

1) Paediatric Clinical Recommendations (No's 10-30)

Compliance Status		Previous Status	Number Changed	Current Status
Compliant		1 (5%)	5	6 (32%)
Partially Compliant	Easily Achievable	6	1	5
	Significant Work Required	5	3	2
Non-Compliant	Easily Achievable	2	2	0
	Significant Work Required	3	2	1
DOH Direction Required				2
Regional Work to Implement Required				5

This reflects improvements that have been made in the following areas:

- The name of the consultant and nurse responsible for the child's care is displayed above the bed (Rec 16).
- F1 grade junior doctors have not been employed on children's wards since 2001 (Rec 13).
- The names of on-call consultants are displayed on children's wards on both acute sites (Rec 18).
- Where possible a nurse accompanies the doctor on ward rounds and any interactions with paediatric patients or if not available, the doctor sees the patient and reports back to the nurse (Rec 21).
- Arrangements for fluid management have been strengthened. Nursing records are regularly audited and work is in progress in relation to auditing medical records (Rec 29).
- A protocol to specify the information accompanying a patient on transfer from one hospital to another is in place (Rec 11).

We are currently working to ensure care plans for paediatric patients are made available to parents (Rec 23). While the recommendation states they should be kept at the patient's bed, this presents confidentiality challenges and while these are being worked through staff will ensure that parents are made aware of how they can access the care plan as an interim measure.

2) Candour Recommendations (No's 1-8)

While the Department of Health will take the lead on progressing implementation of the Candour Recommendations, the Trust has reviewed these internally and agreed preparatory actions to include a review and update of local policies and induction documents to reflect the duty of candour.

3) Leadership Recommendations (No 9)

Given ongoing programme of work to develop and improve leadership skills at all levels in the Trust, this has been assessed as compliant.

4) DOH Benchmarking Assurance Exercise of SAI Related Recommendations

Correspondence was received from DOH 9th April 2018 asking Trusts to complete a benchmarking assessment by 28th April 2018 in relation to selected recommendations as follows:

- SAI Reporting (Recs 31 and 33),
- SAI Investigation (Recs 37,38,39,42),
- Training and Learning (Rec 66), Trust Governance (Recs 82 and 83)
- DOH (Rec 91).

This assessment has been completed and the Trust is now assessing its compliance status against the recommendations. Work is already underway in the Trust to update its SAI policy and procedures which when completed will enable the SAI recommendations to be substantially addressed with compliance to date as assessed below. Work is also underway in the Trust to update and introduce further guidance and the Trust is working with the Regional group tasked with introducing a regional incident reporting policy to include SAI policy and procedures. When completed these will enable the SAI recommendations to be substantially addressed.

Compliance Status	SAI specific recs (31,33,37,38,39,42,66,82,83,91)	Previous Status	Number Changed	Current Status
Compliant		3 (30%)	2	5 (50%)
Partially Compliant	Easily Achievable	4	(1)	3
	Significant Work Required	0	0	0
Non-Compliant	Easily Achievable	2	(1)	1
	Significant Work Required	0	0	0
DOH Direction Required		0	0	0
Regional Work to Implement Required		1	0	1

Improvements have been made since February in the following areas:

- SAI performance reports have been revised for Governance Committee and Directorate Governance groups to include summary performance reports on adherence to review timescales and family engagement (rec 33).
- Quality & Safety department procedural change - Staff responsible for the Litigation Department who previously sat on SAI reviews are no longer involved with related Trust preparation for inquest or litigation for these cases and will no longer participate in SAI reviews to ensure no conflict of interest in this regard (rec 36).
- The SAI family engagement leaflet has been published on the Trust Intranet site for easy access / reference for staff who engage with families after a serious adverse incident (rec 31).
- 30 multi-disciplinary staff from across the Trust have been trained on Root Cause Analysis, to enable both their ability to Chair, participate in and peer review SAI investigations (rec 31).

The following are being progressed urgently:

- Develop training packages and roll out targeted training for SAI Family engagement and SAI reporting and review (recs 31 and 37).
- Development and publish an SAI flowchart to improve staff understanding of the process and responsibilities for reporting and reviewing SAIs through to completing the actions and sharing of learning (recs 31 and 37).
- Publish of the SAI Engagement leaflet on the Trust external Internet site (rec 37).
- Develop a clear guide to family engagement incorporating recommendations from the IHRD report for staff (recs 31 and 37).
- Work with region to progress regional Incident Reporting Policy to include relevant recommendations related to SAIs (all recs).

5) Governance Recommendations (No's 69-84)

A Trust Board workshop to review the Trust's governance framework took place 29th March 2018 to begin consider a Governance restructure and will also begin to address some of the recommendations 69-84.

An updated summary dashboard is attached reflecting the above progress.

Hyponatraemia Inquiry Report Recommendations

Hyponatraemia Inquiry Report Recommendations													
Recommendation Reference Number	RECOMMENDATION CATEGORY	TRUST RESPONSIBILITY						REQUIRES REGIONAL WORK TO IMPLEMENT	TOTAL RECOMMENDATIONS	TOTAL RECOMMENDATIONS TO BE IMPLEMENTED BY TRUST	% Compliant	Lead Director	Updates
		NOT COMPLIANT		PARTIALLY COMPLIANT		COMPLIANT	REQUIRES DOH DIRECTION						
		Easily Achievable	Requires significant work	Easily Achievable	Requires significant work								
1-8	Candour							4	8	4		HR	Recommendations have been reviewed and an action plan developed to review and update Trust policies, induction and employment documents to reflect duty of candour at local level.
9	Leadership					1			1	1	100%	CE	Assessed as compliant in view of ongoing programmes of work aimed at developing and improving leadership skills at all levels.
10-30	Paediatric Clinical	0	1	5	2	6	2	5	21	19	32%	WCS	Benchmark assessment completed and submitted to DOH 28.2.18 - Action plan updated in line with assessment. Action plan and compliance status reviewed and updated at fortnightly Project Board meetings.
31-32	Serious Adverse Clinical Incident Reporting	0	0	0	0	2	0	1	3	3	67%	DH	9th April 2018 - Letter from DOH requiring benchmark assessment to be completed for selected recommendations relating to SAI's by 28.4.18. Compliance status to be completed when assessment finalised.
33-42	Serious Adverse Clinical Incident Investigation	2	0	2	0	3	1	1	9	8	38%	DH	As above
43-54	In the Event of a Death Related to an Serious Adverse Clinical Incident								12	12		DH	
55-68	Training and Learning							2	14	12		HR	Recommendation 66 assessed as compliant as part of DOH SAI related recommendations assessment.

Recommendation Reference Number	RECOMMENDATION CATEGORY	NOT COMPLIANT		PARTIALLY COMPLIANT		COMPLIANT	REQUIRES DOH DIRECTION	REQUIRES REGIONAL WORK TO IMPLEMENT	TOTAL RECOMMENDATIONS	TOTAL RECOMMENDATIONS TO BE IMPLEMENTED BY TRUST	% Compliant	Lead Director	Updates
69-84	Trust Governance								16	16		DH	Governance workshop took place 29 March 2018 to begin to consider a restructure of governance arrangements agreed which will also support implementation of recommendations. Recommendations 82 and 83 assessed as partially compliant - easily achievable as part of DOH assessment of SAI related recommendations.
85-93	Department							9	9	0			The DOH is currently analysing Trust benchmark assessments of paediatric clinical recommendations and has requested an assessment of SAI recommendations. The DOH has established a Department-HSC Liaison Group.
94-96	Culture and Litigation							3	3	0			
TOTALS		2	1	7	2	12	3	25	96	75			

From the Deputy Chief Medical Officer
Dr Paddy Woods BY EMAIL



Department of
Health
An Roinn Sláinte
Mánnystrie O Poustie
www.health-ni.gov.uk

Chief Executives, HSC Trusts
Chief Executive, HSCB
Chief Executive, PHA
Chief Executive, RQIA
Chief Executive, NIPEC
Chief Executive, NIMDTA

Room C5.16
Castle Buildings
Stormont Estate
Belfast BT4 3SQ
Tel: 028 90 765756
Fax: 028 90 520573
Email: paddy.woods@health-ni.gov.uk

Date: 14 February 2018

Dear Colleague

Following the publication of the report of the Inquiry into Hyponatraemia-related deaths on Wednesday 31 January 2018, the Department held meetings with Chairs and Chief Executives of Trusts, the HSCB, PHA and other Arm's Length Bodies. One of the key outcomes of these meetings was an instruction to all those attending that they should consider all of the recommendations in the report and benchmark the position of their organisation against the recommendations which are relevant to them.

At a meeting which took place on 12 February between the Department, Trusts, the HSCB, the PHA, RQIA, NIPEC and NIMDTA along with representation from the GMC and NMC the Department further advised Trust representatives that it would issue a template to them on which they should record the outcome of their benchmarking work for each of the recommendations grouped together under the heading 'Paediatric – Clinical' ie, recommendations 10-30. The template is attached and should be returned to the Department by **close of play on Friday 23 February to dennis.rocks@health-ni.gov.uk**.

As part of their benchmarking assessment Trusts are specifically asked to identify those recommendations where:

a) they believe that input or action is required from or by the HSCB, PHA or any other HSC body in order to fully deliver the recommendation or any element of the recommendation. They should in each instance liaise with the regional body they have identified and reflect any advice or comment they receive in response;

b) they believe that it would be appropriate for Trusts to work collaboratively to ensure a standardised regional response, avoid duplication and maximise the use of the HSC resource;

c) they can identify work, standards, guidance, policies etc. which have been developed by their Trust and which could be considered for adoption by all trusts in order to deliver on a recommendation;

d) work was or is already underway to develop new arrangements which would meet the requirements of the recommendation; and

e) they identify any potential conflict arising from the recommendation with pre-existing standards, guidance, policies etc. issued by the Department or any other relevant body including for example NICE.

Assurance and accountability arrangements governing the implementation of recommendations must be robust in order to instil public confidence that the lessons from the Hyponatraemia Inquiry have been learned and acted upon. Therefore, Trusts are also asked through a second template (also attached) to set out the arrangements within their Trust for oversight and assurance for the implementation of IHRD recommendations up to and including Trust Board level.

This template should also be returned to the Department by **close of play on Friday 23 February** to dennis.rocks@health-ni.gov.uk.

Yours sincerely

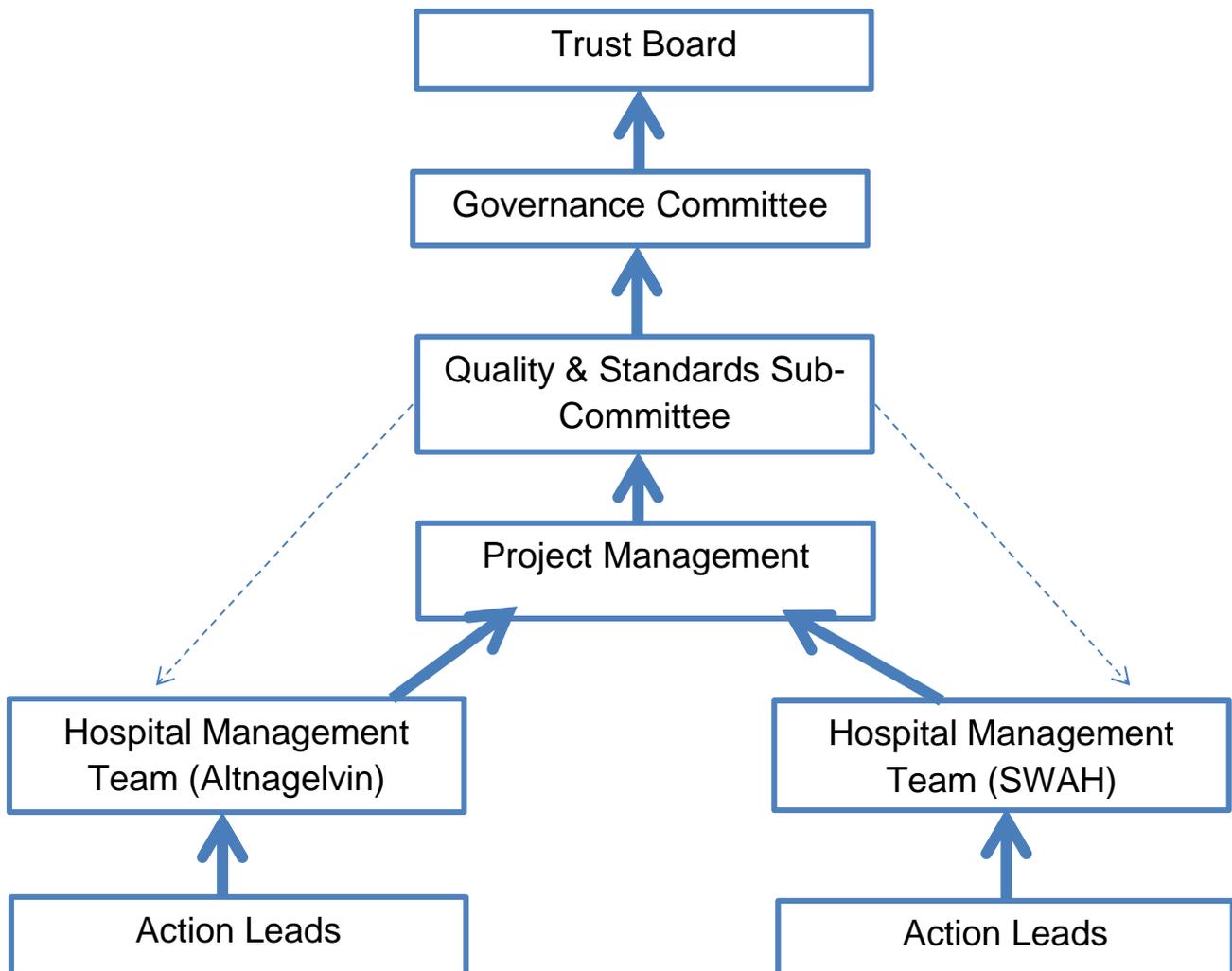
DR PADDY WOODS
Deputy Chief Medical Officer
Cc Chair, RQIA
Chair, NIPEC
Chair, NIMDTA

ASSURANCE PRO FORMA

Description of Oversight Arrangement (inc. Senior Management team responsible for area of work and up to and including Trust Board oversight)

The Trust will develop an action plan to address any gaps identified or achieve improvements in the current position against the recommendations. A lead officer and timeframe for completion will be identified in respect of each action. This will be shared with the Hospital Management Teams who will have responsibility to operationalise agreed actions.

A matrix report will be developed to facilitate monthly reporting to Trust Board. Progress against the action plan will also be monitored via the Trust’s quarterly Quality and Standards Sub-Committee chaired by the Director of Women and Children’s Service which within the Trust’s governance framework is a sub-committee of and reports through the Trust Governance Committee. The Governance Committee membership includes non-executive Directors and the Corporate Management Team. These oversight arrangements are set out in the diagram below:



From the Deputy Chief Medical Officer
Dr Paddy Woods



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Health
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 Männystríe O Poustie
www.health-ni.gov.uk

BY EMAIL:

Directors of Nursing HSC Trusts
 Medical Directors HSC Trusts
 Chief Executive NIPEC
 Chief Executive NIMDTA
 Chief Executive RQIA
 Chief Executive CEC
 Dr Lourda Geoghegan, RQIA
 Dr Miriam McCarthy, HSCB/PHA
 Mary Hinds, HSCB/PHA

Room C5.16
 Castle Buildings
 Stormont Estate
 Belfast BT4 3SQ
 Tel: 028 90 765756
 Email: Paddy.Woods@health-ni.gov.uk
 Our Ref: HE1/18/43882

Date: 15 March 2018

Dear Colleague

HYPONATRAEMIA RECOMMENDATIONS IMPLEMENTATION LIAISON GROUP

You will recall that on 12 February you attended (or a deputy attended on your behalf) an update meeting in respect of the Hyponatraemia Inquiry.

Significant work is underway to put in place a comprehensive programme to implement the recommendations of the Inquiry Report's 96 recommendations. As an outcome from that meeting, initial 'benchmarking' work for recommendations 10-30 was commissioned from HSC Trusts. In parallel with this work the Department has been finalising proposals for the overall programme structure and the full membership of the implementation team. As part of the arrangements, I want to establish a Departmental-HSC Liaison Group which can meet as required to share information and to receive and share updates on progress. The membership of this group will comprise of those who were invited to attend the meeting which took place on the 12 February. Good communication and information sharing will be key components of the delivery of successful implementation of IHRD recommendations. I would ask you to support the work towards the implementation of the recommendations by making yourself or a deputy (purely to deputise if you cannot attend) available to be a member of the Group. A list of proposed members of this liaison group is attached at Annex A. I will update you further of any dates of meetings.

Yours sincerely

DR PADDY WOODS
Deputy Chief Medical Officer

CC CMO
Charlotte McArdle
Verena Wallace
Jackie Johnston
Alastair Campbell
Fergal Bradley
Conrad Kirkwood

From the Deputy Chief Medical Officer
Dr Paddy Woods



BY EMAIL

Chief Executives HSC
Trusts

Room C5.16
Castle Buildings
Stormont Estate
Belfast BT4 3SQ
Tel: 028 90 765756
Email: Paddy.Woods@health-
ni.gov.uk

Our Ref: HE1/18/70093

Date: 9 April 2018

Dear Colleague

**BENCHMARKING SERIOUS ADVERSE INCIDENTS - INQUIRY INTO
HYPONATRAEMIA-RELATED DEATHS**

You will recall that following the publication of the report of the Inquiry into Hyponatraemia-related deaths, the Department held meetings with Chairs and Chief Executives of Trusts, the HSCB, PHA and other Arms' Length Bodies. One of the key outcomes of these meetings was an instruction to all those attending that they should consider all of the recommendations in the report and benchmark the position of their organisation against the recommendations which are relevant to them.

Trusts later responded to a request from the Department to record the outcome of their benchmarking work for each of the recommendations grouped together under the heading '*Paediatric – Clinical*'.

The Department should now like to concentrate on a number of benchmarking recommendations relating to Serious Adverse Incidents. It is clear that much of the work in this respect will need to be regionalised and the HSCB/PHA will be involved appropriately. Similarly, changes to the HSCB/PHA SAI policy and local policies will require collaborative work.

As part of their benchmarking assessment, Trusts are specifically asked to identify those

recommendations where:

- a) They believe that input or action is required from or by the HSCB, PHA or any other HSC body in order to fully deliver the recommendation or any element of the recommendation. They should in each instance liaise with the regional body they have identified and reflect any advice or comment they receive in response;
- b) They believe that it would be appropriate for Trusts to work collaboratively to ensure a standardised regional response, avoid duplication and maximise the use of HSC resource;
- c) They can identify work, standards, guidance, policies etc. which have been developed by their Trust and which could be considered for adoption by all trusts in order to deliver on a recommendation;
- d) Work was or is already underway to develop new arrangements which would meet the requirements of the recommendation; and
- e) They identify any potential conflict arising from the recommendation with pre-existing standards, guidance, policies etc. issued by the Department or any other relevant body.

Please also supply copies of any BSO audits of the Adverse Incident/Serious Adverse Incident process which have been carried out in the last three years and the most recent Trust response to the recommendations.

This template should be returned to the Department by **close of play on Friday 28 April to richard.magowan@health-ni.gov.uk.**

Yours sincerely

Dr Paddy Woods
Deputy Chief Medical Officer
Cc Brian Godfrey