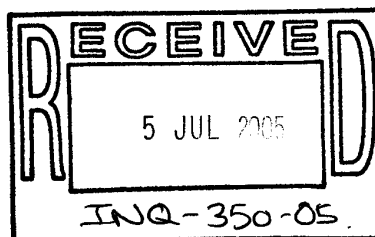




**ARMAGH AND DUNGANNON  
HEALTH & SOCIAL SERVICES TRUST**

4 July 2005

Mrs Fiona Chamberlain  
Solicitor to the Inquiry  
3<sup>rd</sup> Floor  
20 Adelaide Street  
BELFAST  
BT2 8GB



Dear Mrs Chamberlain

**Re: Inquiry into Hyponatraemia – Related Deaths**

Thank you for your letters dated 17 May & 15 June 2005 regarding the above.

I can advise you as follows:

**Letter dated 17 May 2005**

**Point 1**

The Trust is responsible for the delivery of a wide range of Health & Social Services to the populations of Armagh & Dungannon Council areas, including Community Health & Social Care, Residential Facilities, Hospital Facilities for Elderly Persons, people suffering from Mental ill Health & persons with a Learning Disability.

**Point 2**

The Trust's interaction with the Southern Health & Social Services Board is primarily dictated by legislation and annually agreed Service Level Agreements (SLA). We would also have SLA's with a small number of Trusts in relation to Mental Health & Learning Disability Services. Within the SHSSB area the Trusts work in collaboration regarding a number of issues primarily determined by patient and client needs and the benefits, in relation to both the services we provide and our employee duties, of sharing knowledge.

**Point 3**

The Trust monitors the education and continuous professional development of its doctors through the Annual Appraisal process. This is carried out annually

ST. LUKE'S HOSPITAL

Loughgall Road, Armagh, BT61 7NQ. Telephone: [REDACTED] Fax: [REDACTED]

for all consultants and staff grades employed within the Trust. All Consultants keep a detailed record of their education and continuous professional development in their appraisal folders. Some of the Royal Colleges e.g. The Royal College of Psychiatrists issues an annual certificate of CPD completion following submission of the details of the CPD to the appropriate Royal College CPD officer.

Junior Medical Staff have a 3-monthly appraisal co-ordinated by the Clinical Tutor within the Trust. This is currently Dr Neta Chada, Consultant Psychiatrist. This 3-monthly appraisal is carried out by the Consultant whom the Junior Doctor works with. It is then forwarded to the Clinical Tutor for review at the end of the 6 months attachment.

Induction of nurses coming to work in the Trust is conducted in a two-stranded approach, by inclusion into the formal induction process provided by the Trust for all new staff and post specific induction relevant to the area of work of the nurse. A wide range of information is made available to new nursing staff relevant to Trust policies, procedures and processes.

A range of mandatory training is provided to all nurses on an agreed basis to include updating eg lifting and handling, infection control, medicines management. This training is monitored by the line manager and is recorded on the HRMS system for nurses called NIMS (Nurses Information Management System).

Specific training relevant to the area of work of the nurse is provided as identified by the Trust, for example when a new service is being developed or if new policies or procedures are introduced, for instance the use of Patient Group Directions.

The Trust is introducing the Professional Development Review which is linked to the requirements of Agenda for Change Knowledge and Skills Framework. A Personal Development Plan identifying training needs is a key component of this plan.

The Trust supports and monitors the post-registration training and evaluation of nurses by commissioning a range of courses both from the Nursing and Midwifery Education Unit at the Beeches Management Centre and from the Universities through the Education Consortia of which the Trust is a member.

#### **Point 4**

Doctors from overseas receive an induction programme carried out over 2 weeks at the commencement of their attachment. This occurs in conjunction with the induction of all Junior Doctors to the Trust. Regarding education and continuous development for overseas doctors this is individually planned and reviewed by the clinical tutor within the Trust, Dr N. Chada. A copy of the Junior Doctor Induction Programme is attached.

At present the Trust does not employ any overseas nurses. If this practice changes, the Trust will work within the framework of guidance laid down by the Nursing and Midwifery Council, the regulatory body for nurses.

The Trust would plan to work closely with Trusts who have employed overseas nurses to learn from their experience, nursing professional bodies and staff side organisations.

Overseas nurses would engage in the same ongoing training opportunities made available to all nurses employed by the Trust.

#### **Point 5**

Any serious adverse events occurring within the Trust in the programmes of Mental Health or Learning Disability, are reported to the Mental Health Commission and are subject to a multidisciplinary review with the resulting reports forwarded to the Mental Health Commission. The Commission visits the hospital on a regular basis and these adverse events are reviewed during these visits. The Trust is currently developing a computerised system for recording and feeding back adverse events and incidents within the Trust. The system being adopted is DATIX. The Trust also reports serious untoward events to the SHSSB and the DHSS&PS. The Trust (Medical Director) also receives an analysis of serious untoward events reported to the DHSS&PS from Trusts across Northern Ireland. The number and type of events are reported but the Trust in which they occur is not detailed.

#### **Letter dated 15 June 2005**

**Point 1** - Adverse incidents/near misses/critical incidents are recorded on the Trust's Accident Incident form, which is reviewed by Line Managers and Administrative Services Managers in each Directorate. This information may be reported to SHSSB Chief Executive under the Untoward Events Procedure and to the DHSS&PS adhering to the requirements in Circulars HSS (PPM) 06/04 and (PPM) 05/05 as appropriate.

This information is then entered onto the Datix Management System.

**Point 2** - The Trust has had a system of recording for a number of years. Accident/Incident reports were formerly entered into the Safecode Management System prior to the introduction of Datix.

**Point 3** – Directors make such decisions in conjunction with the Chief Executive.

**Point 4** – The criteria now used are those set out in HSS (PPM) 06/04 however all adverse incidents/near misses/critical incidents are the subject of the Trust Reporting System.

**Point 5** – As stated in number 1 above for report to DHSS&PS and other bodies also receive this information as appropriate. However, such a report is the subject of an internal investigation within the Directorate. The key

personnel involved with the incident are part of the investigation as well as the Director responsible and the Trust's Risk Manager.

The Mental Health Commission is informed where appropriate, in accordance with that bodies requirements as stated under response to point 5 above.

I attach some Training documentation, which I hope is helpful and do hope you will accept my sincere apologies for the delay in my reply which I hope is satisfactory.

Yours sincerely,

A handwritten signature in black ink that reads "P. Stanley". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

Miss P. Stanley  
Chief Executive  
Armagh & Dungannon HSS Trust

Enc.

c.c. Dr C. E. Cassidy  
Mrs A. McVeigh  
Mrs H. Ellis