Western Health and Social Care Trust

**Inquiry into Hyponatraemia Related Deaths (IHRD) Recommendations**
**Update to Trust Board 1st August 2019**

| Topic | Briefing |
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| **Update on Hyponatraemia** | **IHRD Update Report June 2019**<br><br>The Department of Health published its latest update in June 2019 on the ongoing work to implement the recommendations of the Inquiry into Hyponatraemia-Related deaths (IHRD).<br><br>The progress report details the ongoing work of the nine workstreams and their associated sub-groups and notes that they are at different stages because some of the recommendations are more complex than others and require considerable research, consultation and reflection. A number also require legislation which will require a Minister and legislature. The report also outlines the approach to implementation that will be adopted which will ensure that all recommendations go through the same rigorous process. The report can be accessed at the link below:<br>https://www.health-ni.gov.uk/topics/hyponatraemia-implementation-programme/ihrd-latest-updates<br><br>**Feedback from Duty of Candour Workshops for HSC Staff**<br>The IHRD Implementation Team is currently writing up the feedback from the Duty of Candour workshop sessions held for HSC staff in June 2019. They have provided some initial feedback based on comments from session attendees which shows that a large number of attendees engaged positively with the process and were also positive about the IHRD engagement with them.<br><br>**Update on Action Plan**<br>As well as participating in the regional IHRD workstreams and sub-groups, the Trust also continues to work internally to make progress where possible against the IHRD Report recommendations. The summary position at July 2019 is attached. |

## Hyponatraemia Inquiry Report Recommendations (Date of last update: 24 July 2019)

| | | TRUST RESPONSIBILITY | | | | | | | | | | | |
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| 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 Trust Responsibility (Trust Assessment) | Lead Director | Updates |
| | | 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 progessed 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. Your Right to Raise a Concern Awareness week held in 29 April - 3 May with a series of awareness sessions across the Trust. DoH staff engagement events for WHSCT staff took place on 13 and 24 June. |
| 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. A collective leadership strategy has been launched and work is currently ongoing geared towards enhancing leadership at all levels, eg Inspire and Aspire programmes, IHI programme, QI and Microsystems programmes. Following an extensive consultation exercise, the new regional HSC core values have been launched and have been included in the Trust's updated Corporate Plan 2019-21 and are being incorporated in our development programmes |

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| **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 SAI's and submitted to DoH by 27.4.18. SAI Process and Engagement training has now been developed. Training programme being rolled out to Directorate and medical staff. |
| **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 SAIs across the 6 Trusts - Trust representatives identified. Rapid Review Group established to monitor, review and quickly identify learning from SAIs etc. for sharing across appropriate forums. Specific SAI Process and Engagement training developed and delivered to a range of senior managers in January 2019. Training on reviewing SAIs using RCA methodology has been delivered by accredited external providers to a range of Trust staff. % 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 responsibilityand has been given an overall rating of Partially Compliant. Trust Board are now briefed on all upcoming inquests. |

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| **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). Recommendations 59 and 60 have now been assessed (59 is compliant; against 60 Coroner training for medical staff took place in Oct 18. The first meeting of the IHRD Training Workstream took place in January 2019. |
| **69-84** | **Trust Governance** | 0 | 0 | 3 | 4 | 3 | 1 | 5 | 16 | 11 | 27% | DH | Trust Board assurance framework has been reviewed to re-align governance and assurance arrangements and these new arrangements will also support the IHRD recommendations. |
| **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. There is also a regional IHRD Oversight Committee and the Medical Director represents the Trust on this forum. 9 Workstreams and 7 Sub-Groups also established by DoH which have been allocated recommendations and actions to progress and the Trust is represented on a number of these groups. |
| **94-96** | **Culture and Litigation** | | | | | | | 3 | 3 | 0 | | | |
| **TOTALS** | | **1** | **2** | **8** | **8** | **23** | **6** | **33** | **96** | **64** | | | |