



COMMUNITY HSS TRUST

Our Ref: RGH/ew

Your Ref:

28 June 2005

Ms Fiona Chamberlain
Solicitor to the Inquiry
The Inquiry into Hyponatraemia Related Deaths
3rd Floor 20 Adelaide street
BELFAST
BT2 8GB

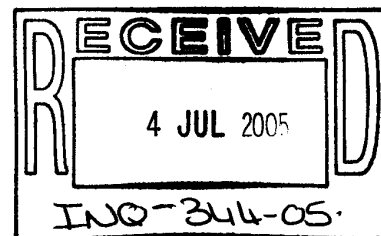
Dear Ms Chamberlain

Please find attached responses to your letters dated 17 May and 15 June requesting information to assist the Inquiry.

I hope this information is helpful. If you require clarification, or any additional information, in respect of the matters referred to in the attached responses please feel free to contact my office.

Yours sincerely

GLENN HOUSTON
CHIEF EXECUTIVE



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CRAIGAVON AND BANBRIDGE COMMUNITY HEALTH AND SOCIAL SERVICES TRUST



Awarded for excellence
District Nursing Service

CRAIGAVON AND BANBRIDGE COMMUNITY TRUST
INQUIRY INTO HYPONATRAEMIA RELATED DEATHS
RESPONSE TO THE LETTER DATED 17 MAY 2005

1.0 PLEASE EXPLAIN THE ROLE AND RESPONSIBILITIES OF YOUR TRUST

The Trust exists to provide a comprehensive range of community and hospital based health and social care services to the people who reside in Craigavon and Banbridge Borough and District Council areas.

The Trust does not provide acute hospital services but operates the psychiatric in-patient service for a both Craigavon and Banbridge and Newry and Mourne Trusts.

The Trust works in partnership with Craigavon Area Hospital Trust and with other acute service providers to facilitate planned discharge of patients to the community.

The Trust commissions a range of services, but mainly residential and nursing home services from independent providers. The Trust also has in place a range of service agreements with voluntary and community groups, which provide activities and services in support of adults and children with health and social care needs.

2.0 PLEASE EXPLAIN THE INTERACTION BETWEEN THE TRUST AND (1) THE HEALTH BOARD (2) THE OTHER TRUSTS WITHIN NI

The Health Board

The Trust derives 85% of its income from one source, the Southern Board. The Trust's relationship with the Southern Board is set out in a service level agreement, which is renewed each year.

The service level agreement defines the relationship between the Board, as commissioner and the Trust as service provider.

It describes the range and volume of services expected by the Board in return for investment and refers to the quality standards required and expected of the Trust. The relationship is further developed through our links with the Local Health and Social Care Group, a sub-committee of the Southern Board that has responsibility for the commissioning of some services. The Trust also works with and through each of the Programme of care Commissioning Groups that are made up of Board officers. The Southern Investing for Health Partnership (SIHP) is another manifestation of the Southern Board, which seeks to promote health and well-being through partnership arrangements with Trusts and other public bodies.

Other Trusts

The Trust works closely with each of the other three Trusts in the Southern Area health care economy. We have a particular responsibility to facilitate the discharge from hospital of patients from Craigavon Area Hospital who may require help to live in the community. We have therefore a particular requirement to have joint planning meetings with this Trust in respect of services that are specifically targeting people who require care in the community following discharge from hospital. The Trust provides a number of Board wide services such as Child and Adolescent Mental Health Services. This responsibility means that this Trust has a duty to liaise with and consult representatives of the other Trusts who rely on this service, about developments or changes that are planned for the future.

3.0 PLEASE EXPLAIN HOW THE TRUST MONITORS THE EDUCATION AND CONTINUOUS DEVELOPMENT OF ITS DOCTORS AND NURSING STAFF. IF THERE IS AN INDUCTION PACK PROVIDED TO DOCTORS AND NURSES COMING TO WORK WITHIN THE TRUST FOR THE FIRST TIME PLEASE PROVIDE A COPY OF THE SAME

Arrangements for the education and continuous development of nurses and doctors differs slightly.

The Trust operates a system of continuous professional development linked to a programme of individual performance review (IPR).

Essentially each member of staff is required to identify a number of personal objectives derived from the Trust's Corporate Objectives and the Trust Delivery Plan. Progress against these objectives is monitored through a system of performance appraisal, which requires each individual to meet with their line manager on a regular basis. This process will be strengthened as the Knowledge and Skills Framework of Agenda for Change is implemented.

A separate system for consultant psychiatrists known as consultant appraisal is also in place. This system requires each consultant to undergo regular appraisal with their line manager (usually the Medical Director). Junior doctors (SHOs) are paired with a consultant psychiatrist who will provide mentoring and professional supervision during the period of contracted employment.

The Trust also facilitates nurses and midwives in completing their post registration education and practice (PREP) requirements for remaining on the live nursing and midwifery (NMC) register.

There are some common elements to induction arrangements for staff. For example, the Trust does have a common induction programme for all staff which lasts for a half day. A copy of the induction material is attached herewith. In addition, medical and nursing staff benefit from an individual professional/facility specific induction programme which must be completed within a specific time frame (of not more than 6 months) of taking up post. Staff's progress in completing this programme is reviewed by the individuals line manager at appropriate intervals.

4.0 PLEASE EXPLAIN THE ROLE OF THE TRUST IN THE EDUCATION AND CONTINUOUS DEVELOPMENT OF DOCTORS AND NURSES COMING FROM OVERSEAS TO WORK WITHIN THE TRUST. IF THERE IS AN INDUCTION PACK PROVIDED TO SUCH STAFF PLEASE PROVIDE A COPY OF THE SAME

Currently the Trust does not actively recruit from overseas. However we do monitor the ethnic origin of the workforce and we do have a number of staff who are from other countries. We do not operate a separate induction programme for staff from other nationalities.

We do offer all staff the same opportunities for education and continuous personal development. Courses are arranged on subjects of particular importance, for example, fire safety, manual handling, food hygiene, personal safety, management of violence and aggression and risk management (including root cause analysis).

The Trust works in partnership with the Beeches Management Centre and staff are encouraged to attend training events organised by the Management Centre in accordance with their particular requirements.

From time to time staff are supported to undertake training outside Northern Ireland, usually in the context of specialist training that cannot be accessed locally.

5.0 PLEASE EXPLAIN THE SYSTEM IN PLACE WITHIN THE TRUST FOR THE DISSEMINATION OF INFORMATION LEARNED AS A RESULT OF CORONERS INQUESTS OR OTHER EVENTS BOTH WITHIN THE TRUST TO THE BOARD AND TO OTHER HEALTH TRUSTS IN NORTHERN IRELAND

The Trust operates a policy of reporting exceptional adverse incidents to the Southern Board and to the DHSSPS as required. These reports are also brought to the attention of Trust Board. Exceptional adverse incidents such as suicide are also routinely reported to the Mental Health Commission.

In accordance with the regional draft policy the Trust reports to the Southern Board any unexplained death of a child and will compile a detailed report of the circumstances surrounding such deaths.

The Trust operates within the stated guidelines for Case Management Reviews of child care incidents which are classified as exceptional adverse incidents or near misses. All such incidents are brought to the attention of the Trust's Operational Board (Executive Directors) and to Trust Board (Executive and Non-executive Directors). Opportunities for learning from such incidents varies and is dependent upon the nature and extent of the occurrence. Some incidents are subject to independent investigation.

In these circumstances the subsequent report will be made available to the Trust and, through the media, to the general public. On other occasions incidents such as near misses will be reviewed within team meetings and/or through specific for a set up to discuss the incident and to reflect on professional practice.