Causeway

HEALTH & SOCIAL SERVICES TRUST

29 June 2005

Fiona Chamberlain
Solicitor to the Inquiry
3rd Floor
20 Adelaide Street
BELFAST
BT3 8GB

Dear Ms. Chamberlain

Re: Inquiry into Hyponatraemia Related Deaths

I write in response to your letters of 17 May 2005 and 15 June 2005.

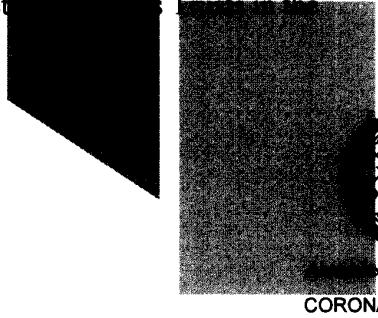
Please explain the role and responsibilities of your Trust.

Causeway H&SS Trust provides community health and social services to its resident population of 100,000 in the three council areas of Coleraine, Ballymoney and Moyle. It also provides acute hospital services, including paediatrics, to broadly the same catchment area. For a range of more specialist services patients also use other hospitals including Altnagelvin, Antrim and the major Belfast hospitals. During the summer holiday months the population grows by 50%.

The Trust's paediatric service meets the needs of children with medical problems. The Trust does not undertake paediatric in-patient surgery but does a small volume of day surgery. The Trust networks with Antrim and the Belfast hospitals for children with more complex conditions.

Please explain interaction between the Trust and (i) the Health Board, (ii) the other Health Trusts within Northern Ireland.

Causeway Trust services are, in the main, commissioned and funded by the Northern Health and Social Services Board which monitors its performance. Causeway Trust works closely with neighbouring Trusts, particularly the other Northern Area Trusts, Homefirst and United Hospitals Trusts, which provide services for Causeway residents. Medical staff in some instances work in net[illegible] Trusts in the Northern Board area.



d for excellence
CORONARY CARE UNIT
PODIATRY SERVICES

Chief Executive's Department, Trust Headquarters, 8e Coleraine Road, Ballymoney, Co Antrim, BT53 6BP.
Tel: [redacted] Fax: [redacted] E-mail: brian.dornan[redacted]

Please explain how the Trust monitors the education and continuous development of its Doctors and Nursing staff. If there is an induction pack provided for Doctors and Nurses coming to work within the Trust for the first time, provide a copy of the same.

For Doctors the Trust has regular appraisals and teaching sessions and grand (teaching) rounds. Consultants and Staff Grades closely supervise SHO's. Ward rounds are consultant led and provide an opportunity for teaching. SHO's are encouraged to ask for advice where appropriate. Induction training covers emergency resuscitation and management of care.

In a similar way nursing staff have induction. Nurses coming to work in the Trust for the first time are given an induction pack and are provided with a programme of induction. This includes generic Trust induction and Ward/Department specific induction. A sample copy is enclosed.

The education and continuous development of nursing staff is planned and monitored in each clinical speciality by Clinical Services Managers who use the following tools.

- Mentorship
- Annual Performance Management Appraisal to identify individual training and development needs.
- Clinical Supervision with effect from July 2005 which will include discussion of clinical issues and incidents. (Pack enclosed)
- Preceptorship. From September 2005 newly appointed nurses will have a period of 12 to 18 months during which they will work with an experienced nurse.(Pack enclosed)

Each nurse has a minimum of 5 study days each year for Continuous Professional Development.

Training is recorded on HMRS (NIMS facility). In addition manual records are held by line managers.

Please explain the role of the Trust in the education and continuous development of Doctors and Nurses from overseas to work in the Trust. If there is an induction pack provided to such staff please provide a copy of the same.

Doctors have the same induction described above with adaptation as appropriate.

The Trust recruited 14 Nurses from the Phillipines. Induction was adapted to meet their needs. A programme was tailor made and this would be customised again for specific individuals/groups. Significant effort went into planning for the overseas staff. The Planning Team was led by the Director of Nursing and there was significant in-put from the Chief Executive and a number of other staff at all levels in

the organisation. Issues addressed included professional, cultural, accommodation, Occupational Health and GP/dental registration. The Good Practice Guidance for Health Care Employees and RCN Regulations provide useful documentation. The induction pack is enclosed.

In relation to hyponatraemia there is a communication mechanism in place to ensure key information is available to staff. The DHSSPS chart on the prevention and management of hyponatraemia is also prominently displayed in the SHO's office and the clean utility room on the children's ward. It is the Paediatric Departments Policy to assess plasma electrolytes daily on any child receiving the majority of their fluids by the intravenous route. Fluid balance and type of fluids to be used is discussed at induction and closely monitored by middle grade and senior staff.

Inquiry Into Hyponatraemia – Related Deaths – Response To Letter 15 June 2005 – Addition Questions

How are adverse incidents, near misses and critical incidents recorded by the Trust?

An adverse incident reporting policy and system is in place led by Director of Medical Services and Director of Nursing & Quality (joint Trust leads for Clinical & Social Care Governance) in partnership with the Trust lead for Corporate Governance.

All incident reports are jointly reviewed and analysed by the above clinical directors and forwarded on to Directorate of Business & Corporate Services (lead for Corporate Governance) for dissemination to Risk Manager Lead and Estates Officer as appropriate.

Currently the Trust is implementing a computerised system of reporting (Datix) which will steamline the system and ensure effective communication across all relevant Directorates with licences for use at many points across the Trust sites.

How long has this system of recording been in practice within the Trust?

Historically the Trust has been reporting adverse incidents formally through systems such as NIAC and untoward event reporting policy.

In light of current Government requirements, the Trust has built upon this process and developed a policy and system for incident reporting which has been in place for over 3 years. Formal review and reporting to Trust Board has only commenced since appointment of new Medical and Nursing Directorates in January 2004. All Adverse Critical Incidents are reviewed in a timely manner by the Directorate Leads and tabled at Clinical and Social Care Governance meetings as required and/or at the Trust Governance Forum.

Annual reports with analysis and action plans will be submitted to Trust Board. Incident reporting will remain a standing agenda item for Trust Board for exceptional reporting purposes.

How is the decision made as to what is recorded in respect of such incidents?

All incidents are reported to and recorded by line manager and forwarded to the appropriate Director for information. The factual report and local action plan are jointly agreed and signed off by the line manager. All such information will be reviewed by the investigating officer and/or Risk Manager.

What is the criteria for identifying an adverse, near miss, critical incident?

Staff have been encouraged to report any incidents which they consider to be significant or near misses. This strategy has resulted in many incidents being reported which are not immediately critical. However analysis of all such reports has demonstrated their value in the resultant emerging themes which have required reviewing of systems and practices. Specific criteria may in fact be restrictive and minimise benefits. Currently external reporting mechanisms dictate the criteria for identifying an incidence eg. NIAC and Adverse Incident Reporting.

What is the consequence of such a report, for example does it lead to an internal investigation or a report to the Department of Health?

Currently we are taking the opportunity to review our reporting system.

At present the system of reporting is as follows:

Incidents occurs – report by staff member and line manager – Director of Programme and to Medical & Nursing Directors who review clinical incidents – reports forwarded to Corporate Support Services Lead and Estates Officer. Reports to DHSS&PS etc. are not at present always forwarded from a central point in Trust but from the relevant Directorate.

The new Datix system will ensure a control point within Directorate of Business and Corporate Services for onward referral to the appropriate department. Datix will provide us with regular reports and trigger action by relevant departments thus improving both communication and timliness for action.

The Director of Medical Services and Director of Nursing will continue to be the senior professionals, with immediate responsibility for jointly reviewing and advising on immediate or remedial action in relation to Clinical & Social Care Governance.

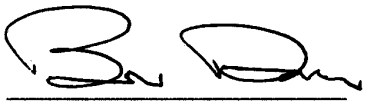
This system will facilitate linkage across to Risk Management and litigation process.

Causeway Health & Social Services Trust policy and forms are available should you wish to review them. They are currently posted on the Public Folders and on our web site for easy access for staff.

Incident reporting remains high on the Trust agenda as an integral part of Governance so processes and systems will need to be continually reviewed and audited for effectiveness. We recognise that we also need to continually strive to develop a culture focused on justice rather than blame to enable front-line staff to report and learn from all such incidents.

I hope this is the information you require. Please contact me if you require further information.

Yours sincerely



Brian Dornan
Chief Executive

Enc: F Grade Nursing Induction Programme

Induction programme for Emergency Department Staff Nurses

Grade A Nursing Auxiliary Induction Pack

Itinerary for nurses from the Philippines

The Induction Process Manager's Guidelines

North & West In-Service Education Consortium and Homefirst Community Health & Social Services Trust. Adaptation Programme for Filipino Nurses.

Welcome to Surgical One Induction Pack

Welcome to the Coronary Care Medical Monitoring Unit, Causeway Hospital

Induction Pack – February 2005