Witness Statement Ref. No. 307/1

Name of Child: Raychel Ferguson (Lucy Crawford)

Name: Martin Bradley

Title: Mr

Present position and institution:

Retired (June 2011)

Previous position and institution: Chief Nursing Officer, WHSSB. 07.04.97.-31.08.00.
(As at time of the child's death)
Director of Health Care & Chief Nurse, WHSSB. 01.09.00. - 31.03.03.

Membership of Advisory Panels and Committees: (January 2000 - December 2012)

Council member UKCC 1998 - 2000
Deputy Chair UKCC Health Committee 1998 -2001
NICARE Advisory Board 1998 - 2001
NSPCC National Development Board 1999 - 2001
Council member NMC 2001 -2003
Chair, Primary Care Steering Group, CAWT, 2001 - 2003
Royal College of Nursing, Research Society, 1991 - 2003
Board of Governors, RCN Institute, 2001 - 2003
Member of DHSSPS Nursing Education Strategy Group, 2000 - 2011
Chair of NCI Ireland Cancer Nurses Group, 2006 - 2011
Co-Chair DHSSPS SAI Group, 2008 - 2011
Co-Chair DHSSPS Confidence in Care Group, 2009 -2011
Trustee Florence Nightingale Foundation, 2010 to date
UK Board of Health Care Chaplains, 2010 to date

Previous Statements, Depositions and Reports:

OFFICAL USE:
List of previous statements, depositions and reports attached:

(1) Please address the following questions with regard to your qualifications, experience and occupation/post as of April 2000:

(a) State your professional qualifications, and the date on which they were obtained.

Registered General Nurse 1971

Registered Mental Nurse 1973

Registered Nurse Tutor 1977

(b) State the date of your appointment to the post of Director of Health Care and Chief Nursing Officer, WHSSB, and provide a description of all the professional posts held by you before and since that date, giving your employment in each case.

Director of Health Care and Chief Nursing Officer, WHSSB. 01.09.00. - 31.03.03.

Student Nurse, General. St. Olaves/Guys Hospital. 01.10.68. - 31.10.71.

Staff Nurse, Surgical Nursing. St. Olaves/Guys Hospital. 01.11.71. - 31.03.72.

Post-registration Student Nurse. Psychiatric. Maudsley Hospital. 01.04.72. - 31.10.73

Staff Nurse, Maudsley Hospital. 01.11.73. - 31.03.74.

Staff Nurse, Whiteabbey Hospital. Psychiatric Nursing. 01.04 74. - 31.03.75.

Charge Nurse. Whiteabbey Hospital. Psychiatric Nursing. 01.04.75. - 01.09.76.

Student. - Cert. in Nurse Education. Magee College. 02.09.76. - 31.08.77.

Nurse Tutor. Central School of Psychiatric & Special Care Nursing. 01.09.77. - 28.02.80.

Senior Tutor. Belfast Northern Group School of Nursing. 01.03.80. - 31.03.82.

Senior Tutor. Continuing Education. Belfast. Southern College of Nursing. 01.04.82. - 31.03.86.

Director of Nurse Education. Belfast Northern College of Nursing. 01.04.86. - 31.03.89.

Director of Nurse Education. Eastern Area College of Nursing. Southside. 01.04.89. - 30.11.91.

Senior Nursing Officer. DHSS. 30.11.91. - 06.04.97.

Chief Nurse. WHSSB. 07.04.97. - 31.08.00.

Director of Health Care & Chief Nurse. WHSSB. 01.09.00. - 31. 03. 03.

Director Royal College of Nursing (NI). 01.04.03. - 31.10.05.

Chief Nursing Officer. DHSSPS. 01.11.05. - 30.06.11.

(c) Describe the duties which you were required to undertake in the post of Director of Health Care and Chief Nursing Officer, WHSSB, and provide a copy of your job description(s) in respect of the period commencing April 2000.

From April 1997 - August 2000 I was Chief Nurse at the WHSSB. From September 2000 - March 2003 I was Director of Health Care and Chief Nurse and an executive director of the WHSSB. In that role I had responsibility for commissioning health care services on behalf of the Western Board population, and for providing advice to the Board on the contribution of nursing and midwifery to meeting the needs of the population and on the outcomes of healthcare interventions. I also led the Board's Waiting List Task Force, and played a major role in the ongoing Review of Acute Services and on the consultation and implementation of the recommendations on the new hospital for the South West.

A copy the job description for Chief Nurse and a copy of the job description for the Director of Health Care are attached.

(d) In your capacity as Director of Health Care and Chief Nursing Officer, WHSSB, please indicate whether you had any responsibility for the operation, management, supervision, or control of the services provided by the Sperrin Lakeland Trust and Erne Hospital, and if so, state where that responsibility derived from and how you exercised that responsibility.

I had no direct responsibility for the operation, management, supervision, or control of services provided by Sperrin Lakeland Trust or the Erne Hospital. I would however have made recommendations to the Board on a range of specific services to be commissioned and would have monitored the investments in those services and the outcomes. I would also have engaged in a variety of discussions on the viability of certain clinical services. These discussions would arise over challenges in securing adequate clinical staffing, access to investment for equipment or new technologies and meeting the requirements of developing medical standards, in particular cancer care.

(e) In circumstances where a health and social services Trust notified you or your office of an unexpected and unexplained death, what were your particular responsibilities, and where did those derive from.

In 2000 the reporting of adverse incidents was not as well organised as it is today. If a Trust notified me of an unexpected or unexplained death I would have asked the Trust to explain what action was being taken to investigate the circumstances, and also ask if the Coroner had been informed. I would have suggested that the Trust considered making the DHSS aware of the situation if the death was giving cause for concern, could have implications for patient/public safety or likely to be of public concern.. I would also have requested that learning from the death or the circumstances surrounding the death would have been communicated to the Board. I would also have shared such information with the Director of Public Health and Chief Executive. I would have seen this as the responsible approach to take.

(2) Please explain the organisational structure of the WHSSB as of April 2000, and in particular outline how your role, related to the roles performed by Dr. William McConnell and Mr. Tom Frawley.

The composition of the Board was as set out in Article 3 (1) of the Health & Personal Social Services (N.I.) Order 1991 amended Schedule 1 of the 1972 Order. The Board was made up as follows:

- Chairman

- six Non Executive Directors

- six Executive Directors

- Associate Members, - Chairmen of Local Health and Social Care Groups.

In my role as Chief Nursing Officer I was not a Director on the Board. When I became Director of Health Care (Sept. 2000) I became an Executive Director of the Board.

In my role I was accountable to the Chief Executive Mr Tom Frawley, and would have worked closely with Dr. Bill McConnell the Director of Public Health. My focus was on the assessment of health care needs, and the commissioning of health services for the local population, including waiting list initiatives, and supporting the Review of Acute Services.A copy of organisational chart is attached.

(3) Have you ever received any form of advice, training or education in order to inform you of the appropriate approach to fluid management in paediatric cases and if so please state.

The physiology of electrolyte balance, the maintenance of and recording of fluid intake and the importance of the administration and observation of intravenous fluids. All of this dating back to my pre-registration training. Reinforced by my clinical practice during 1969 - 1976.

(4)Have you ever received any form of advice, training or education in order to inform you of the issues relating to hyponatraemia in paediatric cases and if so please state;

I have had no specific training, but I have, subsequent to the death of Lucy Crawford carried out my own private research surrounding the issue and I have also contributed to the issuing of subsequent guidance, during my time as Chief Nursing Officer at DHSSPS.

(5) Prior to April 2000, describe in detail your experience of dealing with children with hyponatraemia.

I had no clinical experience of this condition. My clinical experience has been primarily in the fields of General and Psychiatric Nursing.

(6) Since April 2000, describe in detail your experience of dealing with children with hyponatraemia.

I have had no subsequent clinical experience in dealing with children with hyponatraemia.

Steps Taken Following the Death of Lucy Crawford.

(7) Please explain your understanding of the nature of the organisational and management relationships, roles and responsibilities between the WHSSB, the Sperrin Lakeland Trust (including the Erne Hospital) and the DHSSPS, as of April 2000. Provide to the Inquiry any documentation which sets out the nature of relationships, roles and responsibilities.

The Board's responsibilities would have on strategy planning and the commissioning of services and the monitoring of performance and standards. The Trusts would have been primarily the provider of services, and were managerially accountable to the DHSSPS. I myself do not have access to any documentation. This request for documentation would be better addressed to the Health and Social Care Board for a response.

(8) In the event of an untoward/unexpected death of a child in the Erne Hospital, were there any procedures in place as of April 2000 which governed the reporting of that death by the Hospital/Sperrin Lakeland Trust.

From memory there were developing arrangements for the reporting of serious adverse incidents. There were specific procedures within Social Services for the death of children where non-accidental injury or abuse/neglect was suspected. I am not however aware of any written procedure for health cases and I can find no record of these for the year 2000. In the WHSSB the Trust Medical Directors would normally contact the Director of Public Health (DPH) if they had concerns. The DPH would have notified the local Medical Directors if there were any matters of concern, and advised the other DPHs as appropriate.

Sperrin Lakeland did however inform the WHSSB of the death of Lucy Crawford and initiated a review of the case. The outcome of that review dated 11 July 2000 has been made available to the Inquiry. (006-021-328)

(9) If there were no formal procedures in April 2000 requiring the Hospital/Trust to report on the circumstances referred to in the above question, would you have nevertheless expected the Hospital/trust to have reported the death to the WHSSB and DHSS.

Yes, where there were concerns about patient/public safety and/or matters that would have given rise to public concern.

(10) Did the Hospital/Trust report Lucy's death to the WHSSB in accordance with the extant formal procedures, or in accordance with your expectations?

Yes.

Arising out of the above question please address the following matters:

(a) If there was any departure from the requirements of the extant formal procedures in terms of the report that was made by the Hospital/Trust to the Board, please explain what those departures were, and whether you addressed them with the Hospital/Trust.

The Board would have expected the Trust to carry out its investigation and to make its findings and recommendations known to the DHSS and WHSSB. To the best of my knowledge there were no departures from the expectations of the WHSSB.

(b) Outline in chronological order all reports that were made by the Hospital/Trust to the Board and state:

(i) What information was provided to the Board by the Hospital/Trust in relation to the death of Lucy Crawford, or the investigation of that death?

The Board received notification of the death and the results of the investigation.

(ii) Who provided this information to the Board on the occasion of each report?

I have no record of this.

(iii) Who received this information on behalf of the Board on the occasion of each report when it was provided?

I have no record of this. This query would be better addressed to the HSC Board.

(11) What procedures or arrangements did the WHSSB have in place as of April 2000 regulating the action to be that should have been taken by the Board when a Hospital/Trust reported an adverse incident to the board such as an unexpected/unexplained death? Please make arrangements to provide to the Inquiry a copy of any relevant procedures.

Please see answer to (8) above.

(12) Under the procedures or arrangements then in place, what steps should the WHSSB have taken in circumstances where the Hospital/Trust had reported an adverse incident to the Board, and who was responsible for taking those steps?

The WHSSB would have advised the Trust to notify the WHSSB of any immediate action that might be required to ensure public safety. This would normally have been communicated by the Trust to the Director of Public Health and/or the Director of Health Care. From memory all of the initial communications were verbal.

(13) Describe in order of chronology the steps that were taken by the WHSSB in connection with any reports that were made to the Board by the Hospital/Trust in relation to the death of Lucy Crawford. If particular steps weren't taken in accordance with the extant procedures or arrangements, please explain the omission to do so.

Again from memory all of the initial reports were verbal and once the WHSSB were aware that the Trust was undertaking an investigation the WHSSB would await the outcome and any recommendations. From memory there were no steps omitted by the Trust in so far as the Board were concerned.

(14) Insofar as you were aware, did the Hospital/Trust report Lucy's death to the DHSSPs in accordance with the extant formal procedures, or in accordance with your expectations. Outline what you know about any report made by the Hospital/trust to the DHSSPS in relation to Lucy's death.

I have no knowledge as to when the Trust might have reported the matter to the DHSS.

(15) A note on the file of Mr. Hugh Mills (Chief Executive, Sperrin Lakeland Trust) states as follows:

"Friday 14 April 9.00am - Advised Ms. O'Rawe through Janet Hall given adverse incident and potential for press interest. Provided information to Dr. McConnell, who stated he would advise Martin Bradley." (Ref: 030-010-017)

Arising out of that note please address the following matters:

(a) Did Dr. McConnell speak to you about this adverse incident?
Dr.McConnell did speak to me. We would have spoken about the issue on several occasions in general terms.

(b) If Dr. McConnell did speak to you, what did he tell you?
From memory the information was an outline of the incident and the trust were investigating the circumstances.

(c) If you made any record of your discussion with Dr. McConnell, please arrange to provide it to the Inquiry.

I have no recollection of having made a note of this conversation. This request should be directed to the HSC Board, as I am now retired and I do not personally hold any relevant papers.

(d) Insofar as you are aware, did Dr. McConnell report the information provided to him by Mr. Mills to anyone else?

I would assume he informed Mr. Frawley, WHSSB, Chief Executive. It was clear from general discussions within the Board that Mr. Frawley was aware of the incident.

(e) Did you take any action on foot of your discussion with Dr. McConnell? If so what did you do?

I cannot recall if I took any specific action on foot of the conversation with Dr.McConnell. I did in the subsequent period discuss the issues in general terms with Mr. Fee and the local Directors of Nursing.

(f) Under the arrangements then in place, what steps should the WHSSB have taken in circumstances where the Trust had reported an adverse incident, and who was responsible for taking those steps?

The question assumes there were specific protocols in place for the reporting of incidents to the WHSSB and for how the Board should respond. These were not in place at that time, and from memory were introduced following the publication of Circular HSS (PPM) 06/2004, which introduced new interim reporting procedures for serious adverse incidents (SAIs). I would say that it was left to professional judgement what action might be required. In this case an investigation had been instigated, and the coroner had been informed and events later developed into a Police investigation.. In this situation the WHSSB would have allowed due process to proceed, and await the outcome of those proceedings.

(g) insofar as you are aware, describe the steps that were taken by the WHSSB in connection with this adverse incident in order of chronology. If particular steps weren't taken please explain the omission to do so.

Please see answer to (f) above.

(16) A further note contained on the file of Mr. Hugh Mills, states as follows:

"Wednesday 19 April - met with Martin Bradley and advised him of the issues. Dr. McConnell also advised circumstances were still being examined". (Ref: 030-010-017)

Arising out of that note please address the following matters:

(a) What was the purpose of your meeting with Mr. Mills on the 19 April?

My memory of this meeting is that it took place on one of the corridors of the WHSSB. It lasted about five minutes and again from memory appeared more as a courtesy to inform me as Chief Nurse, that an incident had taken place and Mr. Mills had asked Altnagelvin Trust to provide an independent view on the issue. From memory I agreed that it was beneficial to have an independent view.

(b) Where did this meeting take place, and for how long did it last?

Please see answer at (a) above.

(c) Who attended this meeting, apart from yourself and Mr. Mills?

From my recollection no one else was at this meeting.

(d) If you made a record of this meeting, please arrange to provide the Inquiry with a copy.

I made no record of this conversation.

(e) What did Mr. Mills tell you at this meeting and how did you respond?

Please see answer at (a) above.

(f) What did Mr. Mills tell you about the circumstances of Lucy's death?

Again from memory Mr. Mills indicated that it appeared that the incorrect quantity of intravenous fluid had been given to Lucy. I may have also picked up in this conversation that there was a potential conflict between the doctors and nurses over the quantity of the fluid to be administered.

(g) Having received a report from Mr. Mills about this adverse incident, what were your responsibilities as Director of Health Care and Chief Nursing Officer, and where did those responsibilities derive from?

As Chief Nurse I would have wanted to ensure that the incident was being investigated and that there were no immediate issues of public safety.

(h) Arising out of what you were told at this meeting, what action did you take?

It was clear that the investigation had been instigated, there was likely to be a range of views on what had happened. There was the prospect of disciplinary action. This was primarily a matter for the Trust to progress, and the WHSSB would need to be careful not to "second guess" the outcome.

In my role as Chief Nurse I made arrangements to visit the Paediatric Ward in the Erne to offer support to the staff and to remind myself of the general layout of the ward. I was at pains not to be seen as coming in with another investigation but rather to speak with staff who had been upset by the death of Lucy.

In my regular meetings with the local Directors of Nursing, I highlighted the need for nurses to be reminded of their responsibilities for accurate recording of fluid balance, the importance of checking all intravenous fluids before administration, and the observation of patients to detect any deterioration or change in condition. I have no documentation of these meetings.

(i) Did you report the content of your discussions with Mr. Mills to anyone else? If so, who did you report to and what did you say?

I understood from Mr. Mills that he had already spoken to Mr. Frawley and Dr. McConnell. I would have noted in general conversation with Dr. McConnell and Mr. Frawley that Mr. Mills and Mr. Fee had spoken in general terms about the case.

(17) Starting from the time at which you were first informed about the death of Lucy Crawford, outline chronologically all of the steps that you took in the exercise of your responsibilities in order to address any matter associated with the treatment and death of Lucy. For the avoidance of doubt you should refer to all discussions, investigations or inquiries which you raised or undertook, any reports to other persons or organizations that you made, as well as any steps taken by you to obtain any relevant documentation.

Please answer at (h) above.

111. Other Matters.

(18) How was clinical governance introduced across the Western Health and Social Services Board area following publication of "The New NHS; Modern and Dependable" (White Paper, December 1997)?

This document related to the NHS in England and Wales, and established a number of key themes for the future development of the NHS at that time - raising quality standards, increasing efficiency, driving performance, new roles and responsibilities for Health Authorities, Trusts, Primary Care Groups and the Department of Health.

It was not until the publication of Governance in the HPSS - Clinical and Social Care Governance: Guidelines for Implementation. 13/01/2003. HSS (PPM) 10/2002, that a more formal and systematic approach was taken to Clinical Governance. This was underpinned by a statutory duty of care on HSS Boards and Trusts - Article 34 of the HPSS (Quality, Improvement and Regulation) (NI) Order 2003 (S.I. 2003/431 (N.I. 9)).

My recollection was that within the WHSSB the focus on driving up quality, efficiency and performance centred on contracting for new services to drive down waiting times, performance managing those contracts and working with local clinicians to develop new pathways for patient assessment and treatment.

Strategically the WHSSB also moved forward with the concept of Primary Care Groups and giving GPs a greater say in the commissioning of services and engagement with local communities on the development of Health Action Zones and Healthy Living Centres.

(19) What steps had been taken by April 2000 to implement a clinical governance strategy in the Western Board area?

In relation to clinical governance the issues of quality and safety of care were dealt with primarily through contract monitoring and in the context of the review of acute services with the focus on the viability of services and an increasing move to clinical networks.

Please also see answer to (18) above.

(20) What was the responsibility of the Western Health and Social Services Board to ensure that the Sperrin Lakeland Trust (and in particular the Erne Hospital), provided quality care?

The WHSSB in their role as commissioners of care were responsible for engaging with the local population and local HSC to assess the health and social care needs of the population and within the available resources to commission services to meet those needs. In doing that the Board would have used a range of measures to ensure quality of care - please see answer to (21) below.

(21) What actions did the Western Board routinely take to monitor the quality of care provided at the Erne Hospital?

There were monthly and as required weekly contract monitoring meetings between the Trust and WHSSB as well as quarterly accountability/review meetings. At these meetings issues in relation to waiting list initiatives, expenditure, and development of new services, patient outcomes, and staffing issues that would affect viability of services were discussed.

In the wider and more strategic context of the Acute Services Review there were regular discussions with the Trust on the future configuration of services, and these discussions highlighted a range of issues, including the ability of local services to maintain good clinical practice, the ability to attract and retain sufficient clinicians with the right skill-sets, and the future networking of services to ensure better management of risk.

(22) Please outline the criteria or factors which you would have taken into account when determining whether issues identified as a result of a critical incident needed to be disseminated to others in the NHS in Northern Ireland?

As explained above, professional judgement would be used in combination with a determination on whether the incident was unique or likely to occur again, particularly if there were conditions within the clinical environment which might lead to a recurrence. If there were immediate and very clear indicators that action needed to be taken this would have been a matter for discussion with DHSS.

(23) Did you give any consideration to whether any of the issues arising out of Lucy Crawford's case warranted dissemination to a wider audience in the NHS in Northern Ireland? If so, please explain the consideration you gave to this matter, the conclusions which you reached and any action that you took.

In 2000 I would have raised the following issues with the local Directors of Nursing:

- Importance of maintaining accurate clinical records, in particular fluid balance,
- Importance of ensuring accuracy in administration of intravenous fluids and checking with the prescriber if there was ambiguity with the prescription.
- The need for maintaining good observations of the sick child, and being aware of early signs of deterioration.

I would have also raised these issues with fellow other Area Board Chief Nurses at our regular meetings.

Again from memory it was at a later date that hyponatraemia became an issue.

(24) Have you or the Western Health and Social Services Board learned any lessons or changed any practice arising out of your experience of involvement in the processes of inquiry into the treatment and death of Lucy Crawford or any other matter related to her death? If so, fully describe the lessons or the changes in practice which have occurred.

Since 2003/2004 there has been a regionally agreed framework for clinical governance, with clear lines of accountability, risks more clearly identified, acknowledged and managed and a more robust system for learning from adverse incidents. There is also an increasing willingness by HSC organisations to report incidents and share experiences.

From July 2004 the DHSSPS has also required the HSC to report incidents which are serious enough to require regional action to improve safety, or be of major public concern or require an independent review. This has allowed the DHSSPS to be in a position to issue more timely alerts and periodic reports on lessons learnt from serious adverse incidents, to the wider system as required.

The Regulation and Quality Improvement Authority (RQIA) was established in April 2005 with the remit to report publicly on the quality of care provided by HSC organisations through clinical and social governance reviews, specific incident investigations and thematic reviews.

In addition the DHSSPS entered into a formal agreement with the National Patient Safety Agency which included links to their National Reporting and Learning System.

In 2006 Safety First (www.dhsspsni.gov.uk) set out the Department's policy on safety and was accompanied by a comprehensive action plan to promote quality and safety improvements.

During my tenure as Chief Nursing Officer DHSSPS, I along with the Chief Medical Officer and Chief Pharmaceutical Officer issued a range of guidance in relation to Hyponatremia based on the learning from the incidents that are the subject of this Inquiry and in the light of developing knowledge and practice in this area.

During this period the Trust Directors of Nursing with support from DHSSPS also piloted the introduction of early warning scores into a range of acute care facilities.

I also published Standards for Supervision for Nursing (www.nipec.n-i.nhs.uk) in 2007 and in 2009 in partnership with the Trust Directors of Nursing I initiated a review of record keeping practice amongst nurses. This resulted in a series of learning events to raise the profile of the record keeping and the publication of subsequent guidance by Northern Ireland Practice and Education Council (NIPEC) along with a suite of internet resources accessible by nurses and midwives across N.Ireland. (www.nipec.hscni.net/recordkeeping/index.html)

In 2009 with the support of the Directors of Nursing we developed a regional job description and job profile for the Trust Executive Director of Nursing. This sought to clarify the role and accountability of the executive director for the standard of nursing and midwifery care within a Trust.

(25) Provide any further comments that you wish to make, together with any documents, in relation to:

(a) The cause of Lucy's death;

There is nothing I can add as to the cause of Lucy's death.

(b) The role performed by you, the Sperrin Lakeland Trust or the Western Health and Social Services Board when reviewing or investigating issues relating to the cause of Lucy's death;

Please see 16 (h), 18, and 23 above.

(c) The procedures which were followed when reviewing or investigating issues relating to the cause of Lucy's death;

We work in a system which is not risk free. Generally within the UK we have now improved at recognising and managing those risks, and we now have in place mechanisms for the monitoring and recording Serious Adverse Incidents (SAI), and formal mechanisms for distilling out and communicating the lessons learnt from SAIs.

The death of Lucy threw up a range of factors covering the prescription of intravenous fluids, the recording of observations, communication between medical and nursing staff as well as the issue of hyponatraemia and the use of 0.18% Sodium Chloride in Glucose with children.

It took some time before all these factors became apparent and the awareness of hyponatraemia in children is now much greater.

(d) Lessons learned from Lucy's death and how that affected your practice;

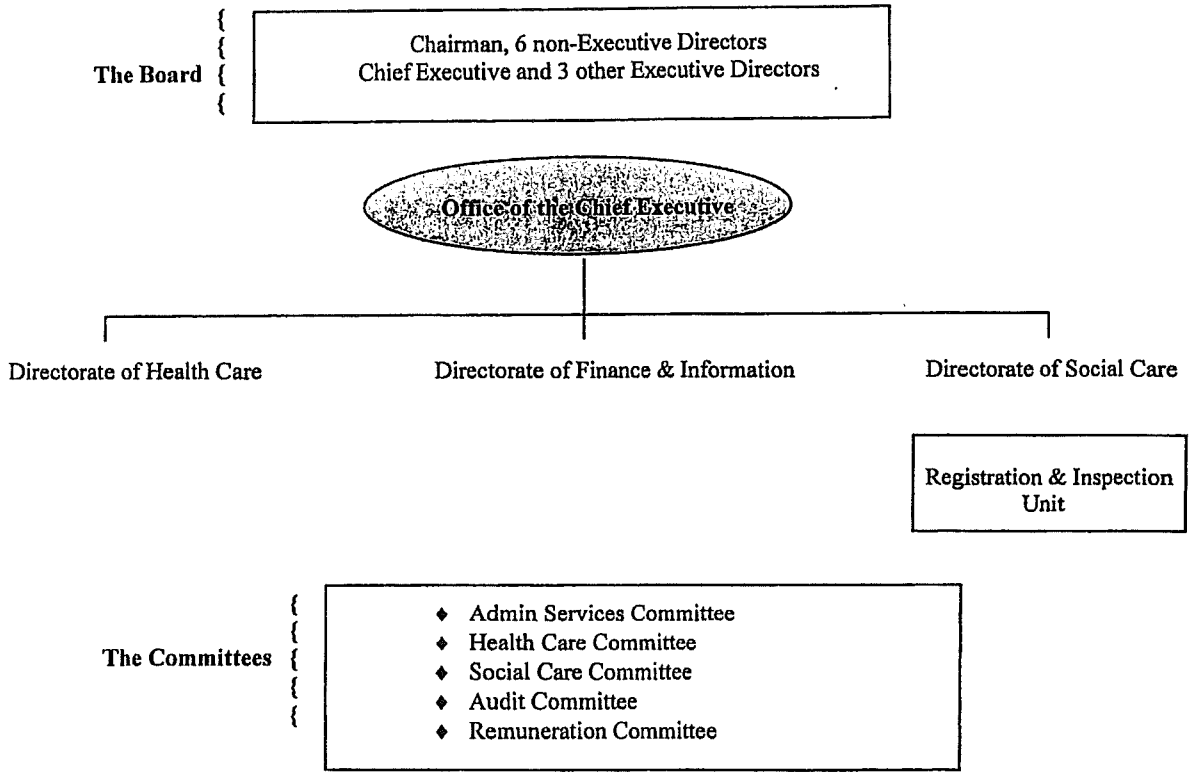
Please see answer at (24) above.

(e) Any other relevant matter.

No further comments.

Martin E. Bradley. 22 January 2013.

WHSSB - Summary Organisational Chart



9. Corporate Governance

A key issue for the Board is how it does its business. It has devoted considerable effort to introducing the elements of best practice identified by both the *Cadbury* and *Nolan* Reports through its Codes of Conduct and Accountability. It is particularly committed to adhering to the principles of public life put forward by *Nolan*:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

10. Register Of Interests

The Board maintains a Register of Members' Interests in line with the Government's Codes of Conduct and Accountability. The Register is updated annually and is made available to anyone who wishes to have sight of it. It is also available at each meeting of the Board.

WESTERN HEALTH AND SOCIAL SERVICES BOARD

JOB DESCRIPTION

JOB TITLE: Chief Nurse

GRADE: [redacted]

ACCOUNTABLE TO: Executive Director (Health Care)

BACKGROUND

The Western Health and Social Services Board purchases health and social care on behalf of the 270,000 people who live in its area. The primary objective of the Board is to improve the health and social well-being of the people living in the Western Board area.

In order to broaden and deepen its commissioning process, the Board now wishes to appoint a Chief Nurse who will be a key member of the senior management team in the Board and will, with other professional colleagues, shape and develop the purchasing strategies of the Board. The key strategic objectives for the period 1997-2000 flow from the Regional Strategy and will be focused on:

- promoting the development of a primary care-led service;
- continuing to improve and reshape hospital services;
- continuing to develop care in the community;
- targeting resources and services where they are most needed;
- improving efficiency and ensuring value for money in the use of resources; and
- increasing the emphasis on effectiveness and outcome measurement throughout the HPSS to ensure the greatest health and social gain from the resources available.

JOB PURPOSE

The Chief Nurse will be responsible for providing sound professional advice to the Board on all nursing and midwifery matters. He/she will be responsible for providing leadership in nursing and ensuring that the Board is fully informed of nursing and midwifery perspectives in relation to its policy formulation and in its purchasing decisions.

The Chief Nurse will be expected to build upon alliances with other professions and organisations to ensure a coherent and effective response to needs assessment, strategic development, priority setting, commissioning, purchasing, research, clinical effectiveness and multi-professional audit. He/she will work closely with the Director of Public Health and Director of Social Care in these areas.

As the Board moves towards primary care-led purchasing, the Chief Nurse will contribute to the development of the primary care agenda and provide and co-ordinate professional nursing advice in relation to family practitioner services and primary care teams. In undertaking these roles, he/she will work closely with provider Directors of Nursing.

Traditional task orientated job descriptions are no longer appropriate, therefore key objectives will be set on an annual basis through the Individual Performance Review process. However, the following principal areas of responsibility will provide the Chief Nurse with the framework within which objectives will be set:

1. **Purchasing Responsibilities**

1.1 To provide resolved professional advice to the Board, its Directorates and GP Fundholders, on the contribution of nursing and midwifery to meeting the needs of the population and on the outcomes of healthcare interventions.

1.2 To contribute to the development of the Board's health and social care needs assessment and health and social gain indicators.

1.3 To be accountable for agreed areas of needs assessment to inform the Board's Purchasing Prospectus.

1.4 To ensure coherence of strategic and business planning within which contracts appropriate to population needs and priority for nursing and midwifery services can be developed.

1.5 To be accountable for the purchaser responsibilities for nursing and midwifery care within all health and social care contracts.

1.6 To advise the Board on the development of systems for the determination of criteria and measurement of quality and clinical effectiveness within the contracting framework.

1.7 To work with and through the Health Promotion Commissioner to ensure that health promotion becomes a core activity of all professionals and programmes of care. This will involve reviewing structures to ensure that the contributions of all the disciplines within nursing to health promotion and through it to long-term health and social gain are better integrated and coordinated.

2. Professional Responsibilities

In carrying out his/her responsibilities the Chief Nurse will have direct access to the General Manager and the Board's Chairman on professional issues.

2.1 To keep track of strategic issues and implementation of policy decisions and report any implications for the nursing and midwifery services.

2.2 To lead on nursing initiatives which promote development and shape the future in co-ordination with Executive Nurses of Trusts and in line with Regional and Area Board strategy.

2.3 To ensure that the policy and practice enacted through the contracting process is consistent with the statutory requirements of legislation and policy in nursing, midwifery and health visiting.

2.4 To provide effective communication between the Board, providers, GP Fundholders and the nursing profession.

2.5 To periodically review the advisory machinery and advise the Board on any changes which might enhance communications.

2.6 To liaise with the Chief Nurse of the DHSS and with the HSS Executive in order to appraise the Board and its senior managers of regional perspectives on nursing issues and to inform Policy and HSS Executive staff of Board perspectives on relevant nursing issues.

2.7 To advise on professional and educational development in nursing to ensure that professional development is relevant, timely and consistent with the needs of the population.

2.8 To participate in teaching and research that supports the strategic direction of the Board.

2.9 To provide the Board with systems which can enable a comprehensive analysis of skill requirements in relation to the needs of the population.

2.10 To design, monitor and evaluate methods of quality assurance in nursing and midwifery care and contribute to the development of multi-professional audit.

2.11 To be responsible for the handling of the legal, professional discipline and statutory professional conduct/responsibility matters in respect of nursing staff employed by the Board.

3. General Management Responsibilities

3.1 To contribute to corporate decision making, planning and resource allocation through his/her role on the Senior Management Team.

3.2 To participate in the production of service specifications and contract monitoring.

3.3 To represent and articulate the Board's policy at local and national level as appropriate.

3.4 To review annually the performance of immediate subordinate staff, provide guidance on personal development requirements, advise and initiate, where appropriate, further training.

3.5 To ensure that the review of performance identified in (3.4) above is performed for all levels of staff.

3.6 To maintain staff relationship and morale.

3.7 To review the organisation plan and establishment level of the nursing department, to ensure that each is consistent with achieving objectives, and recommend changes where appropriate.

3.8 To delegate appropriate responsibility and authority to the level of staff consistent with effective decision-making while retaining overall responsibility and accountability for results.

3.9 To participate, as required, in the selection and appointment of staff in accordance with procedures laid down and approved.

3.10 To take such action as may be necessary in disciplinary matters in accordance with procedures laid down and approved.

This job description sets out the initial role of the Chief Nurse. It is recognised however that there will be significant change over time. The Chief Nurse will be expected to respond to these changes in a proactive way. The job description and objectives will be reviewed to reflect these changes.

The Western Health and Social Services Board operates policies on smoking, alcohol and health.

September 1996

WESTERN HEALTH AND SOCIAL SERVICES BOARD

JOB TITLE: **Director of Health Care**

ACCOUNTABLE TO: Chief Executive

BACKGROUND:

The main function of the Healthcare Directorate is to plan, commission and monitor a range of health care services that have been assessed against the needs of the population living in the Western Board area. The Director of Health Care will be an Executive Director of the Board and will also be responsible for ensuring that services provided on behalf of the Board are evaluated against appropriate standards which will be determined. The Director of Health Care will promote integrated working arrangements across all Directorates and Programmes of Care in keeping with the ethos of providing a "seamless service".

As an Executive Director, the Director of Health Care will also participate fully in the development of Board strategies and policies.

MAJOR AREAS OF RESPONSIBILITY:

The Director of Health Care will be responsible for:

- Ensuring that health care plans are based on a continuous assessment of need.
- Analysing and developing policies specific to the healthcare field.
- Preparing proposals on the health care services which should be secured by the Board and their allocation between providers.
- Ensuring that services provided by the statutory, voluntary and private sectors are monitored and evaluated against appropriate standards for both hospital and community services.

- Ensuring that the proper arrangements are in place relating to family practitioner services, in order to fulfil the Board's purchasing/monitoring role with regard to Medical, Dental, Pharmaceutical and Ophthalmic Services.
- Ensuring that relevant functions within the medical and nursing professions are fulfilled in relation to:

  (i) medico-legal responsibilities;
  (ii) professional discipline responsibilities;
  (iii)statutory professional responsibilities.

- Contribute to the development by the Board of a strategic approach to community development.
- Bringing forward analyses and proposals for reshaping and managing boundaries between primary care and secondary care, and exploring ways of modernising how healthcare services are delivered.
- Promoting research and development within the healthcare field.
- Undertaking all work necessary to ensure the Board complies with all relevant legislation relating to Healthcare policies.
- Ensuring the effective partnership, where appropriate and relevant, of voluntary, community and private sector organisations.
- Ensuring that services are of high quality and represent value for money.
- Ensuring that services are targeted and organised in a way that will achieve government policy in the key area of THSN.
- Ensuring that the policies and plans developed in the Directorate of Healthcare take account of the Equality agenda.
- Contribute to the development of a robust, relevant and realistic IM&T Strategy for the Western area.

SECURING SERVICE PROVISION:

- The Director of Health Care will secure the provision of services through the development of Service Level Agreements with organisations in statutory and, where appropriate, voluntary and private sectors.

- In developing such arrangements, the Director of Health Care's main responsibilities will be:

  (i) the specification of services to be delivered in terms of quality, volume and outcome standards where applicable.

  (ii) to ensure the production of an annual report on the health needs of the Board's population.

  (iii)Developing Performance Management Arrangements that will facilitate the assessment and comparison of quality standards, and benchmarking the cost effectiveness of providers across a range of indicators for health care services.

  (iv)The monitoring of provision in relation to the standards set in the Service Agreements.

- The Director of Health Care will endeavour to ensure that resources are distributed equitably and targeted so that effective services are provided for those whose need is greatest and consistent with the spirit of the Equality legislation.
- The Director of Health Care will work closely with fellow Directors, both Executive and Non-Executive in order to ensure that all decisions are taken and owned on a corporate basis.
- The Director of Health Care will work closely with fellow Executive Directors in order to ensure opportunities for OD and MD are made available to staff because the quality of services is dependent upon the professional and managerial competence of staff directly providing services.

KEY DEPARTMENTS WITHIN THE DIRECTORATE OF HEALTHCARE:

The Director of Health Care will work with a Senior Management Team covering the following key areas:

Public Health Medicine

- Fulfill Board's statutory responsibilities for public health
- Securing input into integrated health and social care policy formulation and delivery systems
- An Annual Report on the health status of the Board's population
- Epidemiological advice
- Monitoring of effectiveness of current and planned services
- Communicable disease control
- Develop effective Health Promotion strategies
- Contribute to the development of clinical audit systems within a Clinical Governance framework
- Encourage a focus on evidence based practice

Nursing Services

- Securing input into integrated health and social care policy formulation and delivery systems.
- Monitoring of the quality and effectiveness of nursing aspects of services provided for the population of the Western Board.
- Securing input on the contract/purchasing aspects of nursing services.
- Responsibility for the legal, professional discipline and statutory professional responsibility issues in relation to nursing staff.
- Clinical Governance, particularly the development of clinical audit.
- Encourage a focus on evidence based practice.

Primary Care Services

- Collaboration and liaison with the Central Services Agency on administrative aspects of Family Practitioner Services.
- Health Promotion in relation to each of the areas of Family Practitioner Services
- Monitoring of effectiveness of Family Practitioner Services within the Board provided both by independent practitioners and by directly employed staff.
- Securing input in the purchasing aspect of Family Practitioner Services.
- Responsibility for the legal, professional discipline, statutory professional and policy issues in relation to staff providing Family Practitioner Services.
- Securing appropriate advice from other providers of Primary Care Services.
- Clinical Governance, development of clinical audit.
- Encourage a focus on evidence based practice.

Dental Service

- Ensure integration of dentistry into the wider health and social care agenda.
- Improve the oral health status of the population by promoting the implementation of the Western Board's Oral Health Strategy.
- Contribute to the development of a framework to take forward probity arrangements in the payment of independent general dental practitioners.
- Support and encourage Continuing Professional Development.
- Facilitate the development of whole team training.

PAMS

- Securing resolved advice on the PAMS services to be commissioned.
- To contribute to the monitoring of the strategy for PAMS services developed by the WHSSB.
- Monitoring the quality and effectiveness of services provided by the Professionals Allied to Medicine.
- Ensuring the integration of PAMS services into all appropriate aspects of health and social care.

Other

The Director of Health Care will develop links with the relevant professional advisory foras and with other Directorates in order to secure a properly integrated and appropriate range of services for the population the Board serves.

At all times, the Director of Health Care must seek to:

(a) Provide an appropriate assessment of the Health Care needs of the population of the Board.

(b) Be kept aware of examples of best practice and innovation in professional practice and policy elsewhere in order to foster continuous improvement of services provided in the Board's area.

(c) Monitor the quality of service provision against specified criteria including the views of the public.

(d) Encourage and stimulate standards of excellence in the delivery of health care through dissemination of information on good practice and innovation to providers, senior professional staff and external providers of health care.

(e) Contribute to the development of a performance framework for the health and social care system in the West.

GENERAL MANAGEMENT RESPONSIBILITIES:

1. Reviews individually, at least annually, the performance of staff reporting to the post holder, provides guidance on personal development requirements and advises on and initiatives, where appropriate, further training.

2. Ensures that the review of performance identified in (1) above is performed for all levels of staff for whom the post holder has professional management authority.

3. Maintains staff relationships and morale amongst the staff reporting to the post holder.

4. Reviews the organisation plan and establishment level of the service for which the post holder is responsible to ensure that each is consistent with achieving objectives and recommends change where appropriate.

5. Delegates appropriate responsibility and authority to the level of staff within the Directorate, consistent with effective decision making, whilst retaining overall responsibility and accountability for results.

6. Participates, as require, in the selection and appointment of staff reporting to the postholder in accordance with Board policy.

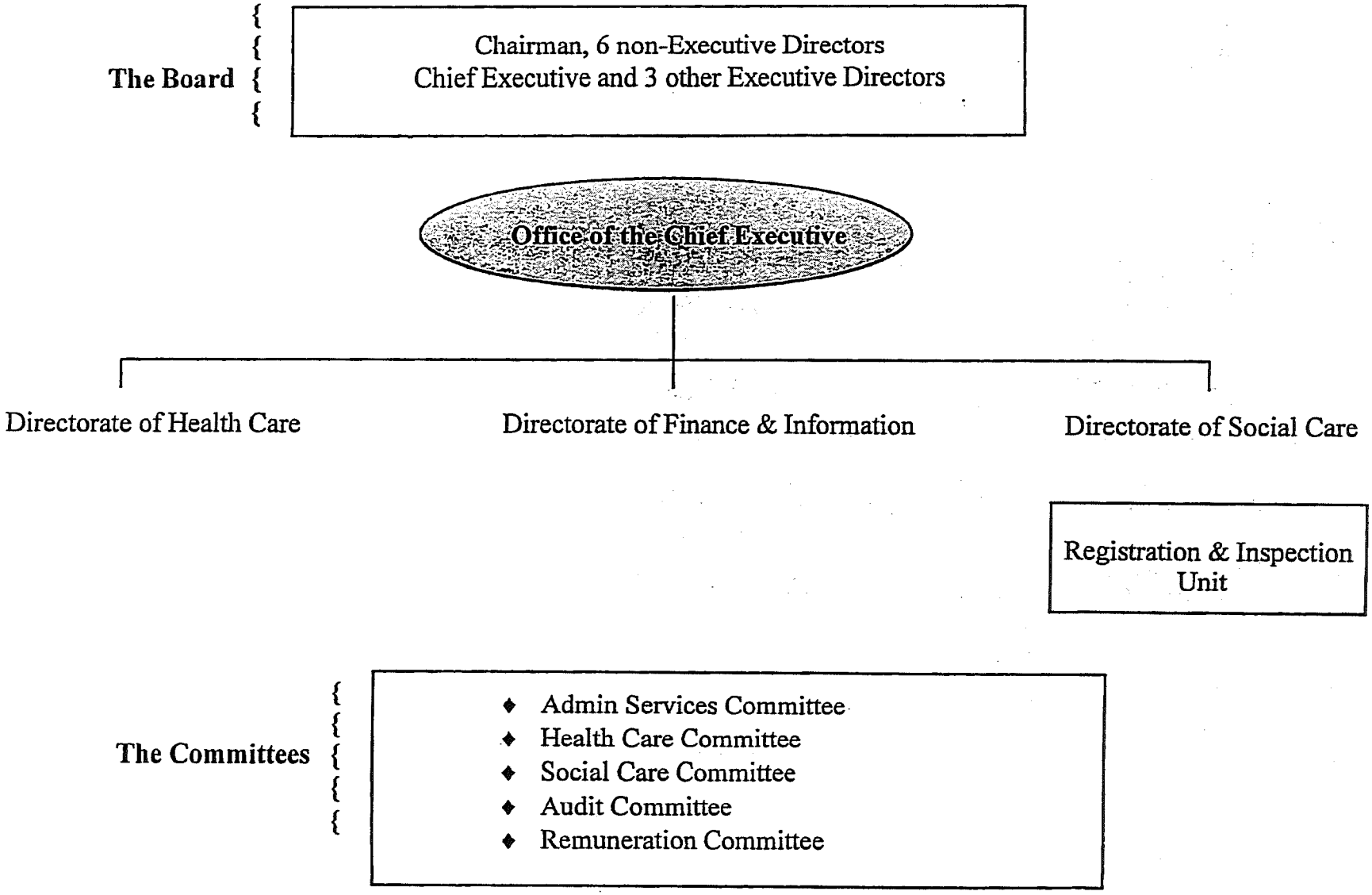
7. Takes such action as may be necessary in disciplinary matters in accordance with procedures laid down and approved by the Board.

8. Advises the Chief Executive annually on the training needs of staff within the Directorate with a view to determining those staff who require further professional training and those that would benefit from a range of other training opportunities.

NOTE:

This job description sets out the initial role of the Director of Health Care. It is recognised that there will be significant organisational change over the next few years which the post holder will be expected to respond to in a pro active way. It is likely that this job description and associated duties will be reviewed and amended to reflect any such changes.

WHSSB - Summary Organisational Chart



9. Corporate Governance

A key issue for the Board is **how** it does its business. It has devoted considerable effort to introducing the elements of best practice identified by both the *Cadbury* and *Nolan* Reports through its Codes of Conduct and Accountability. It is particularly committed to adhering to the principles of public life put forward by *Nolan*:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

10. Register Of Interests

The Board maintains a Register of Members' Interests in line with the Government's Codes of Conduct and Accountability. The Register is updated annually and is made available to anyone who wishes to have sight of it. It is also available at each meeting of the Board.