

Sub/191/2005

FROM: Andrew Hamilton

cc Secretary
Board Members

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Minister

**PUBLICATION OF PHASE 1 REPORT OF RISK AND
GOVERNANCE REVIEW OF KEY ACUTE SERVICES AT
SPERRIN LAKELAND TRUST**

Issue: Following approval by the Trust Board, Sperrin Lakeland Trust will place the phase 1 report of its ongoing Risk and Governance Review of Key Acute services on its website on Thursday 19 May, thus placing the findings and conclusions of this phase of the review in the public domain.

Timescale: Immediate.

FOI Implications Fully disclosable.

Presentational Issues: The review has highlighted a number of deficiencies in the governance arrangements of the Trust. The Report is likely to attract significant critical media coverage. This could lead to increased public concerns about local services exacerbating an already difficult situation given the future planned withdrawal of inpatient acute

**services from the Tyrone Country
Hospital at Omagh.**

Recommendation: To note the background to this issue, the summary of findings of the review, the Trust's handling arrangements and the line to take.

BACKGROUND

2. There are a number of strands to the background to this issue which are summarised below.

a. **Proposed changes in acute services**

Sperrin Lakeland Trust provides acute and community health and social care services to some 120,000 people living in the south west of Northern Ireland. Its population is rurally dispersed, and the road network of the area consists of 'A' and 'B' class roads. There are no motorways. Its acute services are provided at two market towns, Enniskillen and Omagh and there are difficulties in providing modern safe acute services across both sites.

In February 2003 the then Minister Des Browne outlined a new configuration of acute hospitals for Northern Ireland, working as a network and supported by a number of local hospitals. That announcement included the decision to develop a new acute hospital for the South West to be located to the North of Enniskillen. The Minister also announced that the Tyrone County Hospital in Omagh would evolve into a local hospital forming a key part of the network of services for Northern Ireland in general and the people of

Fermanagh and Tyrone in particular. The local hospital however would not provide inpatient acute services.

There is considerable resistance in the Omagh community, lead by an active campaign group, to the implementation of the Ministerial decision. A local general practitioner was elected in the local Assembly elections on the single issue to protect local hospital services. The campaign has led to considerable antipathy towards the Trust in the local community.

b. **Concerns regarding the provision of services**

Over the last year the provision of a safe anaesthetic service, which is fundamental to surgical, A&E and critical care services has posed particular problems for Sperrin Lakeland Trust. The service at Omagh is sustained through the substantial use of locums, with on call arrangements particularly stretched. At Enniskillen the arrangements are more robust but they are by no means ideal.

There are also vulnerabilities associated with paediatric and surgical services provided by the Trust.

In November 2004 the Department received a copy of a letter sent to the Trust's Director of Medical Services issued by senior clinicians in the Trust referring to "the impending collapse of anaesthetic services at Tyrone County Hospital" in Omagh. On receipt of this the Department wrote to the Trust 'requiring' it to undertake an immediate risk assessment of key acute services at the Hospital.

The actions of the Trust (among others) are also currently subject of a public inquiry into the deaths of three young children over the last decade due to hyponatraemia. This was initiated by Angela Smith following allegations of a cover up of the deaths in a local TV programme. An associated police investigation is also underway.

c. **Commissioning of the Risk and Governance Review**

Against the background of concerns over its clinical governance arrangements the Trust decided to take forward a wide ranging review of its clinical governance arrangements under the direction of an independent chairperson (see appendix 1). The first phase of the review was to validate the risk management arrangements the Trust had put in place to sustain anaesthetic services in response to our requirement above. It is these arrangements which are the subject of the current report. In addition to examining critical care services, the Report also comments on wider clinical governance arrangements within the Trust.

d. **Cessation of intensive Care Services at Tyrone County**

Finally, Minister needs to be aware that shortly after the Review commenced, a decision was taken to cease providing intensive care services at the Tyrone County Hospital, restricting services of the critical care unit to a 'High Dependency Unit'. Although this was due initially to staffing difficulties, emerging findings of the Review confirmed the appropriateness of that decision.

FINDINGS OF THE REVIEW

3. A copy of the Report is at Appendix 2. Key findings of each aspect of the service examined are set out below.

Critical Care Services at Tyrone County Hospital, Omagh

4. Given the significant challenges of providing critical care services at the Hospital the Review team has recommended that the Hospital currently should continue to provide an HDU service (only) and if a patient requires intensive care then they should be stabilised and transferred when a bed has been identified elsewhere.
5. Detailed findings include:
 - “Staff are extremely committed to sustaining the service in order to maintain an HDU/ICU provision for the people in and around Omagh. This is clearly demonstrated in the often unquestioning goodwill of staff to provide such a service, sometimes during times when they feel uncomfortable about the degree and level of professional cover and consequently, on a regular basis, place themselves and patients in potentially compromising situations for the best intentions.”
 - “We heard of a considerable number of examples of where adverse clinical incidents had occurred, where staff had reported such incidents formally and informally, where they received little or no feedback and where nothing had been done about the incident. Some of these incidents potentially involved poor clinical performance where remedial training may have been appropriate.”

Critical Care Services at Erne Hospital, Enniskillen

6. The Review team has recommended that, subject to additional support arrangements including the establishment of residential cover, the current ICU/HDU service at the Erne can be maintained in the short to medium term.
7. Detailed findings include:
 - "Currently the critical care service is endeavouring to provide a two-tier anaesthetic rota. This typically involves a first on-call Staff Grade or locum who is residential and a second on-call off-site Consultant Anaesthetist. We were however made aware of occasions where there have been ventilated patients on ICU, no second anaesthetic tier and the on-call Consultant has been on-call off site. This poses significant risks to staff and patients."
 - There have been examples given where locum anaesthetic staff have not fulfilled their duties and have provided a significantly sub-optimum service for patient and staff on HDU/ICU. This has been reported on a number of occasions."

Common Critical Care themes across both sites

8. A number of common themes were identified by the Review. These include:
 - "It is essential that there is clear medical accountability and responsibility for the care of a patient. We heard of occasions where patients were admitted to HDU under another specialty,

without the necessary knowledge and skills for managing high dependency patients, with limited input from anaesthetics and the patients have subsequently deteriorated.”

- “The review team were made aware of many incidents where there were concerns expressed in relation to surgical technique and little was done until a clinical incident had occurred.”

Wider Organisational Issue

9. The Review team also commented on wider organisational issues regarding these as essential contextual information regarding the environment in which critical care services were delivered. Detailed findings include:

- “There is a need for the Trust to significantly strengthen its governance arrangements. There is a lack of clarity regarding organisational accountability, responsibility and decision-making in the Trust.”
- “There is a capacity and capability gap in the leading, planning and managing of change within the organisation.”
- “The clinical governance arrangements throughout the Trust need to be significantly strengthened. Although a structure has been established staff do not have confidence in it.
- “There are significant gaps in risk management at all levels of the Trust. Consequently there is no systematic risk management

system within the Trust. This poses a significant risk to patients and staff and needs to be led and managed effectively.”

- “The identification and management of clinical incidents needs to be managed more effectively and strongly connected to the supportive management or poor performance. The current arrangements are unsatisfactory and not robust.”
- “The Trust urgently needs to strengthen the risk management arrangements through the organisation and address any backlog in managing reported incidents to ensure clinically safe practice.”
- “To manage the many challenges within SLT, the leadership throughout the organisation needs to be significantly strengthened.”
- “At no time has any individual within the Trust been surprised at the content of the feedback [from the review team]. Consequently it is fair to say that many of the issues identified ... have been known to the Trust and the wider health community for some time.”

PROPOSED HANDLING ARRANGEMENTS

10. Members of the Trust Board have considered a first draft of the report and the findings have been shared with an ‘Assurance and Implementation Group’ consisting of clinical staff. The final draft of the Report is due to be considered by the Clinical Governance Committee of the Trust on Thursday following which the Report will be placed on the Trust’s website and hence in the public domain.

11. The Trust is committed to an open and transparent process. It has committed itself to sharing the Report throughout the organisation in order to secure buy in to the process on which it must now embark to address the issues raised by the Report. There are significant expectations that the Report will be made available, and not to do so would give rise to concerns regarding secrecy and cover up.

12. When the Report is made available, however, the Trust will commit itself to bringing forward an action plan to its formal Board meeting on 16 June, when it will set out details of how it will take the report forward. To that end a form Reference Group is being established consisting of Trust, Department and WHSSB staff to develop the action plan. All three parties are currently working on a draft press release to accompany the release of the report. This is likely to emphasise that:-

- the Report has been commissioned by the Trust itself to assess and improve the clinical governance arrangement currently in place;
- this demonstrates the commitment of the Trust to safe practice and to the open and transparent review of the steps and arrangements put in place to achieve this;
- inevitably the robust process adopted has identified a number of weaknesses which will need to be addressed and an action plan to this effect will be developed and brought to the Board at its meeting on 16 June;
- the Review has concluded that currently the Tyrone County Hospital will continue to provide HDU services; both ICU and HDU services will continue to be provided at the Erne Hospital.

COMMENT

13. This Report has identified very serious weaknesses in the clinical governance regime of Sperrin Lakeland Trust, which have had the effect, as the Report indicates, to place patients and staff in potentially compromising situations. We have very particular concerns about the lack of follow up of reported adverse clinical incidents identified by the Review and its comments on the wider organisational issues, particularly the capacity and capability gap in leading planning and managing of change within the organisation.
14. It should however be recognised that there have been previous independent assessments of the governance arrangements at the Trust. These have not demonstrated particular problems at Sperrin Lakeland. However they were more limited in scope than the current exercise.
15. Nor should we underestimate the management task presenting at Sperrin Lakeland in sustaining services at both sites over a period of time in the absence of any clear strategic direction until Des Browne's announcement in 2003. Since then the Trust has been endeavouring to implement Ministers' wishes to ensure that no acute services are withdrawn from Tyrone County Hospital – until appropriate provision is available elsewhere. Indeed the ministerial decision has exacerbated tensions in relationships across both sites rendering effective team work difficult and contributed to a volatile political environment marked by mistrust between the local community and the organisation. In such circumstances one can understand a reluctance on the part of the Trust to face challenges which might lead to further difficulties with the local community.

16. In terms of overall performance in other areas, the Trust's performance in delivering against the targets set annually by the Department is broadly in line with other Trusts. In particular it has successfully reduced hospital waiting lists and waiting times and the position now is that its maximum waiting times are lower than a number of other Trusts in Northern Ireland.
17. Nevertheless this Report has identified a number of serious issues with regard to the application of robust clinical governance arrangements within the Trust. These undoubtedly will be picked up by the local media and will present a further opportunity for those so inclined to direct serious criticism towards the Trust. However irrespective of how the issue plays in the media, the Department will, substantively, have to satisfy itself that the proposed actions of the Trust are sufficient to fully and properly address the issues raised.
18. In the interim, lines to take are set out below.

LINE TO TAKE

- This Report represents the findings of the first phase of a very comprehensive review commissioned by Sperrin Lakeland Trust, of the clinical governance arrangements in the Trust.
- The Trust is to be credited for initiating this exercise, which in itself demonstrates a commitment to patient safety and good practice.
- Inevitably, the robustness of the review has identified a number of issues which must now be addressed. The Trust has signalled its intention to develop an action plan to address

these and this will be considered by the Trust Board at its planned meeting on 16 June.

- The Trust will be working closely with professional and clinical staff to ensure that the issues identified by the Review are properly addressed.
- The Department will ~~wish to satisfy itself~~ want to make sure that the issues raised by the Review are fully and properly addressed by the Trust in its action plan and subsequent implementation arrangements.
- With regard to the review of critical care services the Report has recommended that TCH continues to provide HDU services and that ICU and HDU services will continue to be provided at the Erne Hospital. Final decisions with regard to the profile of services will be subject to consideration by the Trust on completion of phases 2 and 3 of the Review and any proposed permanent changes will be subject to full public consultation.

RECOMMENDATION

18. It is recommended that you
1. note the background to this issue
 2. the summary of findings of the Phase 1 Review
 3. the trust's proposed handling arrangements
 4. the line to take.

Andie Hall

ANDREW HAMILTON

APPENDIX 1

Risk and Governance Review

The Review is being taken forward under the auspices of a Steering Group consisting of an independent Chair, Dr Terence Lewis, Medical Director of the Plymouth Hospital NHS Trust, and representatives of the Department (myself and Dr Ian Carson, DCMO) the Western Health and Social Services Board (which has responsibility for the commissioning of services in the local area), the Western Health and Social Services Council (the local consumer body), representatives of the Trust and a non-executive member of the Trust.

The objectives of the review were:

- To assess the effectiveness of the Trust's clinical and social care governance arrangements including the extent to which the Trust's Clinical and Social Care Governance strategy has been operationalised across all acute care specialties
- To identify and assess service and practice-specific risks and the effectiveness of current arrangements to manage these risks.
- To make recommendations and develop a comprehensive action plan: to improve the effectiveness of governance arrangements within the Trust, both at specialty-specific and corporate levels; to address and manage key risks in the short and medium term, until the new hospital is established; and, to ensure the delivery of high quality and safe

services to the Fermanagh and West Tyrone population in the longer term.

The detailed work is being carried out by members of the NHS Clinical Governance Support Team and this is planned to be taken forward in 3 phases

- Phase 1: Validation of the Trust's initial risk assessment of anaesthetic and critical care services (the subject of the current report).
- Phase 2: A detailed diagnostic for clinical and social care governance across the Trust.
- Phase 3: Action planning for consideration of the findings from phase 1 and 2.