

**Hyponatraemia Inquiry Report Recommendations
Briefing to Trust Board 4th October 2018**

Topic	Briefing
<p>Updated Position on Hyponatraemia Inquiry Report Recommendations</p>	<p>Regional Update</p> <ul style="list-style-type: none"> • The DoH wrote to Trusts in September 2018 seeking an updated position in relation to arrangements in place to address Paediatric Clinical Recommendations 10 and 12. A follow up meeting with Trusts by members of the Paediatric Clinical Workstream is to be organised by DoH. • Following correspondence from DoH in July 2018 to advise that RQIA had been asked to carry out an examination of Serious Adverse Incidents (SAIs) in support of the implementation of the IHRD recommendations, RQIA commenced their work to review SAIs in August 2018. The Trust has identified two representatives to support this work. • The DoH has asked Trusts to nominate two to three representatives from their internal Oversight Committees to attend a regional meeting on 16 November 2018 where an update on work to date will be provided and there will also be an opportunity to raise any queries. • Duty of Candour Workstream – meeting to take place mid-October 2018. <p>Update on Trust Actions</p> <ul style="list-style-type: none"> • Significant internal work has been undertaken in relation to serious adverse incidents as a result of which the percentage compliance for the SAI Investigation recommendations within Trust responsibility has been increased from 38% to 100% (see 33-42 below): <ul style="list-style-type: none"> ○ SAI process and engagement training has now been developed and a sessions were organised as part of the Trust’s SAFETember programme. ○ Performance in relation to SAI engagement is now reported at Trust Governance Committee. ○ A Rapid Review Group has been established to monitor, review and quickly identify learning from SAIs etc. for sharing across appropriate forums. ○ In relation to inquests, Trust Board are now briefed on all upcoming inquests and Coroner training for medical staff took place in September with further training arranged for October. <p>Updated Position on Recommendations</p> <ul style="list-style-type: none"> • The recommendations have been reviewed by Project Leads and actions are updated to reflect progress to date. The last update was 26th September 2018.

Appendix 2 - Hyponatraemia Recommendations Dashboard (updated position as at 26th September 2018)

Hyponatraemia Inquiry Report Recommendations (Date of last update: 26th September 2018)														
Recommendation Reference Number	RECOMMENDATION CATEGORY	TRUST RESPONSIBILITY						REQUIRES DOH DIRECTION	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								
		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 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. % 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. Coroner training for medical staff arranged Sept & Oct.
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). 6 recs in this section remain to be assessed. 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			
TOTALS		1	2	8	8	23	6	33	96	64			