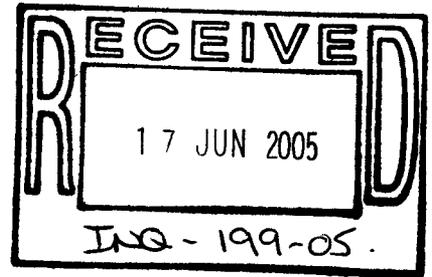


14 June 2005

Ms Fiona Chamberlain
Solicitor to the Inquiry
The Inquiry into Hyponatraemia-related Deaths
3rd Floor
20 Adelaide Street
Belfast
BT2 8GB



Dear Ms Chamberlain

INQUIRY INTO HYPONATRAEMIA-RELATED DEATHS

I refer to your letter of 17 May 2005 and with regard to the five questions would respond as follows:

Question 1**Please explain the role and responsibilities of your Trust**

United Hospitals Health and Social Services Trust was established by the United Hospitals Health and Social Services Trust (Establishment) Order, made under Article 10 (1) of and Paragraphs 1, 3, 4, 5, and 6 (2)(d) of Schedule 3 to the Health and Personal Social Services (NI) Order 1991, which came into operation on 9 November 1995. In the Order, the Trust functions are described as: '.....to own and manage hospital accommodation and services provided at Antrim Hospital..., Massereene Hospital..., Mid Ulster Hospital..., Moyle Hospital..., Braid Valley Hospital... and Whiteabbey Hospital and associated premises.'

The HPSS Management Executive's publication *HSS Trusts: A working guide* (HMSO 1991) states that 'Hospitals and other health and social services facilities will be responsible for providing efficient and effective health and personal social services to meet the needs identified by Boards.'

There is no managerial relationship between the Trust and the NHSSB. The Trust Board is accountable to the Department for the implementation of the various structures and processes necessary to underpin sound financial, organisational and clinical and social care governance, within which the Chief Executive as Accountable Officer has a personal role with regard to the Trust's financial responsibilities, reporting directly to the Permanent Secretary. The relationship with the Northern Board is that of Commissioner/Provider. In fulfilling its statutory role as commissioner of services, the Board enters into a Service

Awarded for Excellence



- Trust Physiotherapy Service
- Children's Services, Mid-Ulster Hospital
- Catering Department, Antrim Area Hospital
- Outpatient Department, Mid-Ulster Hospital
- Reception Service, Antrim Area Hospital
- Day Procedure Unit, Whiteabbey Hospital
- Day Surgery Unit, Antrim Area Hospital
- Day Rehabilitation Unit, Whiteabbey Hospital
- Hotel Services, Mid-Ulster Hospital
- Neonatal Unit, Antrim Area Hospital
- Theatre Department and Acute Pain Clinic, Mid-Ulster Hospital

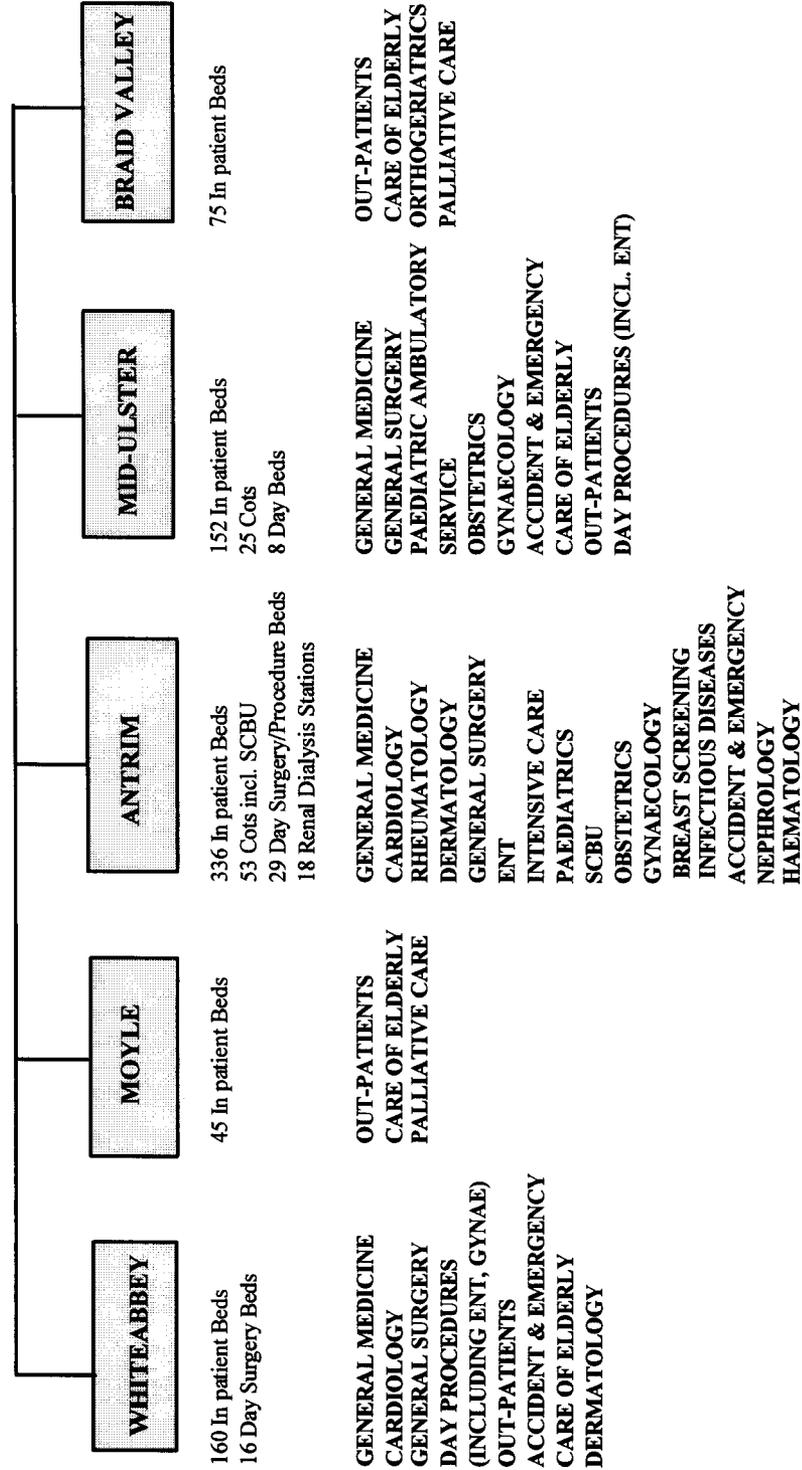


INVESTOR IN PEOPLE

and Budget Agreement with the Trust which specifies the quantity, quality and efficiency of the services commissioned as specified in the Health and Wellbeing investment Plan for approval by the Department.

The services provided by the Trust at each of its hospitals are shown in the diagram below.

SERVICE PROFILE



Question 2

Please explain the interaction between the Trust and (i) the Health Board, (ii) the other Health Trusts within Northern Ireland

(i) United Hospitals lies in the Northern Health and Social Services Board's area, and the NHSSB is the Trust's main Commissioner of services although the Trust has boundaries with the other three Boards and provides some services to their residents also. The Trust enters into an annual Service and Budget Agreement (SBA) with Commissioners, which specifies the volume of services to be provided for a contract sum. The SBA generally also contains quality and other requirements, specified by Board Programme of Care (POC) Teams (see under question 1 above).

Trust officers would have regular informal contact with Board officers, but there are also formal meetings, in particular the monthly Service and Performance Monitoring meetings at which performance against the SBA is reviewed, and both Board and Trust have the opportunity to raise operational issues.

The Trust is also a member of several groups chaired by the Northern Board, including the *Developing Better Services* Project Board and the Local Health and Social Care Economy Group. The other two Northern Area Trusts, Causeway and Homefirst, are also members of these strategic groups.

(ii) The Trust's closest relationships are with Homefirst and Causeway Trusts. Homefirst has the same geographical area as United, providing community services while United provides acute hospital services. United also provides Physiotherapy, Dietetic and Orthoptic services to the community while Homefirst provides Occupational Therapy, Speech and Language Therapy, Podiatry and Social Work services to hospitals under a Common Services Agreement.

Causeway, which is a combined hospital and community Trust, is also party to a more restricted Common Services Agreement, but provides all laundry services to United. There are also links between some clinical services, in particular Laboratory, Paediatrics, ENT and Rheumatology where United is the lead Trust, and Urology and Dermatology where the service is shared.

United also has relationships with several other Northern Ireland Trusts. At the simplest level, Consultants from other Trusts, especially regional specialties, provide a range of Outpatient clinics in Trust facilities. This includes Orthopaedics, Ophthalmology, Neurology, and Maxillo-Facial Surgery. Antrim Area Hospital is the Cancer Unit for the Northern Area, and therefore engaged in Multi-disciplinary Teams involving clinicians across a range of Trusts specialising in particular cancers. There are also clinical links between all Intensive Care Units and the Regional Intensive Care Service based at the Royal Victoria Hospital. The NICATS service to retrieve critically ill patients from hospitals with no ICU or no available beds is provided from the RVH. Children requiring specialist Paediatric Intensive Care are also transferred to the Royal Hospital for Sick Children.

Question 3

Please explain how the Trust monitors the education and continuous development of its doctors and nursing staff. If there is an induction pack provided to doctors and nurses coming to work within the Trust for the first time please provide a copy of the same

All Registered Nurses undergo the Trust General Induction Programme. This is then followed by an Induction Programme for newly registered/employed nurses and midwives, which begins with a 3 day taught programme. A copy of the Induction Programme is attached.

The programme comprises of 3 modules.

Module 1 includes initial induction up to one month

Module 2 is 2 to 6 months

Module 3 can continue up to 2 years after taking up employment, depending on the individual's previous experience.

Each newly appointed nurse has an identified Preceptor and is issued with a Personal Record and Development folder.

There is an expectation that the nurse will work closely with her Preceptor during the first 6 months and complete the development folder as necessary.

This development folder will inform the decision to confirm employment after the 6 months probationary period.

Trust policy is that all nurses have an annual SDPR and annual Development Plan.

The Nursing Education Group carries out an annual needs assessment to identify skills and expertise required on an ongoing basis, in order to meet patient needs and new developments in service provision and this feeds into nurses' Development Plans.

All Junior Doctors receive a General Induction - copy of pack included. This is followed up by a Departmental Induction which varies according to the speciality they are working in.

Within each speciality there is an Education Supervisor who is responsible for co-ordinating and monitoring the training of Junior Doctors working within the speciality.

Each Junior Doctor has a Record and Development Folder, which they are responsible for maintaining. The Trust's Post Graduate Centre maintains records of those Junior Doctors who attend training programmes run by them.

New Consultant staff are issued with a folder of information as part of their Induction and in addition arrangements are made for them to meet with Senior Officers of the Trust. A revised programme has recently been developed for Consultant staff. Consultant staff are provided with an agreed level of funding over a 3 year period to support their individual professional development and continuing medical education, this is reviewed as part of the Annual Appraisal process.

Question 4

Please explain the role of the Trust in the education and continuous development of doctors and nurses coming from overseas to work within the Trust. If there is an induction pack provided to such staff please provide a copy of the same.

In addition to the Induction Programmes identified above overseas nursing staff specifically recruited by the Trust through a Recruitment Agency go through an Adaptation Programme (copy attached) prior to gaining Registration. On completion of the Adaptation Programme an assessment of competencies and or recommendations for registration is made.

Overseas doctors are made aware of International Medical Graduates Induction Day (copy attached) which is run by the NI Medical & Dental Training in addition to joining the Trust Induction Programme.

Question 5

Please explain the system in place within the Trust for the dissemination of information learned as a result of Coroner's Inquests or other events both within the Trust to the Board and to other Health Trusts within Northern Ireland

In relation to Coroner's cases either an incident form or a ward form is completed when a patient's death has been reported to the Coroner and this is forwarded to the appropriate Clinical Director and in turn to the Governance Unit. When this form is received statements are obtained from the relevant staff involved and the Medical Director decides whether or not a further investigation is required or if any recommendations should be put in place to reduce the likelihood of recurrence in the future. If there are any issues which the Medical Director feels need to be addressed he will write to the appropriate Senior Officer(s) and ask them to ensure these recommendations are implemented.

If the death is felt to come under the definition of a Serious Adverse Incident (Circular HSS PPM 06/04) the death is reported to the Department of Health, Social Services and Public Safety (DHSSPS), the Northern Ireland Adverse Incident Centre (NIAIC), the Health and Safety Executive (HSE) and the Northern Health and Social Services Board if appropriate. In Circular HSS (PPM) 06/04 (Para. 17) on arrangements for "Reporting and Follow-up on Serious Adverse Incidents: Interim Guidance" the Department advised that it would, "collate information on incidents reported to it through this mechanism and provide relevant analysis to the HPSS". However, these bodies will have their own arrangements for wider communication with other Trusts and Agencies and United Hospitals Trust would suggest that they are approached directly for that information.

Following the Inquest hearing a review of the case is completed. The Medical Director and the administration staff will establish if the Coroner has made any recommendations which have not previously been implemented and if so action is taken at this stage to implement these within the Trust. A 'bring forward' system is in place to ensure these recommendations have been implemented within the Trust. It is our

experience that if the Coroner feels there are issues which need to be addressed by all Trusts/Boards he will write to the Department of Health.

If you have any queries please contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'J. Mitchell', written over a horizontal line.

Mr J B Mitchell
Chief Executive

jbm/nk