



Business Services  
Organisation

Directorate of Legal Services

— PRACTITIONERS IN LAW TO THE  
HEALTH & SOCIAL CARE SECTOR —

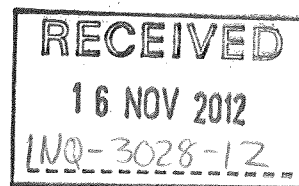
2 Franklin Street, Belfast, BT2 8DQ  
DX 2842 NR Belfast 3

Your Ref:  
HW-0067/84 &  
HW-0089-12

Our Ref:  
HYP B04/2

Date:  
16<sup>th</sup> November 2012

Ms H Win  
Assistant Solicitor to the Inquiry  
Inquiry into Hyponatraemia-related Deaths  
Arthur House  
41 Arthur Street  
Belfast  
BT1 4GB



Dear Madam

**RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS- CLAIRE  
ROBERTS**

I refer to the above matter and now enclose copies of various Trust Board Minutes ranging from January 1996 to March 2007.

Please note that any references contained within the Board Minutes to Audit Committee Meetings relate to Financial Audit, and not Clinical Audit, and that those Minutes are Private and Confidential.

I should be obliged if you could kindly acknowledge safe receipt hereof.

Yours faithfully

Angela Crawford  
Solicitor

*Providing Support to Health and Social Care*



# THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL HSS TRUST

Minutes of the Board of Directors meeting held on Thursday 4 November 2004, at 10.30am in The Seagoe Hotel, Portadown.

## PRESENT

Mrs A Balmer (Chairman)  
Mr F Caddy  
Mrs W Galbraith  
Dr M McBride  
Mr H McCaughey  
Mr W McKee  
Mrs D O'Brien  
Mr J O'Kane

## IN ATTENDANCE

Mr E Bates  
Ms D Curley  
Mrs M Mallon  
Mr J Stewart  
Ms D Stockman

Before the meeting began Mrs Balmer welcomed the two guests from the Southern Health and Social Services Council (SHSSC).

1.	<b>APOLOGIES</b>  Apologies were received from Mr T Hartley, Mrs M Culbert and Ms C Burns.
2.	<b>MINUTES OF PREVIOUS MEETING</b>  The minutes were approved and signed by Mrs Balmer.
3.	<b>MATTERS ARISING FROM THE MINUTES</b>  There were no matters arising.
4.	<b>CHIEF EXECUTIVES'S REPORT</b>  Mr McKee began by briefing the Board of Directors on the UTV Insight programme. Mr McKee said that no doctor or officer of The Royal Hospitals had mislaid HM Coroner – he said that it was quite the opposite position and this would become clear in any independent enquiry. Ms Curley said that the clinicians at The Royal Hospitals involved were relieved to hear the news from the Minister about the independent enquiry. Dr McBride said that the television programme could only have added to the distress to the families concerned and that he too was pleased to have an opportunity to put the record straight.

Mr McKee said that a root cause analysis report had been undertaken to make sure the organisation learned from problems in clinical care. Mr McKee said that this was the first time in United Kingdom that an internal root cause analysis report had been used as evidence in HM Coroner's court. Mr McKee said that this was a very important process and could not be undermined. Mr McKee said that The Royal Hospitals would raise this important issue with the Lord Chancellor's office and pointed to the need for a memo of understanding as exists in Great Britain. Dr McBride added to this by stressing the open and learning culture at The Royal Hospitals and said that this was the third root cause analysis report that had been shared with HM Coroner. The use of the root cause analysis report in the court had raised some concerns at The Royal Hospitals. Mr O'Kane said it was important that significant progress in this regard was not set back by these developments.

Mr McKee turned to finance. He referred to Mr Don Hill (DHSSPS) letter of 19 October 2004. The DHSSPS is currently arguing that there is insufficient money in the system to make recurrent commitments and Mr Hill's letter sets out the expected position in 2005/6 and 2006/7. Mr McKee said that this was quite alarming with a possible shortfall of £25 million across the province or 1% of the HPSS budget. Mr McKee said that the HPSS would receive a 9.1% uplift in funding in the next two years but that the non pay component runs ahead of funding available. Mr McKee said that 2005/6 would see the full year effect of the new GP contract, the new consultant contract and Agenda For Change. He also said some "maintaining existing services" funding would have to go cover services paid for with non recurrent funding in the past. Mr McKee said he worried that service pressures across the province may have been underestimated. Currents views across the HPSS is that the under funding in Northern Ireland may be closer to £60 million. Eastern Board is notifying the department of £10 million pressures not referred to in Mr Hill's letter.

Mr McKee said that while The Royal Hospitals would be between £3 million and £9 million short in 2005/6, he reassured the Board of Directors that officers would continue to work with colleagues in the DHSSPS and Health and Social Services Boards to minimise the impact of this under funding on patient care. Mr McKee said that The Royal Hospitals needed to make a formal response to Mr Hill's letter.

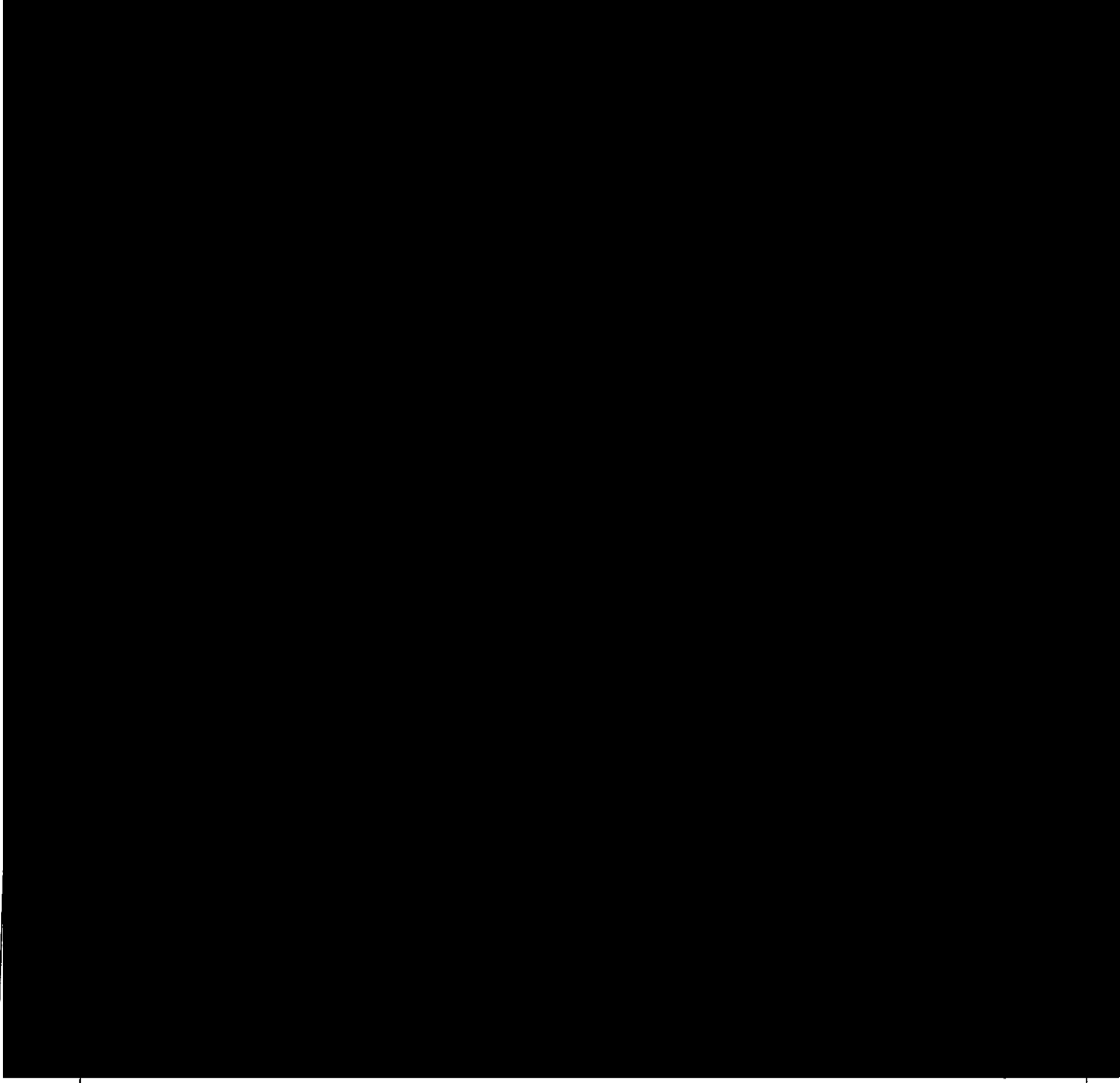
Mrs Galbraith said that she was working closely with the EHSSB to clearly identify the financial position and current cost pressures. Mrs Galbraith said that The Royal Hospitals had already provided a lot of information requested by the EHSSB. She said that at the moment she was trying to make sure that other Health and Social Services Boards take account of their share of Royal Hospitals pressures. In response to a question from Mr Caddy in relation to paragraph 24 on efficiencies, Mrs Galbraith said that the savings not met in the past would add to the current problems. In response to a question from Mr Caddy on annex E, Mrs Galbraith explained this technical adjustment.

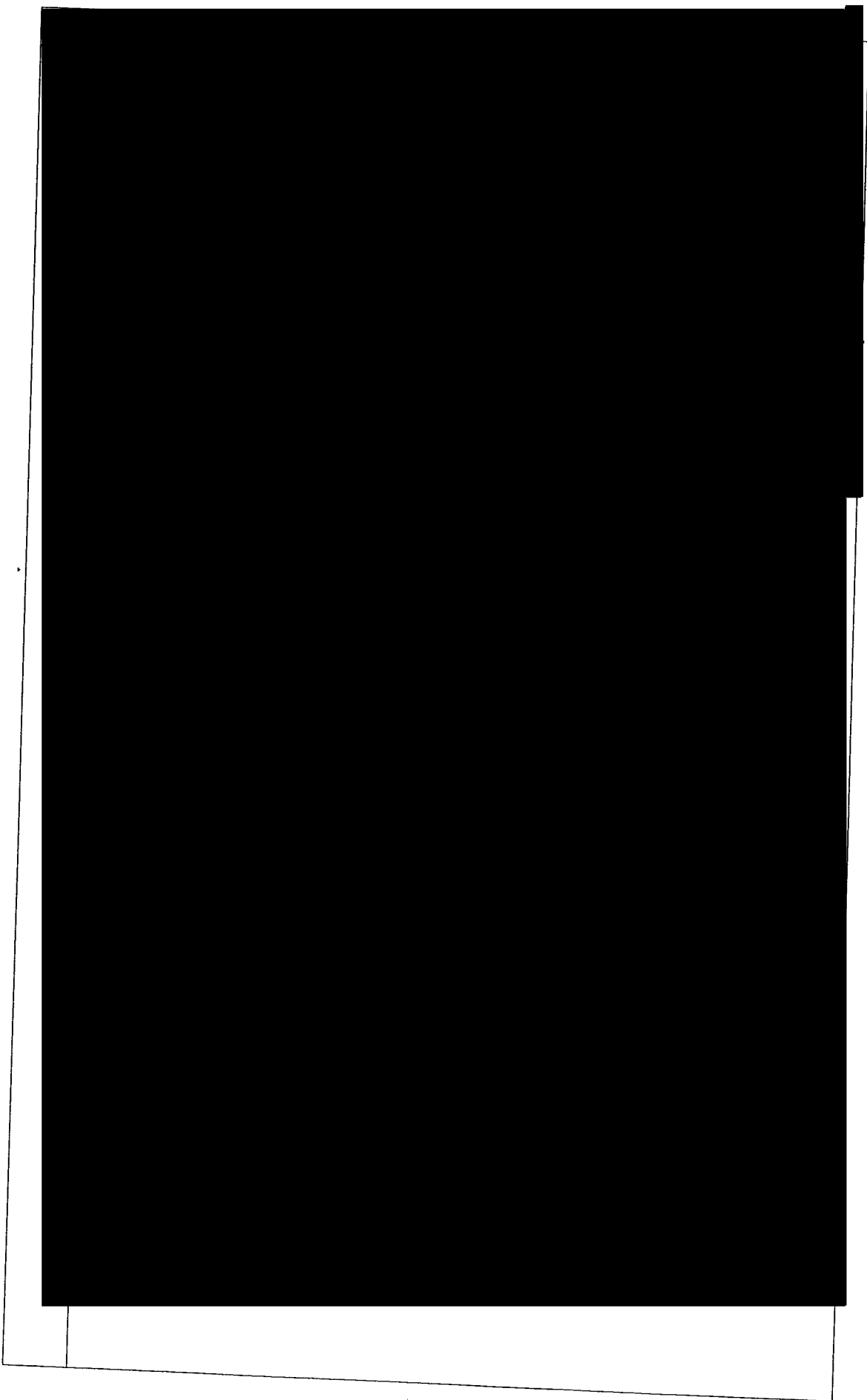
Mr O'Kane described the DHSSPS letter as a very difficult and unhelpful document which didn't inspire confidence. He said that he was still in the dark in relation to the financial position in 2005/6 and 2006/7.

In response to a point made by Mr O'Kane on the Gershon efficiencies Mr McKee said that there would dependence on central efficiencies and gave the example of the Central Services Agency which holds The Royal Hospital's budget for procurement. Mr McKee also referred to the fourth review of the waited capitation formula which could take £5 million per annum out of the Eastern Board area and would a substantial downturn on services at The Royal Hospitals.

Mrs Galbraith reminded the Board of Directors that a £25 million gap across Northern Ireland assumed the DHSSPS cash releasing savings had been achieved.

Mrs Galbraith answered a question from Mr O'Kane in relation to figures for Agenda For Change in paragraph 11 in the letter.





6. FINANCE

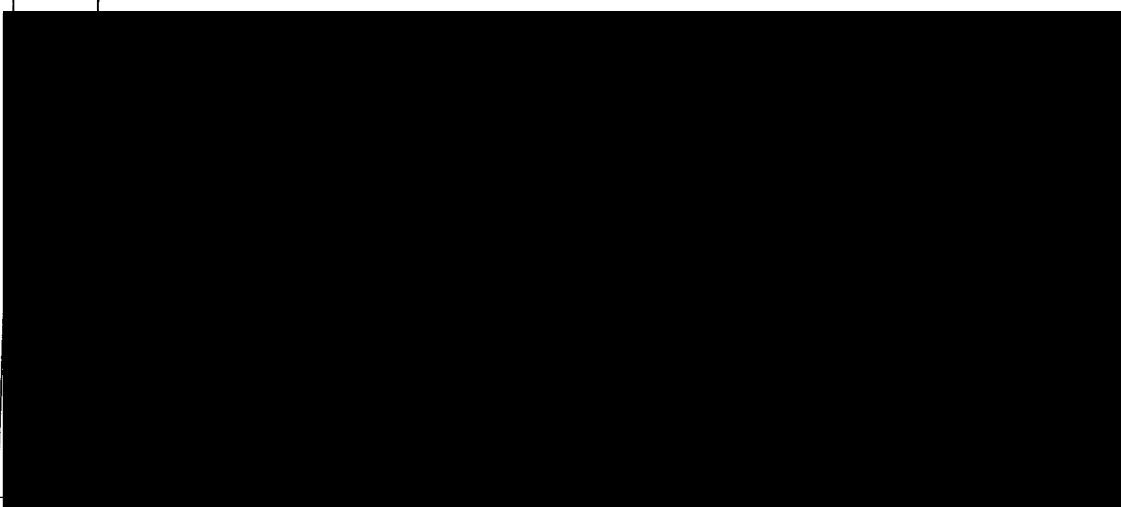
Mrs Galbraith referred to the draft budget and the discussion earlier. She reminded the Board of Directors of the requirement to break even and said that The Royal Hospitals may need a contingency plan which would have to be approved by the Board of Directors, Commissioners and the DHSSPS.

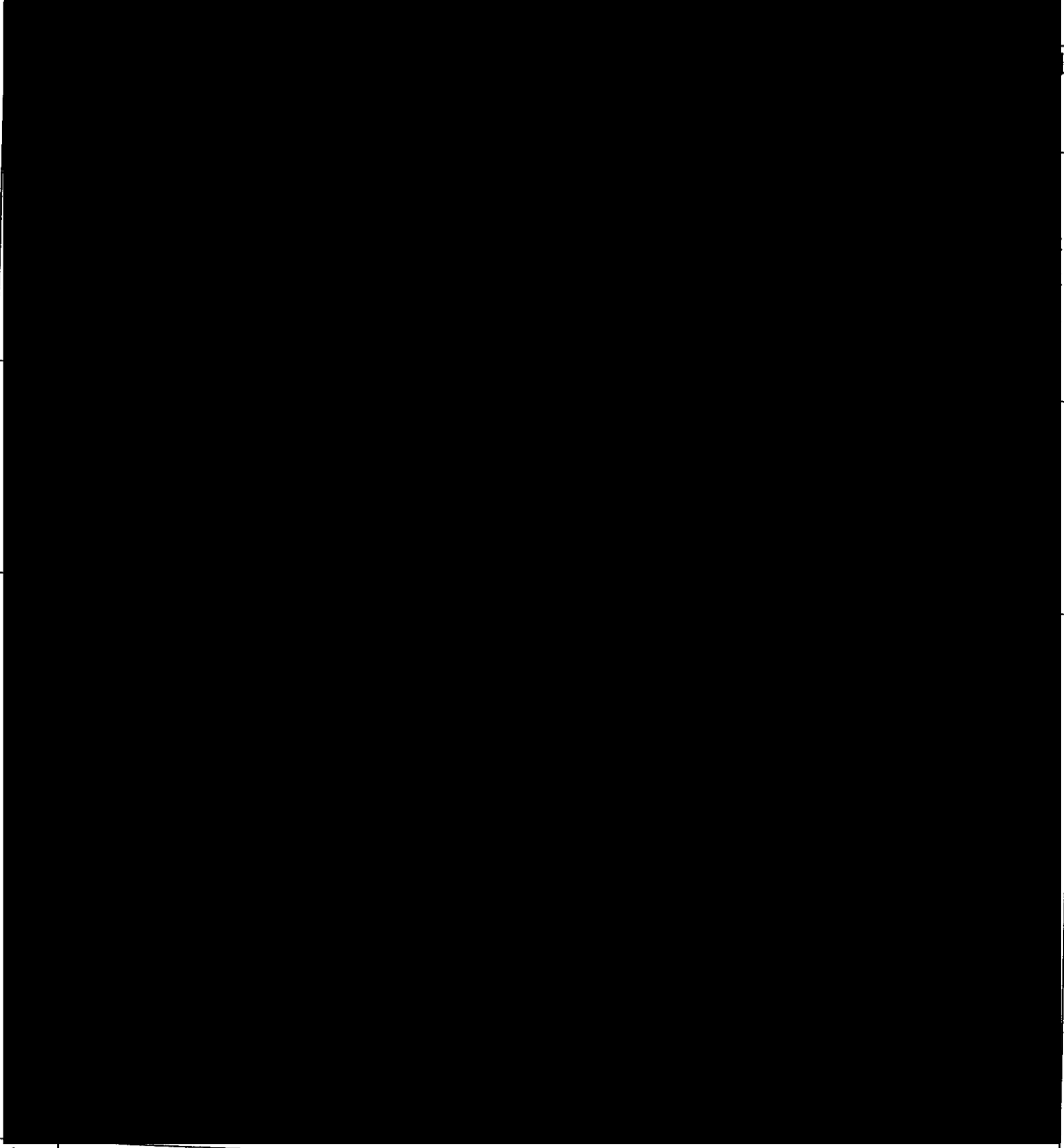
Mrs Galbraith said that the assumptions made this year had turned out to be incorrect and this had applied to everyone in the Northern Ireland public sector. In the past money that could not be spent was returned to the Department of Finance and Personnel and then passed on to departments that had overspent. Mrs Galbraith said that The Royal Hospitals had received such slippage funding in the past, through quarterly monitoring rounds.

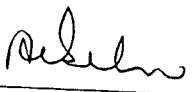
Mrs Galbraith said that work at Executive Team level had led to a reasonable expectation of breaking even by 31 March 2005 by extending the salaries and wages under spend. Mrs Galbraith said that Mrs O'Brien had developed a revised protocol on the use of agency nursing staff and this was being monitored at divisional level on a weekly basis. At the moment Mrs Galbraith said she was not putting a formal contingency plan to the Board of Directors and that she has informed the DHSSPS of this. She said she would keep this position under review.

In response to a question from Mr Caddy on the cost of Agenda For Change, Mrs Galbraith said that both Agenda For Change and the new consultant contract would have to be fully funded in 2005/6 and there were estimated amounts held at DHSSPS level. Mr Caddy pointed out that a 1-2% mistake in assumptions could mean very serious consequences for The Royal Hospitals.

Mr O'Kane said he was happy to endorse the action recommended by Mrs Galbraith and he suggested that the Board of Directors should write to the DHSSPS to note their support in relation to junior doctors funding protection. Mr O'Kane also referred to the nursing agency spend and said that this looked like a good plan. Mr McKee said that he was reassured by what Mr O'Kane said and pointed out that if The Royal Hospitals does not deliver there will have to be cuts on elective care.



	
11.	ANY OTHER BUSINESS – None
12.	DATE OF NEXT MEETING - The next meeting will be held on the 13 <sup>th</sup> January 2005 in the Boardroom, King Edward Building.

Signed:   
CHAIRMAN

Date: 13 Jan 2005