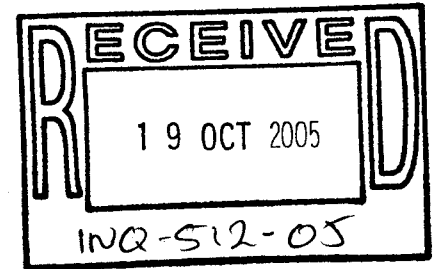


18 October 2005

M A T E R H O S P I T A L

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



Dear Ms Chamberlain

Re: Inquiry into Hyponatraemia - related deaths

Following contact from your office regarding this Trusts response I understand that the correspondence from the Trust did not adequately address the issues highlighted in your letter of the 17 May, while it may have addressed issues in subsequent correspondence.

I have attached information which I hope provides the detail you require.

- Tab A - Description, role and responsibility of the Mater Hospital Trust
- Tab B - Description of Interaction between the Trust, the Health Board, and other health Trusts in Northern Ireland.
- Tab C - Monitoring arrangements for medical staff with induction packs
- Tab D - Monitoring arrangements for nursing staff with induction packs
- Tab E - The role of the Trust in the education and development of Doctors from overseas.
- Tab F - The role of the Trust in the education and development of nurses from overseas.
- Tab G - System in place for dissemination of information Learned as a result of Coroners Inquests or events both within the Trust, to the Board and to other Health Trusts.



Awarded for Excellence in the
Eye Outpatient Department
Health & Social Services Trust

Crumlin Road, Belfast BT14 6AB.
Tel: [REDACTED] Fax: [REDACTED]

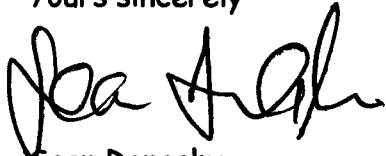


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336-013-001

I apologise if you have already received some of this information.

If you need anything further please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sean Donaghy', written in a cursive style.

Sean Donaghy
Chief Executive

Tab A

Description, role and responsibility of the Mater Hospital Trust

The Mater Hospital was established in 1883 by the Sisters of Mercy and funded by the Young Philanthropists from donations received from the local and wider community. By 1909 the hospital had developed in size and status so that it was recognised as a University teaching hospital by Queens University, Belfast. Further services such as a maternity unit were added over time and the Hospital eventually became part of the National Health Service in 1972.

The Mater Hospital is a 300-bedded acute hospital that has grown significantly in clinical capacity, patient activity, staffing establishment and financial income.

The Trust provides the full wide range of acute hospital services including: Cardiology and Coronary Care, General Medicine and Surgery, Urology, Vascular Surgery, Diabetes, Care of Older People, Stroke Services, Respiratory Medicine, Intensive Care, Day Procedures Unit, Ophthalmology, ENT, Accident and Emergency, Obstetrics, Acute in patient and day hospital psychiatry and a Regional Hepatobiliary Surgical Service.

In addition the Trust opened the first Protected Elective Unit in the Eastern and Northern Board areas, ensuring that the Trust has met the current waiting list targets in Northern Ireland and provides a service to larger neighbouring Trusts to assist them in working towards these targets.

Tab B

Description of Interaction between the Trust, the Health Board, and other health Trusts in Northern Ireland.

The Mater Hospital Trust works co-operatively in the design and delivery of health and social services with all Health and social services Board and Trusts.

The Trust main commissioner of acute hospital services is the Eastern Health and Social services Board (EHSSB) and Northern Health and Social Services Board (NHSSB). Mental Health service's commissioning is led by North and west Belfast community Trust in partnership with the EHSSB.

Commissioners are responsible for ensuring that the population they service have access to health and personal services through;

Assessment of need:

- Negotiation of contracts
- Arranging services that are readily accessible
- Ensuring that these services are delivered to high standards
- Monitoring the quality and effectiveness of these services
- Planning and developing new services
- Demonstrating value for money

The Trust works in partnership with Commissioners in achieving these aims. The Trust through robust communication and monitoring arrangements will make bids for new and developing services and for resources to strengthen, maintain or improve existing services.

Working with other Trusts

The Mater Hospital has develop an extensive network arrangement with other Trusts in Northern Ireland both in the development of clinical practice and in the management of resources. Examples include:

Clinical network arrangements in:

- Urology - Belfast City Hospital
- ENT - Royal Victoria Hospital
- Respiratory Medicine - Belfast City and Royal Group Hospitals
- Ophthalmology - Royal Group Hospitals
- Mental health - North & West Belfast Community Trust

The Trust also contributes to a range of networking groups both formal and informal both locally within the EHSSB and regionally. These groups provide a wide range of opportunities to share good practice.

Tab C

Monitoring arrangements for medical staff with induction packs

Introduction

The Mater Hospital is involved in training junior Doctors from Pre Registration House Officer (PRHO) level to Specialist Registrars in a range of specialities.

Pre Registration House Officers

For PRHO, for who this will be their first job there is a specific induction programme which commences the day before they actually start work and continues over the following two weeks. The induction pack is intranet based. Rather than providing the significant volumes of detail of the induction package the fields available through the intranet have been made available. (Appendix A)

Pre Registration House Officers are assessed by the Educational Supervisors and have to sign off a booklet, which covers a designated number of areas when their performance is considered satisfactory.

Senior House Officers and Registrars.

Senior House Officers and Registrars are assessed within each department and there is an assessment which must occur at the end of a period of attachment and often occurs at 3 month intervals during a period of attachment.

The assessments for these outline a number of areas and they are forwarded to NIMDTA. The Deanery has recently circulated a standardised Learning Portfolio to all Trainees.

There is an annual inspection by the Deanery and Northern Ireland Medical and Dental Training Agency (NIMDTA) which inspects the PRHO and SHO posts on an annual basis.

Ongoing Training and development

In addition to that detailed above Clinical Leads ensure that an induction pack is provided to each member of medical staff on appointment as part of their induction programme. In addition there is also a series of post graduate lectures given within each department and a series of post graduate lectures organised by the Clinical Tutor for the whole medical team. The content of the post graduate programme will vary, a sample of which is attached.

Sample Induction Packs are included:

Appendix B Surgery

Appendix C Anaesthetics

LUNCH-TIME SESSIONS

APRIL/JUNE 2005

MATER HOSPITAL TRUST.

<u>DATE</u>	<u>SPEAKER</u>	<u>TOPIC</u>
12.4.05	██████████ Consultant Surgeon, Mater	“Clinical Governance & Adverse Incident Reporting”
19.4.05	██████████ Specialist Registrar, Medicine.	“Addisons Disease”
26.4.05	██████████ Consultant, Obs & Gynae	“Management of the Menopause – Where are we now?”
3.5. 05	██████████ Consultant Anaesthetist.	“Hyponatraemia”
10.5.05	██████████ Microbiologist, Mater .	“Update on MRSA”
17.5.05	██████████ Spec Reg. Psychiatry	“Identifying Mental Illness”
24.5.05	██████████ Specialist Registrar, Medicine.	“Recent Advances in Cardiology”
31.5.05	██████████ Consultant Psychiatrist.	“Management of Psychological Reaction to Trauma”
7.6.05	██████████ Consultant ENT Surgeon.	“E.N.T. Problems”
14.6.05	██████████	“Excessive Sleepiness – Wake Up to the Challenge.”

ALL THE ABOVE MEETINGS COMMENCE AT 1.00 P.M.. IN THE SEMINAR ROOM EDUCATION SUITE, LEVEL 2. LUNCH IS SERVED PRIOR TO THE MEETING AT 12.45 P.M.

LUNCH-TIME SESSIONS

JANUARY/MARCH 2005.

MATER HOSPITAL TRUST.

<u>DATE</u>	<u>SPEAKER</u>	<u>TOPIC</u>
11.01.05	██████████ R.V.H.	“Epilepsy”
18.01.05	██████████ ██████████ Mater.	“Considering Carers”
25.01.05	██████████ Consultant Physician, Mater.	“Dysphagia”
01.02.05	██████████ Radiologist, Mater.	“Subarachnoid Haemorrhage”
08.02.04	██████████ Spec Registrar, Obs & Gynae,	“Recurrent Miscarriage”
15.02.04	██████████ Consultant Psychiatrist, Mater.	“Bipolar Disorder”
22.02.04	██████████ Consultant Obs & Gynae. Mater	“Management of the Menopause – Where are we Now? “
01.03.04	██████████ Consultant, Anae Department, Mater	“Surviving Sepsis”
08.03.04	██████████ Locum Consultant Child Psychiatrist. R.B.H.S.C.	“Attention Deficit Hyperactiv- ity Disorder (ADHD) “
15.03.04	██████████ Locum Consultant Surgeon, Mater Trust,	“Fat Surgery – An expanding specialty”
22.03.04	██████████ Solicitor	“Medical Legal Aspects”

S.H.O. INDUCTION PROGRAMME

WEDNESDAY, 3rd AUGUST 2005.

EDUCATION SEMINAR ROOM.

1.00 P.M.	LIGHT LUNCH/WELCOME	[REDACTED] (Postgraduate Tutor)
1.15 P.M.	PROCEDURES	[REDACTED]
1.30 P.M.	LABORATORY SERVICES	[REDACTED]
1.45 P.M.	THE MATER L.N.C. AND YOU	[REDACTED]
2.00 P.M.	RADIOLOGY SERVICES	[REDACTED]
2.15 P.M.	PHARMACY/PRESCRIBING	[REDACTED]
2.30 P.M.	INFECTION CONTROL	[REDACTED]
2.45 P.M.	MANAGEMENT OF VIOLENT PATIENT.	[REDACTED]
3.00 P.M.	I.T. TRAINING ARRANGEMENTS	[REDACTED]
3.15 P.M.	CONTRACTS/REPRESENTATION/ HOSPITAL ORIENTATION	[REDACTED]
3.30 P.M.	FIRE SAFETY/RISK MANAGEMENT	[REDACTED]
4.00 P.M.	ROTAS	[REDACTED]

THURSDAY, 4TH AUGUST 2005

BOARDROOM. /

12.30 P.M. **CARDIOLOGY INDUCTION**



Tab D

Monitoring arrangements for nursing staff with induction packs

All D and externally recruited E grade nurses undertake an induction programme that lasts for 6 months and is delivered by the Trusts Clinical Learning and Development Team. Internally appointed E grade staff go through the basic programme at D grade. Appendix D

Each nurse has also the support of a ward based mentor and one of the L&D team. It is the role of the mentor to identify with the nurse individual learning needs not covered by the induction programme but which can be identified as part of this process.

F & G grade nurses receive a tailored induction programme and are linked to more experienced nurses for peer support.

All nurses engage in annual appraisal that identifies learning and development needs. This then forms the bids the Trust makes to the Education Commissioning Groups to access educational programmes in the two universities and in service education consortia.

This programme is adapted according to changing evidence and new guidelines and specifically addressed fluid and electrolyte balance and the CREST guidelines on Hyponatraemia.

Tab E - The role of the Trust in the education and development of Doctors from overseas.

Medical Staff recruited from Overseas

The Trust has long welcomed trainees from various parts of the world. Recruitment procedures are robust and in line with all local employment legislation and requirements.

These staff do not receive a separate induction programme, however all are given appropriate support by their Consultant Supervisors and College Tutors. NIMDTA now provides an induction for trainee doctors new to Northern Ireland and the Trust ensures that they are facilitated in attending this.

Tab F - The role of the Trust in the education and development of nurses from overseas.

Over the past number of years the Trust has recruited three intakes of overseas nurses, approximately fifty nurses. All of these staff undertook a comprehensive adaptation programme based on the Nursing and Midwifery Council (NMC) learning outcomes. (Appendix D)

On completion of this programme the nurses were recommend to the NMC for inclusion on the Register.

This programme is adapted according to changing evidence and new guidelines and specifically addressed fluid and electrolyte balance.

Tab G - System in place for dissemination of information Learned as a result of Coroners Inquests or events both within the Trust, to the Board and to other Health Trusts.

Outcomes of Coroners Inquests or significant clinical or other events are reported to the Clinical and Social Governance Committee chaired by the Medical Director. Membership includes, clinical professions such as medicine, nursing and allied health professions and a Patient Support Officer as a patient representative.

If action is required this group identifies an accountable individual to take action and report back to the group.

These issues/incidents are then reported to the Trust Board through the governance structure, attached.

The Trust also participates in the reporting structures set in place which ensure that adverse incidents are reported to the DHSSPS.

While there are no formal reporting arrangements between Trusts professional staff take every opportunity to share experiences and learning from adverse incidents.

C&S Care Governance Committee
 Chair
 C&S Care Governance Lead
 Medical Director

Patient, Public and Community Involvement

Education, Training and CPD

Directorates

Clinical/Social Care Effectiveness

Information

Staffing & Staff Management
 Audit

Clinical/Care Risk Management

Research & Development

