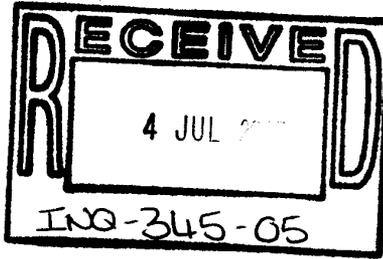


Ulster Community & Hospitals Trust
Health & Care Centre
39 Regent Street
Newtownards
Co. Down
BT23 4AD

Tel: [REDACTED]
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Ms F. Chamberlain,
Solicitor
Inquiry into Hyponatraemia – Related Deaths
3rd floor
20 Adelaide Street
BELFAST, BT2 8GB

30 June, 05

Dear Ms Chamberlain,

Re: Inquiry into Hyponatraemia – Related Deaths

Further to your letter of 17th May regarding the above I wish to respond as follows to the questions raised in your correspondence.

1. Responsibilities and Role of Trust

The Ulster Community & Hospitals Trust was established on 1st April, 1998 in accordance with Schedule 3 of the Health and Personal Social Services (Northern Ireland) Order 1991. The Trust is authorised to exercise relevant statutory functions which may be delegated to the Trust by Health and Social Services Boards by virtue of the Health and Personal Social Services Order (NI) 1994.

The Trust is a combined community and acute hospitals organisation which provides integrated Health and Social Services to a population of some 150,000 in the North Down and Ards Council areas and acute hospital services to a population of 260,000 in a wider catchment incorporating a substantial proportion of East and South Belfast.

The Trust covers a wide geographical area which includes inner city, urban, rural and agricultural areas. The Trust employs 5500 full and part-time staff and comprises a unique configuration of services including the provision of district general hospital services at the Ulster Hospital, and a comprehensive range of health, social and primary care services for the North Down & Ards localities. Additionally, the Trust provides services beyond its immediate community and acute catchments in terms of the following:

- Regional Plastic and Maxillo-facial services
- Laser, Paediatric and Fracture Services in particular to the Down & Lisburn area
- Lakewood Regional Childcare Centre for both secure and non-secure specialist childcare services to the population of Northern Ireland under 18

The Trust has adopted a broad and holistic view of how people choose to live their lives. The approach recognises that their health and wellbeing, their education, employment, physical environment and psycho-social support networks are inextricably linked together.

The Trust is a smoke free organisation



Awarded for Excellence

Child Health Directorate • Specialist Breast Care Service • Mental Health Out-Patient Centre
Intensive Care Unit • Learning Disability Services • Dakota Avenue Hostel • Continence
Service • Community Stroke Rehabilitation Scheme • X-ray Department • Community Dental
Service • Hospital Stroke Unit • Occupational Therapy Service (DHCE) • Special Care Baby
Unit • Colorectal Nursing Service



WSG 5001

The range of Health and Social Services provided by the Trust includes:

Accident and Emergency Department	Maternal and Child Health
Anaesthetics	Family Planning/Cytology
Audiology	Family and Child Care Social Services
Breast Care Services	Child Protection
Cardiology	Childrens' Residential Homes:
Clinical Haematology	- 3 differentiated local homes
Dermatology	Regional Residential Centre for
Diabetes Care	Children and Young People
Ear, Nose and Throat Surgery	Primary Health Care
Elderly Care Medicine	- District Nursing
Endocrinology	- Health Visiting
Gastroenterology	- Liaison Nursing
General Medicine	- School Nursing
General Surgery	- Specialist Nursing Services
Gynaecology	Dental Care
Laboratory Medicine	Mental Health Services
Maternity Services	- Inpatient
Ophthalmology	- Day Hospital
Regional Oral/Maxillo-Facial Surgery	- Outpatients
Paediatrics	Community Drug/Alcohol Services Paediatric
Surgery and ENT	child, adolescent and Pain Service
Psychology – adult services	
Regional Plastic Surgery	Child and Adolescent Psychiatry
Radiology	Drug and Alcohol Services
Respiratory Medicine	Community Social Work and
Rheumatology	Psychiatric Nursing Service
Trauma and Orthopaedics	Elderly Care and Community Support
Urology	Service
Vascular	Physical Disability and Sensory
Renal/Haemodialysis Service	Impairment:-
Linkages with Queens University	- Services for Deaf People
in terms of Medical Staff Training and	- Services for People with visual
Education	impairment
Linkages with University of Ulster and	- Day Care
Queens University, Belfast in relation	- Community Support, training and
to Training and Education of Nurses,	Education
AHPS and other professionals	Learning Disability
Ulster Institute of Telemedicine	- 3 Training and Resource Centres
	providing circa 340 day care places
	- Residential Care/Respite Care
	- Supported Living
	Elderly Mentally Infirm
	Care Management
	Health Promotion and Community Health
	provision

The Ulster Hospital has 614 beds and provides emergency and planned care treatment. It is a designated cancer unit in addition to providing the regional plastic and maxillo-facial service for Northern Ireland. The Ulster Hospital has the busiest A&E department in the province providing 24 hour cover 365 days of the year.

Over and above the Ulster Hospital two community hospitals are located in the community catchment, one in Bangor and the other in Newtownards, both of which offer community care and treatment services, minor injuries units, outpatients departments, GP inpatient wards, and A.H.P. Service. A Day Procedure Unit is also in operation on the Newtownards site.

In addition to services provided directly, Trust staff work closely with the private and independent sectors, for example, Mencap, Barnardos, Praxis, private sector nursing homes. The Trust also participates in Community Development initiatives and works closely with local councils and other statutory and non-statutory bodies.

2. Interaction between the Ulster Community & Hospitals Trust, the Eastern Health and Social Services Board and other Trusts

The Trust works closely and on a collaborative basis with the Eastern Health and Social Services Board and other Health and Social Services Trusts. The Eastern Board is the major commissioner of services provided by the Trust. Linkages with the Eastern Board ensure that clinical and professional issues fully inform the commissioning services. Similarly the partnerships between the Eastern Board and Trusts is premised on formal managed network arrangements and specific speciality liaison and collaborative working.

In many instances the interaction between HSS Boards, Trusts and allied organisations allows a focus on key service issues, particularly in terms of clinical and professional priorities and case specific issues. The Health and Personal Social Services structures in Northern Ireland encourages and facilitates critical dialogue on clinical and service priorities. Essentially the integrated HPSS structures in Northern Ireland while complex do not act as an impediment to co-operation and collaboration.

It is felt that while there is the facility for organisations to link operationally and strategically, and there is good evidence to illustrate extensive collaborative working between HPSS bodies, there is room for improvement. More can be achieved with adopting service modernisation and good practice to improve service outcomes for patients and carers.

3. Monitoring, Education and Continuous Development of Medical and Nursing Staff

Education and continuous development of doctors is achieved through a process of ongoing appraisal and revalidation. There is a generic induction process for all staff and more specific information is given to PRHOs and by specific departments in the Hospital.

4. Education and Continuous Development of Doctors and Nursing Staff from Overseas

Overseas doctors coming to work within the Trust undergo the same induction process any other doctor and I am aware there is also a special overseas doctors induction course

organised by the Northern Ireland Medical and Dental Training Agency for overseas doctors and the training grades. Education and development of overseas doctors is implemented along with the educational development of all doctors within the Trust.

5. Dissemination of Information resulting from Coroners Inquests

On receipt of the report of a verdict of a Coroner's Inquest, the information is considered by senior management on an individual case by case basis and remedial action initiated, where appropriate. In the event, that Trust-wide action was required, the report would also be tabled at a Risk Management Group meeting and an action plan agreed for implementation. The information would also be disseminated internally to all relevant clinicians and managers for information, where applicable.

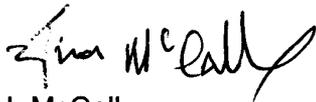
In terms of other internal events, the Trust has a Serious Incident Policy in operation. In accordance with this policy, relevant cases are reviewed on a multi-disciplinary basis and a report drafted with recommendations as appropriate. Implementation of these recommendations are monitored by the Risk Management Group. These reports are widely disseminated to clinicians, managers and staff within the organisation and with external bodies such as the EHSSB, Mental Health Commission and the DHSSPs.

In terms of sharing lessons learnt with other Health Trusts in Northern Ireland, the Trust would channel this information, where appropriate, through the Regional Governance Network and or the DHSSPS.

I attach for your reference a copy of the Trust's Induction Pack and Programme for newly appointed SHOs and other doctors in the Trust. Also enclosed is a CD copy which contains additional information that new doctors receive. In addition please find attached copies of the Trust's Adaptation Programme for Overseas Nurses and a sample Trust Induction Programme for "D" grade nursing staff

I trust this information is helpful.

Yours sincerely,



J. McCall
Chief Executive