

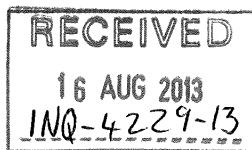


Business Services
Organisation

Directorate of Legal Services

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

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Your Ref:
AD-0612-13

Our Ref:
HYP W50/03

Date:
16th August 2013

Ms Anne Dillon
Solicitor to the Inquiry
Inquiry into Hyponatraemia-related Deaths
Arthur House
41 Arthur Street
Belfast
BT1 4GB

Dear Ms Dillon

RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS – RAYCHEL FERGUSON GOVERNANCE

I refer to the above and to your letter dated 30th July 2013.

Please find enclosed the following:-

1. Trust Board Agenda for meeting to be held on 6th February 2003 and document entitled "Information for Trust Board on Inquest". This is the document referenced in the table exhibited to Ms Brown's witness statement. Please note there are no Minutes for this meeting within the files.
2. Minutes of Trust Board meeting held on 7th November 2002.

Yours sincerely

John Johnston
Solicitor

Providing Support to Health and Social Care



ALTNAGELVIN HOSPITALS H&SS TRUST
Meeting to be held on Thursday, 6 February 2003 at 2.15 pm in the
Boardroom, Trust HQ, Altnagelvin Hospital

TRUST BOARD AGENDA

- 1 Presentation on Regional Strategic Resource Framework – Mr N Smyth, Director of Finance
- 2 Chairman's Remarks
- 3 Apologies
- 4 Previous Minutes for Approval - Trust Board meeting on 9 January 2003 (Enclosed)
- 5 Matters Arising from the Previous Minutes
- 6 Executive Directors' Reports – (Enclosed)
 - Finance
 - Business Services
 - Nursing
 - Estates
 - 6.1 Matters Arising from Reports
- 7 Reports from Statutory Committees
- 8 Purchase of Ultrasound for Vascular Service (Briefing Note in Finance Report) Mr Smyth
- 9 Medical Education at Altnagelvin (Enclosed) Mrs Burnside
- 10 Complaints and Commendations Summary (Oct - Dec 2002) Mrs Burnside
- 11 Any Other Business
- 12 Date of Next Meeting - 6 March 2003
- 13 Any Confidential Business
 - 13.1 Clinical Negligence Update (Enclosed)

CONFIDENTIAL

INFORMATION FOR TRUST BOARD ON INQUEST

The Chief Executive has previously briefed Trust Board in relation to the Inquest into the death of a child following an appendectomy in June 2001.

The inquest is set for hearing on 5th 6th and 7th February 2002. A number of Hospital staff have been asked to attend the inquest and are being supported through the process by the Medical Director and the Risk Manager.

Following this tragedy, the hospital held an investigation and immediately made changes to its procedures to ensure nothing similar happens again in Altnagelvin. In addition, the hospital's Medical Director met with the Chief Medical Officer for Northern Ireland, and proposed changes in these procedures and practices for other hospitals. As a direct result, new guidance from the Chief Medical Officer was issued to all hospitals in Northern Ireland.

The Hospital has prepared a press statement for release following the inquest.

**ALTNAGELVIN HOSPITALS H&SS TRUST
TRUST BOARD**

Amended Minutes

Minutes of the Trust Board meeting held on Thursday, 7 November 2002 at 2.15 pm
in the Boardroom, Trust Headquarters, Altnagelvin Hospital

PRESENT:

Mr D Desmond, Chairman
Mrs S Burnside, Chief Executive
Ms J Casey, Non-Executive Director
Mr M Doherty, Director of Personnel
Miss I Duddy, Director of Nursing
Mr G Guckian, Non-Executive Director
Mrs M Jefferson, Non-Executive Director
Mr R McCartney, Director of Business Services
Mr A Moore, Director of Estates
Dr G Nesbitt, Medical Director
Mr N Orr, Non-Executive Director
Mr N Smyth, Director of Finance

IN ATTENDANCE:

Mrs M McIvor, Executive Assistant
Mrs M Dunne, Communications Manager
Mrs T Brown, Risk Management Director

ACTION

I Presentation on the "Employer of Choice" – H PSS Strategy for Managing and Developing People

Mr Doherty made a presentation on the HPSS document, "Employer of Choice". His presentation covered the purpose of the strategy, the development of it, the underpinning values, the six main strands of the strategy, the proposed action plan and an update on progress to date both regionally and locally. Mr Doherty welcomed the creation of the Strategy and said he felt it was a beginning not an end. He said a lot of work remains to be done to develop it into a Human Resources Action Plan. Mr Doherty said the success in implementing the Strategy will depend on the commitment given to it from the Trust and all of the levels of management in the organisation

Ms Casey asked about the cost to implement the Strategy. Mr Doherty said this has not yet been identified. He referred to the proposals within Agenda for Change where the estimated percentage increase to move staff to standardised pay levels will be between 8 - 13%.

Mrs Jefferson asked if proposals put forward in the Strategy were already being taken on board. Mr Doherty replied that a lot of progress is ongoing. He expressed concern at isolated targets being set within documents such as Priorities for Action and felt a coherent approach was more appropriate.

Mr McCartney commented on his perceived lack of investment in staff by the NHS. Mr Doherty said he felt this was a supply and demand issue in that traditionally there has been more people available to work in the Health Service than required. However, he felt this environment has changed and that the response to this change has not been

made quickly enough. He said that the numbers for nurse and PAMs staff training has now increased but the positive affects of these changes will only be seen in the longer term.

Mr Desmond asked if there was any evidence of shortages of applicants for training. Miss Duddy said there was no shortage of applicants for pre-registration student nurse training. She said the Department of Health decided a number of years ago to reduce the number of places and that applicants were being lost to other places. Miss Duddy spoke of the need to develop a scientific tool linking patient dependency levels with nursing levels to enable good workforce planning.

Miss Duddy also commented that the move from apprentice style training for nursing to third level education has meant nurses want to choose where they will work and that areas such as general medicine, elderly, and physically disabled will have staffing problems.

Mrs Burnside said it had been a short-sighted view to reduce the number of training posts in the belief that there would be a resource of unqualified people to make up the gap. She said this did not happen and a very careful approach to workforce planning was now needed.

Mr Desmond thanked Mr Doherty for the comprehensive presentation.

2 Chairman's Remarks

- 2.1 Mr Desmond said he was very pleased to report that the three Consultant Haematologists have now taken up their posts.
- 2.2 The Trust's Response to "Developing Better Services" had been copied to the members for their information. Mr Desmond commended the document as a very concise view of Altnagelvin's position. He said he was not aware of the new Minister's intentions regarding moving forward on the matter. Mr Desmond said if it proved necessary, he would seek a meeting with Mr Browne in the near future.

2.3

[REDACTED]

DD

- 2.4 Mr Desmond referred to the visit made to the Hospital by Mr Iain Duncan-Smith, Conservative Party Leader on the afternoon of Saturday, 19 October 2002. Mr Duncan-Smith has sent a letter of thanks in which he states that he was greatly impressed by the dedication and sheer enthusiasm of the staff.

3 Apologies – Mr C Henry

4 Previous Minutes for Approval

The minutes of the Trust Board meeting held on 3 October 2002 were approved and signed by the Chairman, Mr Desmond.

5 **Matters Arising from the Previous Minutes**

5.1 *Item 11, Any Other Business* – Mrs Burnside said that the meeting with the Derry City Councillors to discuss Altnagelvin's position and the "Developing Better Services" document's proposals, took place on 18 October 2002. The opportunity was taken at the meeting to outline to the Councillors the potential vulnerability of services at Altnagelvin and the lack of room for complacency. Mrs Burnside thanked the team who had attended including the Medical Director and the Clinical Directors, Mr Bateson, Dr Reilly and Dr Moles. Mrs Burnside added that at the invitation of the Mayor, she and Dr Nesbitt attended a further meeting with the Councillors and the Western Health Board on Monday, 21 October 2002. She said that this had also been a very useful meeting and the Councillors were proposing to meet with the Minister, Mr Browne on the matter.

5.2 *Item 9 - "Delivering Quality" – Clinical and Social Care Governance Strategy* – Dr Nesbitt referred to the discussions at the previous meeting regarding the Clinical and Social Care Governance Strategy. He reminded the members that the Board had approved the proposed work to be undertaken within the Strategy but had sought a further discussion with regard to the proposed organisational structure at Clinical Governance Committee and Trust Board level.

Mrs Brown then provided a presentation with regard to the introduction of risk management in the NHS and the work that has been undertaken in this area at Altnagelvin since her appointment as the Risk Management Co-ordinator in 1996.

Mr Desmond thanked Mrs Brown for her presentation and for her enthusiasm in her approach to her work. (Mrs Brown left the meeting at this point)

Mr Desmond turned to the organisational structure issue. He said he felt that the additional responsibilities within clinical governance have not been addressed by the Department of Health and therefore could not be addressed within the Strategy. He said that the legislative changes will place a responsibility upon the Trust, and the Chief Executive as the Accountable Officer, to ensure a quality service. He therefore felt there must be arrangements in place to ensure this happens and to assure the Trust Board that the systems and procedures in place are effective and meet the Trust's obligations under legislation.

Mr Desmond said the Strategy proposes that the Clinical Governance Committee should comprise the full Trust Board and other co-opted members. He suggested instead that the Clinical Governance Committee could be a smaller group reporting to the Trust Board. He said that clinical governance was an enormous and complex matter and felt that for the Trust Board to take its responsibility seriously in this matter it must audit the process and not be involved in implementing it.

Mr Guckian said he had asked at the previous meeting whether the Trust Board can audit itself and felt the Clinical Governance Committee could not be of the same membership as the Trust Board.

Mr Desmond referred to the membership of the Trust's other statutory committees whereby the Remuneration and Audit Committees comprise Non-Executive Directors

with others in attendance for advice and expert experience.

Mr Guckian asked about the Chief Executive's position as Accountable Officer and if it was appropriate for the Chief Executive to be on the Clinical Governance Committee.

Dr Nesbitt said that the intention in the proposal had been to remove a bureaucratic layer from the structure. Mr Desmond said a balance needed to be maintained and spoke of the importance of independence and accountability.

Mrs Burnside agreed that the statutory committees should only be comprised of Non-Executive Directors but she said that there were concerns being expressed around the complexity of the agenda on this matter. She felt the balance was to ensure the establishment of a statutory Committee of the Board which can give time and detail to the work but with the attendance of expert officers. She suggested the Medical and Nursing Directors and perhaps the Chairman of Medical Staff or the senior merit award holder as the most respected professional could fulfil this role. Mrs Burnside suggested that a decision on the matter could be postponed to the next meeting. Mr Desmond said he would be interested to hear examples from places in Great Britain on the ways they have found to create the appropriate space and distance.

Miss Duddy said she has gathered information on a mix of models and will review these again. She said a lot of areas which started with complete lay membership, not necessarily Non-Executive Directors, had to revise their membership to ensure they received the expert advice and understanding. She said that a few Trusts in Northern Ireland have used the Trust Board as the Clinical Governance Committee.

Mr Orr suggested that a member from each of the statutory committees could be nominated to sit on the Clinical Governance Committee to ensure good linkages and communication of relevant issues.

Ms Casey spoke of the challenge in making a contribution to the complex work of the Committee. Miss Duddy said the challenge would be for the staff to provide the information in the right way to ensure understanding.

Mr Guckian said that the mix of membership would be affected if the role of the Clinical Governance Committee included an audit remit and not just a feeding in of information. Dr Nesbitt agreed that the role may need to include auditing of the Risk Management and Standards Committee. Mr Orr said the role of the Clinical Governance Committee would be to ensure the auditing is carried out but not for the Committee to undertake the auditing itself.

Miss Duddy said that the Risk Management and Standards Committee has a remit for setting and auditing the standards and will report to the Clinical Governance Committee. Accountability for the delivery of the standards will be through the management line. Miss Duddy agreed that there was an opportunity to create a separate Committee with a number of Non-Executive Directors. She felt the Medical and Nursing Directors' attendance could help aid the understanding. She also felt it may be useful to have other clinical staff involved.

Mr Guckian said that the membership could evolve. He asked about external

involvement eg, a patients' representative or the Patients' Advocate or a member of the local Health Council. Dr Nesbitt said he felt user involvement was essential but did not necessarily require to be a membership role in the Clinical Governance Committee.

Mrs Burnside said the discussions today were interesting and very useful. She said she felt strongly that the Trust Board will need an assurance on setting up the right structure. She said there was efficiency in having the Trust Board as the Clinical Governance Committee where the business could be conducted at the Board meeting with openness and transparency. Another alternative would be for the Chief Executive as the Accountable Officer to present the information to the Trust Board. However, Mrs Burnside said there were two issues in relation to clinical governance. It was about providing an assurance to the public that systems are in place to minimise the effects of risk and about the protection of the Trust's ethos that allows staff to acknowledge their mistakes and learn from them. She said the challenge was to balance both these things in a meaningful way. Mrs Burnside paid credit to the work that has already been done in the Trust to gain acceptance of this approach.

It was agreed that the members will give more thought to the structure and the membership of the Clinical Governance Committee and the decision will be postponed to the next meeting. It was also agreed that the work of the Risk management and Standards Committee will proceed and the baseline assessments will be sent out. Miss Duddy reminded the members that the Department has set a deadline for the first meeting of the Clinical and Social Care Governance Committee to take place before 31 January 2003.

ALL

- 6 **Executive Directors' Reports** – The reports from the Directors of Finance, Business Services, and Estates. Personnel and Nursing were taken as read.

6.1 Matters Arising from the Reports:

- 6.1.1 *Director of Personnel Report* – Mr Doherty referred to the item in his report regarding the new consultant contracts. He said the latest update is that the Department may go ahead to implement the new contract in Northern Ireland despite the national rejection of it.

- 6.1.2 *Director of Nursing Report* – Miss Duddy referred to her report which she said contained a joint proposal from the Chief Executive and herself for the joint appointment of a Chair in Nursing Research. Miss Duddy said it has been the Trust's strategy over the years to raise Altnagelvin's profile as a major centre for research and to develop strong links with the local university. She reminded the members that last year, two members of staff were offered Visiting Chairs by the University of Ulster. She said this proposal has been explored in principle with the University of Ulster for a joint appointment in nurse research not only for academic research but also for practice development and improvements in nursing practice. Miss Duddy said the financial implications were for a salary between [REDACTED]. She said that the University of Ulster has secured their half of the salary and are anxious to proceed. The remainder of the funding she proposed to seek from the Western Health Board.

Mrs Burnside said in her opinion the post was crucially important for clinical effectiveness research and the cost should be added to the cost of each procedure.

Miss Duddy said the post will bring great credit and could help to inform commissioning.

The proposal was approved by the Trust Board.

ID

6.1.3 *Director of Estates Report* - Mrs Burnside asked about the tender for the replacement of Spruce House. Mr Moore said the tender documentation is expected to be returned on 14 November 2002. A tender report will be prepared for the next Trust Board meeting. He said that if all goes according to plan, the successful contractor may be on site in early January.

6.1.4 *Director of Finance Report* - Mr Smyth referred to the financial position contained in his report for the period ended September 2002. He said the Trust position in-year remains financially solvent but the underlying funding problem on junior doctors' hours and cost pressures are still not resolved. These matters continue to be discussed with the Department and the Western Health Board in an effort to find resolution.

6.1.5 *Director of Business Services Report* - Mr McCartney informed the members that the Department has required that progress in regard to achieving waiting list targets must be reported to the Trust Board each month. Mr McCartney said that the format of the information currently provided in his report may change on this basis.

7 Reports from Statutory Committees

7.1 *Remuneration and Terms of Service Committee* - There was no business to be reported from the Remuneration and Terms of Service Committee. Mr Desmond informed the members that a meeting of the Committee has been arranged to take place following the Board meeting.

7.2 *Audit Committee* - Mr Orr reported that a meeting of the Audit Committee took place prior to the Trust Board meeting. The draft minutes will be presented at the next Trust Board. Mr Orr said an issue regarding a suspected external fraud was reported to the Audit Committee. He said the matter is under investigation and may be a matter that is endemic in Northern Ireland. The external auditor has been asked to ascertain the situation in other Trusts.

8 Equal Opportunities Monitoring Report - 2 January 2001 to 1 January 2002

Mr Doherty proposed that this item should be deferred to the next meeting. He said it would be more useful for it to be taken in conjunction with the three year report on the review of Article 55. This was agreed.

MD

9 Regional Supplies Service - Action Plan 1 April 2002 to 31 March 2005

Mr Smyth referred to the draft action plan for the Regional Supplies Service (RSS) for the next three years. He said the issues covered in the plan will be discussed in the regular formal meetings with RSS and the plan will be reviewed annually. Mr Smyth said the Trust's intention will be to further develop value for money issues, to secure best value in procurement and to ensure compliance with legislation.

Mr Desmond asked if there was a view on whether RSS provided value for money.

Mr Smyth said the indications that have been provided are that RSS performs well when benchmarked against other models. He said the Trust's main concerns were regarding increasing costs for the service provision and this is being discussed with RSS.

The draft Regional Supplies Action Plan was approved.

NS

10 Complaints and Commendations Summary Report – July to September 2002

Mrs Burnside referred to the quarterly information provided by the Patients' Advocate Officer. Mrs Burnside said that the number of complaints and concerns remains consistent with no remarkable upward trend despite the best efforts to make the complaints system as accessible as possible to people. She said the predominant categories for complaints are staff attitude, quality of care and waiting times. Mrs Burnside said the quarterly information will be assimilated into the clinical governance information that will be provided regularly to the Trust Board.

Dr Nesbitt drew attention to the larger proportion of thank you cards and commendations in comparison with the number of complaints. Mr Desmond said that from recent contacts he felt that the number of people who are complimentary about the care in hospital greatly outnumbers the number of people being critical.

Mr Guckian asked if the trends are reported annually. Mrs Burnside said that the information is reported in the Annual Report but that the fine detail of the strategic analysis has not been done since the difference in the proportions are so great. Miss Duddy said the new Risk Management Information System will set a baseline from now on against which trends can be shown year on year.

Mrs Burnside spoke of the importance in taking time to learn from complaints so that can be provided to the highest quality standards.

Mr Orr commented that the majority of complaints appear to be about soft issues and felt that few are about the treatment and care. He said he found it encouraging that the thank you cards, which are in greater proportion, are about the care.

11 Any Other Business

- 11.1 Mr McCartney reported that contingency plans have been made in preparation for the threatened strike action by the Northern Ireland Fire Authority. The contingency arrangements were approved by the Hospital Executive yesterday and precaution and vigilance has been increased.

- 11.2 Mrs Burnside reported that the 12 nurses recruited from the Philippines are expected to arrive at Altnagelvin at the end of November. She suggested a small reception to welcome them should be arranged to follow the December Trust Board meeting. This was agreed.

MMcI

- 11.3 Mrs Burnside informed the members that the Permanent Secretary, Mr C Gowdy, has suggested paying a visit to meet with the Trust Board members. It has been proposed to meet with him at lunchtime prior to the December Board meeting. The confirmed time for the meeting will be communicated to everyone at a later date.

MMcI

- 12 **Date of Next Meeting** The next meeting of the Trust Board will take place on – Thursday, 5 December 2003.

It was agreed to move to Confidential Business at this point to inform the members of a clinical matter.

- 13 **Any Confidential Business**

- 13.1 Mrs Burnside said it was the practice to inform the Board members of untoward matters before these would be reported in the media.

She informed the members that a Coroner's Inquest into the death of a child who died in the hospital's care has been set to take place over two days at the end of November. Mrs Burnside said the matter may attract substantial media attention. Mrs Burnside said the Trust was clear that the child should not have died in our care. Dr Nesbitt briefed the members on the circumstances of the case. He said this was a tragedy and said that a similar case had occurred in another hospital some time ago but no changes in care had arisen from it. Dr Nesbitt said that positive action has been taken arising from this case by informing the Chief Medical Officer and the Coroner with regard to the possible dangers in the use of IV fluids. He said that the staff involved met with the family to express their regret and their view that the child should not have died. He said the staff were unable to provide definitive answers for the family regarding the reasons for their child's death as this had been unpredictable.

Mrs Burnside said the Trust's only comment to any media enquiry will be to again offer our sympathy and regret to the family.

SIGNED _____ DATE _____
Chairman