SPERRIN LAKELAND
HEALTH AND SOCIAL CARE TRUST

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Minicom Service is available within the Trust on request

Date: 13th August 2004

Mrs Christine Millar
Complaints Assistant
Trust Headquarters
Strathdene House
Tyrone & Fermanagh Hospital
OMAGH

Dear ~~Colleague~~ Christine

RE – RCA: LC Case

Please find enclosed revised TOR for the above. You will note the changed emphasis of the exercise. This has been agreed by the steering group.

The workplan is now being devised and I understand we will be advised of detail in due course. Key to the exercise now will be an education process around use of RCA. The steering group plan for some 60 staff across the Trust to participate.

I will keep you advised.

Yours sincerely

Bridget O'Rawe (Ms)
Director of Corporate Affairs

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bor/mmcg/0766

LC- SLT

?fy Mr Tee
[redacted]
Dr J. Kelly.

SPERRIN LAKELAND
HEALTH AND SOCIAL CARE TRUST

SPERRIN LAKELAND TRUST
C.E. OFFICE
- 4 AUG 2004
RECEIVED

Trust Headquarters, Strathdene House
Tyrone & Fermanagh Hospital, Omagh
Co Tyrone, BT79 0NS

3rd August 2004

REF: Root Cause Analysis Development Programme.

Dear Hugh.

The Steering Group has discussed the draft Terms of Reference for the above and an amended version is enclosed for your information.

The Steering Group would appreciate any feedback you feel is appropriate.

Yours sincerely

Jenny Irvine

cc. Mr Hugh Mills, Chief Executive
Mr Harry Mullan, Chairman
Mrs Maggie Reilly, Chief Officer, WHSSC
Mr Steven Lindsay, Chief Executive, WHSSB
Miss Karen Meehan, Chairwoman, WHSSB
Dr Henrietta Campbell, Chief Medical Officer, DHSSPSNI
Miss Judith Hill, Chief Nursing Officer, DHSSPSNI

TERMS OF REFERENCE

Background:

On 20/02/04 the Coroners Inquest concluded its findings on the circumstances nature and cause of the tragic death of Lucy Crawford. Aspects of the clinical care are currently subject to consideration by the GMC. The Trust is co-operating fully with the GMC in this regard.

It has been acknowledged, in the course of the management of this case, that a number of process and system issues warrant examination and reflection.

A root cause analysis is proposed and independent expertise is being commissioned to gain understanding of the systems and processes which were in place at the time of and following Lucy's death.

Principles

The above process will be facilitated with the clear aim of improving practice and care whilst highlighting and drawing on areas of good practice. It will be an open and honest process which is fully inclusive of all, promoting open communication within a supportive and confidential environment.

Methodology:

This exercise will be:

- Overseen by a Steering Group established by the Trust Chairman which through its membership will fully examine the Trust's processes and systems.
- The Steering Group will develop an approach to encourage the co-operation, involvement and participation of all parties which will include the Crawford family.
- Continuously reviewed by the Steering Group, to ensure that any early lessons are shared for action with the relevant parties. This will be in addition to any final outcomes and recommendations.

- Used to inform the DHSSPS and other appropriate organisations of any relevant/pertinent lessons for wider dissemination.

Role of Analysis

The root cause analysis will begin with an indepth review of the circumstances associated with Lucy Crawford's care, with the view to building upon and sharing lessons learnt.

Findings from the root cause analysis will be informed by changes already implemented and areas of good practice. This will allow an action plan to be developed which will be communicated by the Steering Group to the Trust Chairman, Chief Executive and Clinical & Social Care Governance Committee. The role of the Clinical & Social Care Governance Committee will be to endorse and oversee the implementation of the recommendations. The Chief Executive will provide regular reports to Clinical and Social Care Governance Committee, DHSSPS and WHSSB on the implementation of the recommendations.

Membership of Steering Group:

The following members have been identified to support independent views and secure a professional overview.

- **Jennifer Irvine - Chair**, Trust Non-Executive Director
- **Diana Cody**, Trust Medical Director (Acting)
- **Margaret Kelly**, Chief Nurse Western Health & Social Services Board
- **Sue Norwood**, Training and Development Manager, Global Air Training
- **Howard Arthur**, Director of Patient Safety, NHS Modernisation Unit (G.B)
- **Jayne Fox**, N.I. Clinical & Social Care Governance Support Team

Timescales:

- The exercise, along with endorsement of any recommendations should be completed within 4-6 months from the steering group's initial meeting with a view to ongoing structured implementation.