Continuing Issues

1. Paediatric Surgery

New Paediatric Units at DHH and CAH supposed to have come on-line in January. Two problems have emerged.

a. We have not secured additional medical staff to provide 24 hour cover at DHH and surgical colleagues will not, therefore, undertake any work that may require an inpatient stay. They will only do this work at CAH.

b. Surgical colleagues advise that the bed numbers did not take account of the full range of activity and are not sufficient.

Initially colleagues were reluctant to do any elective work before these issues are resolved. A number of meetings have taken place and the Medical team have offered (on a short term basis) to give up 2 beds in the CAH Unit (giving surgery 5 beds in total). Aldrina is looking at the activity in order to determine how many additional beds might be required in the CAH unit to provide for the activity that is not now going to DHH (until the cover is secured) and the surgical activity apparently not provided for in the plan.

Staff involved include Ahmed Khan (Paediatrics), Mark Haynes (Surgery), Paul Morgan and Aldrina Magwood.

2. Hyponatraemia

Following the publication of the report, the Trust met Personal Information redacted by the USI 's mother and grandmother. They left 6 questions (answers now available). The family said that what they wanted most was a face to face meeting and an apology from the two doctors most involved in Personal Information 's care. One colleague has agreed to a meeting and this is to be in April.

Staff involved include Irrelevant information redacted by the USI and Irrelevant information redacted by the USI .

3. Personal Information redacted by the USI (Personal Information)

Personal Information redacted by the USI 's family (represented by Irrelevant information redacted by the USI) have ask Irrelevant information redacted by the USI from the charity ' Irrelevant information redacted by the USI ' to act on their behalf in obtaining answers to a number of questions concerning the Trust's involvement with the person charged with the murders. To date the Trust has said that the duty of confidentiality to the patient constrains it from providing the information requested. Following the Hyponatraemia report and the recommendations on openness DLS advised that it would be appropriate to advise that the Trust would pass the questions to the Chair of the investigation team. The family have been asked to confirm the list of questions. Irrelevant information redacted by the USI and Irrelevant information redacted by the USI have stressed the importance to the family that the answers are provided in advance of the information becoming public knowledge. The Trust is currently exploring the process in order to see if this is possible.

Staff involved include Dr Chada, Carmel Harney, Tony Black, Jane McKimm.

4. Doctor A (retired)

Doctor A passed on two allegations:

- that the Trust offered locum staff more to cover shifts at CAH than it did for DHH

- that the Trust downgraded the severity rating given by clinical staff to SAIs.

The Trust asked the leadership centre to undertake an investigation. The subsequent report advised that no evidence to support these allegations had been provided by any of the staff interviewed. In a subsequent meeting Doctor A advised that the pay rate allegation was passed to him by a member of the public and he was content to let that matter rest. He remained concerned about the DATIX issue. In order to resolve the matter and in line with the response to the findings provided by Dr Wright (shared with Governance Committee) Doctor A was invited to nominate three colleagues to sit on a review group to fully investigate any SAI that he or others were concerned about along with a sample of other incidents. Unfortunately, Doctor A is ill and his nominations have not yet been received.

Staff involved include Dr Wright, Vivienne Toal, Jane Mc Kimm.

5. Elective Cancellations

The Trust advised the HSCB/DOH that it would formalise the policy and procedure for the cancellation of red flag and urgent elective activity during periods of immense bed pressure. A paper has been approved by SMT and Trust Board requires an update on 29th.

Staff involved, SMT.

6. Maternal Death DHH - Internal reporting procedure.

7. Child Death in ROI, child born in CAH.

8. Medical/ Nursing revalidation.

9. Duality, Private GP practice, letter to HSCB re interface with SHSCT (they follow normal GP process, we provide services at same cost basis as any other GP as long as they undertake not to charge for any service provided to them free of charge).