appointed to the Trust attend the Trust's formal induction programme (Appendix 1). Staff also receive a general information pack containing details of their terms and conditions of employment called a 'General Signing up Pack' (Appendix 2). In addition individual wards and Departments provide mentorship for new staff for periods of up to six months together with a ward based induction programme for the specific ward – copy of the Paediatric Programme is attached (Appendix 3).

From the autumn of 2004 a week's formal clinical induction was also provided for newly qualified nurses to supplement their knowledge and skills between completion of course and practice as a registered nurse on the ward (Appendix 4).

Identification of training needs and the review of performance and training received in the previous year is carried out through an annual staff appraisal process. Such training is provided in a number of ways e.g.

- Through the North and West In-service Consortium, located on the Altnagelvin site.
- University of Ulster and Queens University
- Westcare Management Development Unit
- Through Trust Staff e.g. specialist nurses, the Clinical Effectiveness Department and Risk Management Department

The North and West In-service Consortium conduct a 6 monthly post course evaluation of the learning gained in the ward setting. A Quality Standards Board meets six monthly and reviews a selected number of courses and makes recommendations to the Management Board – membership of which is the Directors of Nursing from the member Trusts.

Through the line management structure learning gained from training undertaken would be observed on the ward by the Ward Manager/Senior Nurse.

Junior Medical Staff

On appointment to the Trust all Junior Medical Staff receive a signing up pack which contains details of their terms and conditions of employment, general information about the Hospital and the Altnagelvin Doctor's Handbook (which is also available electronically on the Hospital's Intranet), entitled 'Doctors Signing Up Pack' (Appendix 5).

Following medical school graduation, doctors are appointed to their first Pre-Registration House Officer (PRHO) post, and are assigned a supervising consultant by the Trust who is responsible for carrying out interim and final assessment of training using a QUB assessment booklet. Training for PRHOs is co-ordinated by a PRHO Educational Supervisor, who has overall responsibility for providing career advice, guidance and monitoring the performance of PRHOs, in liaison with the University and the Deanery – Northern Ireland Medical and Dental Training Agency (NIMDTA).

On appointment it is mandatory that PRHOs attend a one-day induction programme and receive resuscitation training. During this training year, a programme of weekly educational talks on practical and emergency issues is covered, and a record of attendance kept. Following successful completion of this PRHO year, PRHOs then receive a Certificate of Satisfactory Completion of this training year and are only then eligible for full registration with the GMC.

For all other junior medical staff (i.e. SHO grade and above) a General Hospital Induction Programme is provided on the first day of the job (this occurs twice yearly at changeover, i.e. in the months of February and August). This general

hospital induction is supported by a departmental induction, generally undertaken by the College Tutor or Consultant in the relevant specialty. A copy of the General Induction Programme and departmental induction programme is attached (Appendix 6).

All junior doctors are allocated an educational supervisor (usually one of the consultants within the department they are working in) shortly after taking up post. They then meet up with their Educational supervisor at the beginning to set educational objectives, the middle to assess progress and at the end for final assessment and feedback. Each junior doctor is reminded of these requirements at induction and by a reminder letter on two occasions each 6 months sent by clinical tutor via the postgraduate secretary.

This appraisal system for junior doctors is currently being reviewed by the DHSS and a new formalised system of formal appraisal will soon be introduced and mandatory for all doctors in training.

All junior doctors are expected to participate in postgraduate medical education, and a comprehensive weekly educational programme is provided to all doctors in training. Each department has a structured educational programme in addition to the hospital wide opportunities.

Junior doctors' training is determined by the NIMDTA in conjunction with the Hospital's Postgraduate Clinical Tutor who is jointly accountable to both the Trust and to the Deanery for the provision of postgraduate medical education.

Medical education does not stop at the formal training sessions, and doctors in training are encouraged to take part in many other opportunistic training experiences available at ward rounds, handovers, outpatients, general hospital training etc.

Training for medical staff is monitored by the NIMDTA and the medical specialty Royal Colleges and takes the form of accreditation and inspection visits. These visits provide the opportunity of meetings with junior medical staff, educational supervisors, postgraduate clinical tutor, other senior consultant medical staff and Trust management, to ensure that the quality of training posts and facilities on offer are of acceptable standards and are accredited.

Consultant Medical Staff

All consultant medical staff are subject to an annual appraisal process, and as part of this process they are expected to have participated in clinical audit and continuing medical education and produce evidence from their respective Royal Colleges and Trust. New consultant medical staff, are provided with an information pack on application giving details of the Trust and the post.

4. Overseas Nurses

The North and West In-service Consortium offer an Adaptation Programme as a means of preparing overseas nurses (i.e. nurses from non EU countries) to work in the various clinical settings throughout the five member Trusts. Altnagelvin Hospitals Health and Social Services Trust access this programme for overseas nurses coming into its employment. The overall aim of this Adaptation is to enable the overseas nurse to achieve NMC registration through a process of professional development and assessment of safe and effective clinical competence. A copy of the adaptation programme for December 2002 is attached (Appendix 7).

The Adaptation Programme consists of a theoretical component and a clinical placement. The theoretical component provides an opportunity for the overseas nurse to become familiar with health care provision in the United Kingdom, local policy and practice and professional updating in any required areas. The clinical placement permits assessment of the overseas nurse's clinical competence and ability to deliver safe and effective care.

NMC currently requires that all Adaptation Programmes for overseas nurses are NMC approved and delivered in an approved educational institution. The Adaptation Programme delivered by the Consortium fulfils these requirements.

Overseas Doctors

Overseas doctors taking up appointment receive the signing up pack obtained by all junior medical staff. They are required to attend the general induction programme and the departmental induction. A copy of the welcome letter issued by the Postgraduate Clinical Tutor in July 2004 is attached (Appendix 8).

In addition overseas doctors are advised and actively encouraged to attend the Induction course for Overseas Doctors, organised by the NIMDTA, a copy of the 2004 induction course is attached (Appendix 9).

5. The 'accountable officer' for Clinical Governance is the Chief Executive. However, delegated joint lead for Clinical Governance is shared by the Medical Director and the Director of Nursing. The Trust's Risk Management Director is operationally responsible for Clinical Risk Management across the Organisation.

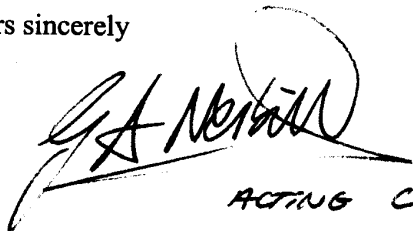
The governance arrangements are supported organisationally by a Risk Management and Standards Committee. The Committee is charged with responsibility for providing an assurance to the Clinical Governance Committee and Trust Board that appropriate arrangements are in place to ensure high quality care within the Trust. The Committee achieves this by receiving assurance from a range of sub-committees, which include, the Clinical Claims Committee which reviews clinical negligence claims and inquests; and the Clinical Incidents

Committee which advises on the management of clinical incidents and other clinical risks reported to the Risk Management Director.

The Trust's Risk Management Director is operationally responsible for the management of clinical incidents, clinical negligence claims and inquests therefore she will be aware of any Trust wide learning which arises from any of these sources and she is responsible for ensuring that the information is communicated within the Trust. Information on claims and inquests is shared at Directorate Risk Management meetings.

I trust that the information is of assistance to you. If you require further clarification regarding any of the processes outlined please do not hesitate to contact me.

Yours sincerely

 **MEDICAL DIRECTOR**
ACTING C.E.O.

ELAINE WAY (MRS)
CHIEF EXECUTIVE