

**Hyponatraemia Inquiry Report Recommendations  
Briefing to Trust Board 6<sup>th</sup> December 2018**

<b>Topic</b>	<b>Briefing</b>
<p>Updated Position on Hyponatraemia Inquiry Report Recommendations</p>	<p><b>Regional Update</b></p> <ul style="list-style-type: none"> <li>• The Department of Health held a meeting 16<sup>th</sup> November 2018 with representatives from Trust oversight committees to provide an update and overview on the work completed to date across the nine workstreams and seven sub-groups.</li> <li>• The Trust submitted to the Department of Health a benchmark assessment of its position in relation to bereavement and post mortem related recommendations contained in the Inquiry Report for review by the Death Certification and Bereavement Workstream.</li> <li>• The chairs of the Duty of Quality Workstream and the Clinical and Social Care Governance Sub-Group attended the Trust's Hyponatraemia Project Board on 27 November 2018 where they provided an overview of the work to be undertaken by the two groups and the approach they would like to take in moving this forward.</li> </ul> <p><b>Updated Position on Recommendations</b></p> <ul style="list-style-type: none"> <li>• The Trust continues to actively participate in the regional work programme and also to work internally to progress implementation of the recommendations. The recommendations have been reviewed and actions have been updated to reflect progress to date. The last update was 20<sup>th</sup> November 2018.</li> </ul>

## Appendix 2 - Hyponatraemia Recommendations Dashboard (updated position as at 20<sup>th</sup> November 2018)

Hyponatraemia Inquiry Report Recommendations (Date of last update: 20th November 2018)													
Recommendation Reference Number	RECOMMENDATION CATEGORY	TRUST RESPONSIBILITY						REQUIRES REGIONAL WORK TO IMPLEMENT	TOTAL RECOMMENDATIONS	TOTAL RECOMMENDATIONS TO BE IMPLEMENTED BY TRUST	% Compliant Trust Responsibility	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. Recommendations to be progressed via regional Duty of Candour Workstream and Being Open Sub-Group. SAI engagement training now developed and sessions have been delivered as part of SAFEtember. SAI engagement performance reporting is now reported at Trust Governance Committee.
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. Currently consultation on core values being undertaken.
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. Regional Paediatric Clinical Collaborative established by DOH - first meeting 21/6/18. Children up to their 16th birthday are only admitted to adult wards by exception and where clinically appropriate, however they do attend emergency and outpatient departments with adults. A group has been established to look at Age Appropriate Care and work is continuing to develop a local protocol. Transformation proposal developed to enable age appropriate care arrangements to be enhanced.

31-32	Serious Adverse Clinical Incident Reporting	0	0	0	0	2	0	1	3	3	67%	DH	Benchmark assessment was completed for selected recommendations relating to SAIs and submitted to DoH by 27.4.18. SAI Process and Engagement training has now been developed. Training programme to be rolled out.
33-42	Serious Adverse Clinical Incident Investigation	0	0	0	0	5	2	2	9	5	100%	DH	Benchmark assessment completed and submitted to DOH 27.4.18. Trust invited to participate in RQIA review of SAs across the 6 Trusts - Trust representatives identified. Rapid Review Group established to monitor, review and quickly identify learning from SAs etc. for sharing across appropriate forums. % compliance increased to 100% for recommendations within Trust responsibility.
43-54	In the Event of a Death Related to an Serious Adverse Clinical Incident	1	1	0	2	5	1	2	12	9	56%	DH	Recommendation 47 has 5 separate sub-actions, 3 of which have been assessed as compliant, 1 partially compliant and 1 not Trust responsibility and has been given an overall rating of Partially Compliant. Trust Board are now briefed on all upcoming inquests.
55-68	Training and Learning	0	0	0	0	1	0	2	14	12		HR	Recommendation 66 assessed as compliant as part of DOH SAI related recommendations assessment. 22-08-18 Updated following completion of Quality workstream baseline assessment (rec 67,68 partly compliant). <b>Recommendations 59 and 60 have now been assessed (59 is compliant; against 60 Coroner training for medical staff took place in Oct 18. 4 recs in this section remain to be assessed.</b> Others assessed are rec 64 Non-compliant and recs 63 & 65 partially compliant.
69-84	Trust Governance	0	0	3	4	3	1	5	16	11	27%	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. Assessment of compliance completed 13.6.18 and discussed at Project Board 18.6.18. Further clarification required in relation to recommendations 73, 74 and 75 in order to complete assessment.
85-93	Department							9	9	0			The DOH has established a Department-HSC Liaison Group. Trust representatives on group - Medical Director, Dir of Nursing, Director of W&CS, AD Children's Healthcare. First meeting 21/6/18. 9 Workstreams and 7 Sub-Groups also established by DoH which have been allocated recommendations and actions to progress.
94-96	Culture and Litigation							3	3	0			
<b>TOTALS</b>		<b>1</b>	<b>2</b>	<b>8</b>	<b>8</b>	<b>23</b>	<b>6</b>	<b>33</b>	<b>96</b>	<b>64</b>			