Witness Statement Ref. No. 354/1

NAME OF CHILD: CONOR MITCHELL

Name: Dr. C. Humphrey

Title: Medical Director, Craigavon Area Hospital Trust

Present position and institution:

Retired (2007)

Previous position and institution:
[As at the time of the child's death]

Medical Director, Craigavon Area Hospital Group HSS Trust (6th May 2003 until 9th September 2005)

Membership of Advisory Panels and Committees:
[Identify by date and title all of those between January 1995-August 2013]

Member of SHSSB Cancer Services Steering 1997
Chair of Breast Cancer Sub-Group of SHSSB Cancer Services Steering Group 1997
Member of Regional Advisory Committee on Cancer DHSSPS 1998
Member of Regional Haematology Specialist Registrar Training Committee 2000
Member of Regional Council of Royal College of Pathologists 2002

Previous Statements, Depositions and Reports:
[Identify by date and title all those made in relation to the child's death]

No previous statements, depositions or reports

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

Ref:	**Date:**	

IMPORTANT INSTRUCTIONS FOR ANSWERING:

Please attach additional sheets if more space is required. Please identify clearly any document to which you refer or rely upon for your answer. If the document has an Inquiry reference number, e.g. Ref: 049-001-001 which is 'Chart No.1 Old Notes', then please provide that number.

If the document does not have an Inquiry reference number, then please provide a copy of the document attached to your statement.

I. QUALIFICATIONS, TRAINING AND EXPERIENCE

1) Please address the following matters:

(a) State your medical qualifications and the date you qualified as a medical doctor.

University of Liverpool (1977) MBChB, FRCPath

(b) Provide a detailed account of your career history post qualification.

1977-78 Pre-registration House Officer in Medicine and Surgery, Walton Hospital, Liverpool

1978-79 Senior House Officer in Medicine, Walton and Fazakerley Hospitals, Liverpool

1979-80 Senior House Officer in Laboratory Medicine, (attached to Haematology), Belfast City Hospital

1980-81 Registrar in Haematology, Belfast City Hospital, 1980-81

1981-87 Senior Registrar in Haematology, Belfast City Hospital and Royal Victoria Hospital

1986-87 Locum Consultant Haematologist, Whiteabbey Hospital, Northern Area Board, one session per week

1986 Locum Consultant Haematologist, Galway Regional Hospital (9 weeks)

March 1987 – May 2003 Consultant Haematologist, Craigavon Area Hospital and South Tyrone Hospital, Dungannon

May 2003 – September 2005 Medical Director, Craigavon Area Hospital Group Trust

September 2005 – April 2006 Medical Director, RQIA (retiring on the grounds of ill health in July 2007).

(c) Describe your work commitments to the Craigavon Area Hospital and the nature of your duties from the date of your appointment as Medical Director.

As Consultant Haematologist, I was responsible for providing a clinical and laboratory haematology service to Craigavon Area Hospital and South Tyrone Hospital.

My main interest was haemato-oncology, (the diagnosis and treatment of haematological malignancies such as leukaemias, lymphomas, myeloma etc.). I provided inpatient and out-patient services in clinical haematology in Craigavon Hospital and was also responsible for the haematology and blood transfusion laboratory services in the Area laboratory in Craigavon.

In South Tyrone Hospital, Dungannon, I provided an outpatient service in haematology and was responsible for the smaller multi-disciplinary laboratory service on this site until 1999.

I became Lead Consultant in Haematology in 1998 taking responsibility for the strategic direction of the Haematology and Blood Transfusion laboratory services within the Southern Health and Social Services Board (SHSSB) and participation in laboratory quality assurance programmes including CPA accreditation.

I initiated the Blood Transfusion Steering Committee for the SHSSB.

I was Pathology representative during the implementation of laboratory computerisation in 1989.

I was clinical representative on a review group for Craigavon and Banbridge Unit of Management, Care of the Terminally Ill, 1994

I co-authored Guidelines to Healthcare Workers on Protection against Infection with HIV and Hepatitis Viruses, SHSSB, 1994

I was HIV Counsellor with responsibility for co-ordination of HIV counselling across the Trust from 1994

I was Macmillan Lead Cancer Specialist for SHSSB 1997-2003 during the development of Cancer Services across the SHSSB, participating in local and regional groups, taking forward the roll-out of cancer services from Belfast and involving the development and implementation of re-modelled services in breast, colorectal, urological and lung cancers.

I was project director for a £1.7 million capital building scheme at Craigavon Area Hospital in partnership with Macmillan Cancer Relief providing outpatient accommodation and chemotherapy services for clinical oncology and haematology services, including new breast clinic accommodation.

Throughout my tenure as Consultant Haematologist, I participated in the teaching and training of both undergraduate and postgraduate students in haematology, both trainee haematologists and trainees in other specialties.

I contributed to the junior doctor induction programmes on laboratory practice and the treatment of neutropenic sepsis.

On 6th May 2003, I took up the post of Medical Director for Craigavon Area Hospital Group Trust.

The key duties of the post of Medical Director are described in the attached job description (attached as Appendix 1)

(d) Describe your duties as a Consultant Paediatrician in Craigavon Area Hospital on the 8 May 2003.

I was trained as a Consultant Haematologist and, therefore, have not held the post of Consultant Paediatrician in Craigavon Area Hospital.

(2) Describe in detail the education and training you have received in fluid management, the prevention of hyponatraemia and record keeping in relation to fluid balance, to include any particular training relating to fluid management in children, and provide dates and names of the relevant institutions/bodies, by reference to the following:

(a) Undergraduate level

1972-1977. As part of my undergraduate training, I spent a 10-week attachment in Paediatrics at Alderhey Hospital, Liverpool. This was a combination of clinical teaching at the bedside and tutorials, supplemented by lectures at the Medical School. I have a recollection of the subject of fluid management in children being included in the lecture programme but cannot remember the precise content.

(b) Postgraduate level

1977 onwards. When I was a Senior Registrar in Haematology, in common with all trainees at that time, I spent at least 6 months in the Royal Belfast Hospital for Sick Children (RBHSC) learning about the management of haematological diseases (mainly leukaemia and haemophilia) and solid tumours in children. At that time, there was one Consultant Haematologist/Oncologist in RBHSC. It was then custom and practice to be apprenticed to that Consultant and during this time I learnt about fluid management in children with haematological disease, most of whom were receiving chemotherapy.

My clinical practice in Craigavon involved only adult patients with haematological disease. I provided a diagnostic service to children in Craigavon with haematological disease. These children remained under the care of the paediatricians in Craigavon prior to transfer to RBHSC if found to have a haematological condition. I was not, therefore involved in the prescription of IV fluids to children.

My prescription of fluids to adults was to patients with haematological disease, often receiving chemotherapy or suffering from infection.

(c) Hospital Induction Programmes

Hospital induction programmes were not in place during my training. They are a more recent development as standard practice.

(d) Continuous professional development

My continuous professional development has involved further learning in the management of haematological conditions in adults.

II. QUERIES ARISING OUT OF THE 'GUIDANCE ON THE PREVENTION OF HYPONATRAEMIA IN CHILDREN' AND YOUR LETTER TO DR. H. CAMPBELL (7 APRIL 2004

3) In your letter to Dr. H. Campbell you said,

"The guidance on the prevention and management of hyponatraemia in children was taken forward in Craigavon Area Hospital Trust by a group of senior clinicians including our Consultant Clinical Biochemist, a consultant representative from Accident and Emergency, two senior paediatricians and a consultant anaesthetist." **(Ref: 007-073-145)**

a) What was your understanding of the action which was required to be taken by the Trust following the publication of this Guidance, and what was the basis for this understanding?

The Guidance on the Prevention of Hyponatraemia in Children was published in March 2002 and the CREST Guidance on the Management of Hyponatraemia during 2003. At this time, I was Consultant Haematologist and Lead Cancer Specialist at Craigavon Area Hospital.

In April 2004, as Medical Director, I responded to the Chief Medical Officer's letter (007-067-137) requesting assurance that both sets of these Guidelines had been incorporated into clinical practice in the Trust. This letter had been passed to me for response by the then Chief Executive, Mr. John Templeton.

As the Inquiry will be aware, Dr Liam McCaughey was Medical Director when this Guidance had been issued and I believe he would have responsible for taking forward their implementation within the Trust. I recall meeting with Dr McCaughey to discuss the implementation of the Guidelines prior to replying to Dr Campbell. I am, however, unable to recall the specific detail of this meeting.

b) Identify by name the following persons who were responsible for taking forward the Guidance within the Trust:

(i) The Consultant Clinical Biochemist;

I was not Medical Director at the time the Guidance was being taking forward. I am unable to recall the identity of the Consultant Clinical Biochemist, however, I believe that is was Dr. Peter Sharpe (who was the only Consultant Clinical Biochemist in the Trust at this time).

(ii) The consultant representative from Accident and Emergency;

I was not Medical Director at the time the Guidance was being taken forward. I am unable to recall the identity of the Consultant representative from A&E.

(iii) The two senior paediatricians;

I was not Medical Director at the time the Guidance was being taken forward. I am unable to recall the identity of the two senior paediatricians.

(iv) The Consultant Anaesthetist.

I was not Medical Director at the time the Guidance was being taken forward. I am unable to recall the identity of the Consultant Anaesthetist.

(c) Who was responsible for establishing this group of clinicians?

My recollection is that Dr Liam McCaughey had been responsible for setting up this group of clinicians.

(d) What criteria was used to select,

(i) The particular specialties who were brought together to form this group, and

(ii) The particular individuals who were selected.

I was not the Medical Director at the time this Group was set up. Therefore, I am unable say what criteria were used to select the particular specialties or particular individuals.

(e) Who was responsible for coordinating the work of this group of clinicians?

I was not the Medical Director when this Group was working. I am unable to recall who was responsible for coordinating the work of these clinicians.

(f) Who was the group required to report to?

I am unable to recall who the group was required to report to, but assume that it would have been Dr Liam McCaughey, the then Medical Director.

(g) Who was responsible for ensuring that the work of this group of clinicians complied with what was required to be done by the Trust?

I am unable to recall who was responsible for ensuring that the work of this group of clinicians complied with what was required to be done by the Trust, but it is likely that this would have been the responsibility of the then Medical Director, Dr Liam McCaughey.

4) By reference to each individual identified above, what specific steps did this group of clinicians take either individually and collectively in order to take "forward" the Guidance within the Trust, and in particular state:

a) The date on which they commenced their work.

b) Whether a record was kept of the work that they carried out, and if so, please provide a copy of any relevant document to include minutes of meetings, and records of decisions, actions or recommendations.

c) How they carried out their work, e.g. did they conduct regular meetings with each other? Were aspects of the work delegated to particular individuals to carry forward and to report back to the group?

d) The date on which they completed each step or stage of their work.

e) The date on which they completed all of their work.

f) The date on which the group completed its work.

Unfortunately, I am unable to answer any of these questions as I was not Medical Director at the relevant time. I am unable to recall any relevant information in relation to the above that may (or may not) have come in to my knowledge during my time as Medical Director.

5) In your letter to Dr. H. Campbell you said, ***"The guidelines for the prevention and management of hyponatraemia in children have been adopted throughout the Trust including where children are treated by surgical teams."*** **(Ref: 007-073-145)**

a. What is meant by the phrase, ***"[The guidelines] have been <u>adopted</u> throughout the Trust…"*****? In what way were the guidelines adopted?**

Nine years later, I have no specific recollection of what I meant by this phrase, however, I think it likely that I meant that the guidelines had been accepted as the required standard of clinical practice in the Trust and incorporated into clinical practice throughout the Trust, that procedures had been put in place to ensure that they were known about and were to be applied in the appropriate clinical situations by medical staff.

b. By the 8th May 2003, state the precise steps that were taken to adopt the guidelines in the following locations in CAH, if applicable:

i. The Accident and Emergency Department;

ii. **The Children Ward(s);**

iii. **The Medical Admissions Unit; and**

iv. **Any other location (please specify the location).**

As I came into post as Medical Director on 6th May 2003 and was responding to Dr Campbell's letter in April 2004, I would not have been focussing my reply on the adoption of the Guidelines by May 8th 2003 but providing assurance of their adoption by April 2004.

c. **If steps had not been taken to adopt the guidelines at any of these locations by the 8 May 2003, state the date by which they were so adopted, if at all.**

There are no records available to allow me to know whether, or not, the Guidelines had been adopted in these locations by May 8th 2003. However, my reply to Dr H Campbell indicates that they had been adopted by April 2004.

d. **After the guidelines were adopted, and for each location referred to above (Accident and Emergency, the Children's' Ward, the Medical Admissions Unit, any other location) state,**

i. **Whether the guidelines were displayed, and if so, where were they displayed?**

Prior to writing my response to Dr Campbell's letter in 2004, I recall visiting the locations described above. I believe that my purpose was to speak with staff (unannounced) in all these areas to assure myself that they were aware of the relevant guidelines (either the prevention and management of hyponatraemia in children or the CREST guidelines on the management of hyponatraemia in adults, or both), and that the relevant poster was displayed in a prominent clinical area at each location. I would probably, although I cannot specifically remember, have been looking for adult guidelines in adult areas and children's guidelines in children's areas or both where appropriate. I believe, given my subsequent letter to Dr Campbell, that I assured myself of this in these clinical areas. I have a vague recollection that at least one poster (I am unable to recall, nine years later, whether it was relevant to children or adults) was displayed in the Resuscitation area in the A&E Department. I similarly have a vague recollection that one poster (I am unable to recall, nine years later, whether it was relevant to children or adults at this stage) was displayed on the MAU. I also have a vague recollection that a poster (which I assume was a poster relevant to the prevention and management of hyponatraemia in children) was displayed on the Children's Ward.

ii. **Whether steps were taken to bring the guidelines to the attention of staff, and if so, how and when was this done, and which members of staff (by reference to their medical discipline or nursing) were told about the guidelines?**

I do not believe that I was Medical Director when the guidelines were adopted. I do not know what steps were taken to bring the guidelines to the attention of

staff, how and when this was done or which members of staff were told about the Guidelines.

iii. **Whether staff were provided with any verbal directions or instructions with regard to the applicability of the guidelines, and if so what was the direction/instruction, who was responsible for doing this and when was it done?**

I do not believe that I was Medical Director when the guidelines were adopted. I do not know whether staff were provided with any verbal directions or instructions with regard to the applicability of the guidelines, what any such direction/instruction would have been or who was responsible for doing this.

iv. **Whether staff were provided with any written directions or instructions with regard to the applicability of the guidelines, and if so, who received this and when did they receive it? Please provide a copy of any written directions or instructions.**

I do not believe that I was Medical Director when the guidelines were adopted. I do not know whether staff were provided with any written directions or instructions with regard to the applicability of the guidelines, who received this or when.

v. **Whether staff were provided with any training with regard to the applicability of the guidelines and/or how to use them, and if so, who delivered this, which staff received it, when it was delivered and what was covered in the training?**

I do not believe that I was Medical Director when the guidelines were adopted. I do not know whether staff were provided with any training with regard to the applicability of the guidelines, how to use them, who delivered this training, who received it, when it was delivered or what was covered in the training.

6) **In your letter to Dr. H. Campbell you said*, "The guidance is included in the induction for junior doctors…"* (Ref: 007-073-145)**

a) **From what date was the guidance first included in the induction for junior doctors?**

I believe that the topic of the prevention and management of hyponatraemia in children would have been covered in the Paediatric and A&E specialty inductions but unfortunately the Trust has not been able to furnish me with information to confirm when this topic was first included in the induction for junior doctors.

b) **Who was originally responsible for deciding to include the guidance in the induction for junior doctors?**

I do not know who was originally responsible for including the guidance in the induction for junior doctors but that responsibility is likely to have been that of the postgraduate tutor, the medical director, those consultants advising on the adoption of the guidelines into the Trust and the consultants responsible for devising and delivering the induction programmes.

c) **Who was originally responsible for delivering the induction to junior doctors on the subject of the guidance, and explain how the subject matter of the guidance was addressed and dealt with at the induction at that time?**

I cannot recall who was originally responsible for delivering the induction to junior doctors on the guidelines, how the subject matter of the guidance was addressed or dealt with at induction at that time.

d) **Were junior doctors given any written material in relation to the guidance at their induction, when the issue was first introduced to the induction process? If so, please provide a copy.**

I do not know if junior doctors were given any written material in relation to the guidance at their induction, or when the issue was first introduced to the induction process.

e) **Have changes been made to how the subject of the guidance has been addressed at induction for junior doctors since the topic was first included in the induction programme? If so, provide a full account of those changes, and describe the current arrangements for delivering induction to junior doctors in relation to the guidance.**

I am unable to answer this question as I left the Trust in September 2005.

7) **By the 8 May 2003, did Craigavon Area Hospital Group Trust have in place any procedures to ensure that the Guidance was being complied with, and if so, specify:**

a) **What procedures were in place to ensure compliance with the Guidance?**

I am unable to recall what procedures were in place to ensure compliance with the guidance by May 8th 2003. The Trust has provided me with information that Dr Mike Smith, Consultant Paediatrician, participated in an audit into compliance with the guidelines in the paediatric sub-directorate in Craigavon Area Hospital during 2003.

b) **When were those procedures introduced?**

See a) above.

c) **Who was responsible for operating those procedures as of the 8 May 2003?**

See a) above. I am unable to recall what procedures were in place as at 8th May 2003 or who was responsible for operating any such procedures.

d) **Describe how those procedures were supposed to operate in practice?**

See a) and c) above.

e) **Prior to the 8 May 2003, when was the last occasion on which steps were taken to ensure that the Guidance was being complied with, and what were the findings on that occasion?**

As I was not in post as Medical Director prior to 6th May 2003, I am unable to answer this question.

f) When was the last occasion on which the Trust took steps to ensure that the Guidance was being complied with, and what were the findings on that occasion?

I am unable to answer this question as I left the Trust in September 2005.

8) In your letter to Dr. H. Campbell, you said that *"... detailed fluid protocols are available to medical staff."* **(Ref: 007-073-145)**

a. What do the "*detailed fluid protocols*" relate to?

Nine years later, I have no specific recollection as to what I was referring to.

b. When were the detailed fluid protocols first developed and made available to staff?

At this stage, nine years later, I am unable to recall when fluid protocols were first developed and made available to staff.

c. What is the connection or relationship, if any, between the detailed fluid protocols and the guidance published in March 2002?

I am unable to answer this question at this stage.

d. Who devised the detailed fluid protocols?

Nine years later, I am unable to recall who devised the protocols.

e. What is the purpose of the detailed fluid protocols, and what situations do they cover?

At this stage, I do not know.

f. How have the detailed fluid protocols been brought to the attention of staff within the Craigavon Area Hospital?

At this stage, I do not know.

g. Which staff have been advised of the availability of the detailed fluid protocols?

At this stage, I do not know.

9) In your letter to Dr. H. Campbell you said, *"Junior medical staff are also guided to seek consultant input into the management of hyponatraemia in both adults and children."* **(Ref: 007-073-145)**

(e) How are junior medical staff guided to seek consultant input into the management of hyponatraemia and when are junior medical staff given this guidance?

With regards to adults, junior medical staff were guided to seek consultant input into the management of hyponatraemia at the time of induction. It is also standard medical practice, that a junior doctor should normally seek more senior advice if they do not feel competent to manage any particular situation. This is a basic tenet of medical training. I have been unable to obtain any information from the Trust to allow me to state what would have been involved in speciality induction programmes.

(f) How are they given this guidance?

With regards to adult patients, verbally during the induction lecture and in written form in the presentation handout

(g) Who gives them this guidance?

With regards to adult patients, this would have been the consultant giving the induction presentation on IV fluid management and the management of electrolytes which includes the section on the management of hyponatraemia in adults.

(h) In practice, how are junior medical staff expected to seek consultant input into the management of hyponatraemia? What is the mechanism for this?

Consultant medical staff may be on the wards, in outpatients or in theatre but are always available by phone, (or hospital bleep, at this time) to help in the management of patients. There is an on call rota in each discipline to ensure that consultant advice is available at any time at the request of junior staff. This escalation pathway is part of custom and practice in the delivery of medical care.

10) ***"The Trust has participated in a regional audit of the guidance on the prevention and management of hyponatraemia in children which has been co-ordinated through the SAC Paediatrics Committee."*** **(Ref: 007-073-145)**

a) In respect of what period was the audit conducted?

As far as I am aware the data collection for the audit was carried out in May 2003.

b) Who oversaw Craigavon's participation in the audit and who gathered the results?

Dr Mike Smith, Consultant Paediatrician oversaw Craigavon's participation in the audit according to the information supplied to me by the Trust.

c) What were the results of the audit as it applied within the confines of the Craigavon Area Hospital Group Trust?

I left the Trust on 9th September 2005. I am not aware of the results of the audit.

11) Has the Guidance ever been included as part of induction for nurses? If so,

a) State precisely the date when the guidance was first included in the induction for nurses.

b) At that time (i.e. the date when the guidance was first included in the induction of nurses), who was responsible for the induction of nurses?

c) At that time, who delivered the induction to nurses on the subject of the guidance, and explain how the subject matter of the guidance was addressed and dealt with at the induction?

d) At that time, were nurses given any written material in relation to the guidance at their induction? If so, please provide a copy.

e) Have changes been made to how the subject of the guidance has been addressed at induction for nurses since the topic was first included in the induction program? If so, provide a full account of those changes, and describe the current arrangements for delivering induction to nurses in relation to the guidance.

As Medical Director for the Trust, I would not have had such specific responsibility for the aspects of nurse training as asked in the questions in this section. I cannot, therefore, answer these questions. The Director of Nursing would have carried these specific responsibilities.

12) If the Guidance has not been included as part of the induction for nurses, please explain the reason(s) for this omission?

I cannot answer this question as it would not have been directly within my responsibility to take this issue forward.

III. QUERIES IN RELATION TO OTHER GUIDANCE

13) <u>Guidance on the Management of Hyponatraemia in Adults (2004)</u>

Insofar as you are aware what steps were taken by Craigavon Area Hospital Group Trust to

a) implement and

b) ensure compliance with the Guidance on the Management of Hyponatraemia in Adults (2004)?

The CREST guidance on the management of hyponatraemia in adults had been incorporated into the junior doctor induction protocols when I reported to Dr Campbell in 2004. I discussed the need to audit compliance with these guidelines with Dr Peter Sharpe, Consultant Clinical Biochemist and he agreed to take up the issue at regional audit. I left the Trust before the audit had been designed.

I believe that medical staff were given written directions with regard to the applicability of the guidelines in their induction programmes. The direction/instruction was by way of a lecture/presentation delivered by a Consultant in the appropriate specialty with an accompanying printed hand out of the presentation for the staff to take away with them and further familiarise themselves with. Induction programmes were run for each intake of new medical staff. As Medical Director, I would not have been directly involved in the organisation of these sessions.

14) <u>Paediatric Parenteral Fluid Therapy Management Guideline (2007)</u>

Insofar as you are aware, what steps were taken by Craigavon Area Hospital Group Trust to

a) implement and

b) ensure compliance with the Paediatric Parenteral Fluid Therapy Management Guideline (2007)?

As I left the Trust in September 2005, I cannot provide any information with regard to this issue.

IV. QUERIES ARISING OUT OF THE DEATH OF CONOR MITCHELL

15) After the death of Conor Mitchell in the Royal Belfast Hospital for Sick Children on the 12 May 2003 (following his treatment in the Craigavon Area Hospital) did you as Medical Director establish any process designed to learn lessons in relation to any issue relating to his fluid management, or did you participate in any such process? If so,

(i) Describe the process.

(j) Who conducted it?

(k) When was it conducted?

(l) What contribution did you make to it?

(m) Were you advised of the conclusions that were reached, and if so, what were they?

Information concerning Conor Mitchell's death and the circumstances surrounding it were made known to me through the Coroner's inquest and verdict into the circumstances of his death. The Coroner concluded that the fluid management in Craigavon was acceptable. This, therefore, did not indicate to me that there was a specific issue with regard to his fluid management that needed to be addressed.

Provide any further points and comments that you wish to make, together with any documents, in relation to:

a) The care and treatment of Conor on 8th May 2003.

b) Record keeping.

c) Lessons learned from Conor's death.

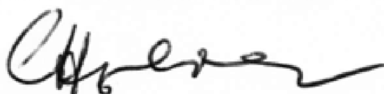
d) Current Protocols and procedures.

e) Any other relevant matter.

I have some recollection that one of the issues arising from Conor Mitchell's admission to Craigavon Hospital was the lack of clarity in the admission protocol for a person of Conor's age (but small size) and ongoing health issues which were a continuation of his paediatric diagnosis.

I believe that I made enquiries within the Trust to ensure that admission protocols had been appropriately reviewed to prevent a similar difficulty with regards to admission arising. It is to the best of my recollection that admission protocols had been addressed following Conor's admission. Unfortunately, the Trust has been unable to locate records of admission protocols at that time.

THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signed:  **Dated:** 7/10/2013

CRAIGAVON AREA HOSPITAL GROUP TRUST

JOB DESCRIPTION

JOB TITLE: Medical Director

REPORTS TO: Chief Executive

JOB PURPOSE: To lead the development of a culture in the Trust that embraces radical change in the configuration and delivery of its clinical services. Also to share responsibility, as an Executive Member of the Trust Board, for the quality of clinical services provided, the strategic direction and financial well-being of the Trust while providing professional advice on medical issues.

KEY ACCOUNTABILITIES

1. To be responsible for medical staffing issues in the Trust. In particular, to oversee and ensure that the Trust is in compliance with all its obligations in respect of:
   - Junior Doctors, including New Deal targets, training and performance appraisal.
   - Medical staff appointments, personally acting as a management representative on advisory appointment committees.
   - Performance Appraisal of Consultant and Career Grade Doctors – personally appraising Clinical Directors and agreeing their job plans.
   - Continuing medical education and development of the Trust's medical staff, where appropriate in association with other clinical professions.
   - Undergraduate education.
   - Clinical research.
2. To ensure that appropriate systems are in place within the Trust for familiarising all medical staff with both Trust procedures and the GMC guidance 'Duties of a Doctor'.
3. To ensure the implementation of an effective process of professional self-regulation for doctors employed by the Trust.
4. To take the lead in all medical disciplinary matters.
5. To ensure, in conjunction with Clinical Directors, that every Consultant employed by the Trust has an accurate and up-to-date job plan. To lead the introduction of the new Consultant Contract in the Trust, in the event of this being agreed nationally.

6. To assist the Trust in determining its expenditure on clinical services and to give advice on medical workforce policy including staffing levels, changes in working patterns and skill mix which will ensure the delivery of effective and efficient clinical services to patients.

7. To assist in the future selection of Clinical Directors, leading them in managing clinical services, assisting them with their development needs and supporting them in their role.

8. To develop and support clinical colleagues, generally helping them to understand how the environment has changed and will continue to change, to strive for quality and effectiveness in their clinical work and to become more aware and involved in the management of services.

9. To give effective leadership in all areas relating to clinical governance including clinical standards and risk management, quality of clinical care, clinical performance of the medical workforce, complaints and litigation and processes for performance improvement. In particular, to ensure that a clinical risk management strategy is developed and implemented, within the Trust.

10. To participate in the appropriate committees set up within the Trust to determine the allocation of discretionary points and to advise on merit awards.

11. To take overall responsibility for liaison with the public, other Trusts and Commissioners where clinical issues are involved. In particular, to foster collaborative working relationships.

12. To contribute to the formulation and delivery of the Trust's corporate strategy and service delivery plans.

13. Any other duties as may be required.

14. General Requirements

    - All duties to be carried out with full regard to the Trust's Equal Opportunities Policy.
    - The implementation of the Trust's Health & Safety arrangements to be fully co-operated with and accidents/incidents, work equipment defects or inadequate safety arrangements to be reported in keeping with Trust Policy.
    - The Trust's Policy on Smoking to be complied with.
    - All people dealt with in the course of work, to be treated in a courteous manner.

It should be noted that this job description will be subject to review in the light of changing circumstances and should be regarded as providing guidance within which the individual works rather than being seen as rigid and inflexible.

October 2002

C:\My Documents\HEATHER\JOB ADVERTS & DESCRIPTIONS\DIR MS.2002\Job Description.Final.doc