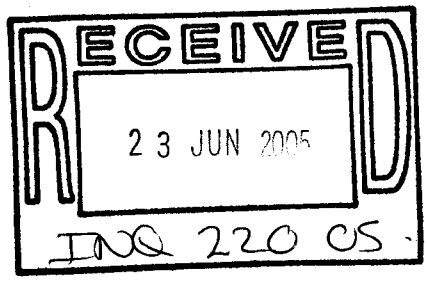
GREEN PARK HEALTHCARE TRUST

JDRC/pa
17 June, 2005

Ref: FC-118-05

Ms Fiona Chamberlain
The Inquiry into Hyponatraemia-related Deaths
3rd Floor,
20 Adelaide Street,
BELFAST, BT2 8GB



Dear Ms Chamberlain,

Inquiry into Hyponatraemia-related Deaths

I refer to your letters of 17 May 2005 and 15 June 2005.

I will answer the questions in your earlier letter first, then those in the second, and in the order that you asked them.

Letter of 17 May

1. Green Park Healthcare Trust, while based in Musgrave Park Hospital also manages services in Forster Green Hospital, the Joss Cardwell Centre and has one remaining clinical service in Belvoir Park Hospital.

   Plans to relocate all services to the Musgrave Park site are already underway.

   Musgrave Park is Northern Irelands main elective orthopaedic centre, the regional centre for rehabilitation of patients with spinal injuries and those with amputations or congenital limb absence; the only inpatient and day care facility for rheumatology in the Eastern Health and Social Services Board, and the Meadowlands Care of the Elderly Unit provides post fracture rehabilitation and general care.

   In Forster Green Hospital is the Acquired Brain Injury Rehabilitation Unit, a unit for respite and rehabilitation of patients with chronic

neurological disorders, care of the elderly beds, and the regional inpatient centre for Child and Family Psychiatry.

Joss Cardwell is an outpatient rehabilitation centre and in Belvoir Park our remaining service is Forest Lodge a respite unit for frail children.

We also manage the supply of wheel chairs for Northern Ireland.

In addition to Forest Lodge and the Child and Family Psychiatry Unit, in Musgrave Park is a children's ward for elective orthopaedics and rheumatology.

2. As many of our services are regional, all 4 Health Boards commission services from the Trust - in orthopaedics, brain and spinal injury rehabilitation and Child and family psychiatry.

   Our remaining services are commissioned by the Eastern Health and Social Services Board.

   Similarly as we provide outpatient services in 16 centres throughout the Province, and as most of our consultants also work in other Belfast Trusts, we have close links with the majority of Acute Trusts and many of the Community Trusts in Northern Ireland.

   There are also regular meetings between the Chief Executive, Finance Director, Human Resource Director AND Medical and Nursing Director with their counterparts in other Trusts.

3. Records of Training for nursing staff are held by the Director of Nursing and Clinical Effectiveness and her directorate managers.

Study leave requests from Medical staff are made through the Clinical Directors or the Medical Director.

The Medical Director is currently establishing an electronic system for the recording of study and professional leave for consultants and staff grade doctors to allow better monitoring. The information is currently held at a number of sites and is not easily collated.

Junior medical staff have an induction day on arrival in the Trust, with an induction pack (enclosed). There is a general Trust Induction, and then an area specific induction.

All nurses have an induction programme specific to their area of work and must attend the general Trust induction day. (2 examples of nursing induction packs are enclosed)

New Consultant medical staff have almost always, given the nature of medical training, worked in the Trust during that training. They now have a period of induction tailored to their post after appointment, created by the Clinical Director, lead clinician and the Medical Director.

4. The Trust Training and Development Committee at which all directorates are represented is a subgroup of the Clinical and Social Care Steering Group, and presents reports to the Steering Group each quarter.

   The Director of Human Resources reports on Training and Development to the Trust Board every six months.

   The Training and Development Committee assesses training need in the Trust and provides training in many areas as well as providing special training in areas such as child protection.

There is a training needs analysis for each Directorate annually which informs the commissioning and planning process, and representatives meet regularly with training providers for assessment and feedback.

Professional training for nursing staff is commissioned from Queens University of Belfast the University of Ulster, the Royal College of Nursing and the Beeches Management Centre, again with regular assessment and feedback on courses.
Education and continuous development for medical staff is provided at specialty level.

For doctors in training this, in the main, is provided through the Northern Ireland Medical and Dental Training Agency with sessions provided for SHO's and SpR's within the Trust or in conjunction with another Trust. One consultant acts as Post Graduate Tutor for all junior staff.

Teaching sessions in orthopaedics are in the Trust, those in anaesthesia with the Belfast City Hospital, care of the elderly teaching is in the Royal Victoria Hospital or Lagan Valley Hospital, and rheumatology with the Trust.

Continuing education for consultants and permanent medical staff is again specially based and has long been considered a personal responsibility. It is now discussed in advance and agreed as part of the annual appraisal process. The Royal Colleges have laid down minimum requirements for CME, again checked during the appraisal.

Audit meeting for medical staff are usually in speciality groups, but joint meetings occur every 3 - 4 months with linked specialties.

5. Information concerning Coroner's Inquests which come into the Trust is cascaded to staff through the Clinical Governance Department to ensure a wide distribution.

   There has been no Coroner's Inquest arising from the death of a patient in the Trust for many years, but information arising from such an inquest would go to the Chief Executive who then disseminates it within the Trust to the Legal Department, Medical and Nursing Directors, and externally to the 4 Health Boards and the Department of Health.

   Information after a Coroners' Post-mortem examination goes first to the Consultant whose patient it was, and then to the Medical Director if required. He will then pass information to the Chief Executive and a decision made on further spread of information as required.

As regards the questions in your second letter, here are the answers, again in the order asked.

1. Adverse incidents, near misses and critical incidents are all reported to the Clinical and Social Care Governance Department using a common form. These are entered into the Datix System which allows cross-referencing reports with the Risk Register, complaints and litigation. The system also provides reports for the quarterly Incident Review Group meeting, which reports quarterly to the Risk Management Group and then through the Clinical Governance Steering Group to the Trust Board.

2. The Datix System has been used in the Trust for almost three years. Prior to that the Trust had a manual recording system. The Trust has details of incidents since the late 1990's.

3. A great deal of staff training has been provided by the Trust in areas of adverse events / critical incidents / near misses, in Risk Management and in the Datix System.

There is a clear Policy on Adverse Incident Reporting, and an overarching Trust Risk Management Schedule, both of which are enclosed.

While any system depends on the initial incident report, we feel that the Trust has a very positive reporting culture, and staff are encouraged to report even when they have the smallest reason for doing so.

4. The Trust criteria for reporting are clearly laid out in the accompanying Policy.

5. All reports are reviewed by the Incident Review Group, but action does not necessarily wait for the review.

   Reports are assessed for severity by senior staff in the Clinical Governance Department and an action plan created for those not deemed to be minor.

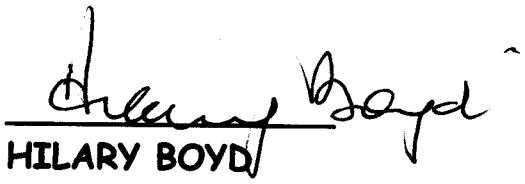
   There are clear guidelines for reporting incidents to the Chief Executive, Director of Nursing and Medical Director, who will if necessary report to the Health Boards or the Department of Health.

   Internal inquiries follow those more serious incidents as a routine, reports being made to the Chief Executive, Medical and Nursing Directors giving the findings, actions and outcomes.

   Such investigations are often lead by the Medical Director or the Director of Nursing and Clinical Effectiveness.

   If you require further information or more detail for any of these answers, please contact the Medical Director.

Yours sincerely,



HILARY BOYD
Chief Executive

Documents enclosed:

1. Medical Staff Induction Pack.
2. Withers Ward 2 Nurses Induction Pack.
3. Withers Ward 5 Nurses Induction Pack.
4. Trust Supervised Adaptation Programme for overseas Nurses.
5. Trust Nursing Policy on Guidance / Principles for Students and Managers on Access to Course Commissioned through the Education Commissioning Groups.
6. Trust Policy and Procedure for Reporting Incidents, Accidents and Near Misses.
7. Trust Risk Management Strategy.
8. Trust Nursing Policy on Hyponatraemia.