



**Hyponatraemia Inquiry Report Recommendations  
Update to Trust Board January 2019**

Topic	Briefing
<b>Update on Hyponatraemia</b>	<p><b>Hyponatraemia Project Board Terms of Reference</b></p> <p>A Terms of Reference for the Trust's Hyponatraemia Project Board has been drawn up which sets out:</p> <ul style="list-style-type: none"><li>• The membership of the Project Board</li><li>• Its roles and responsibilities in terms of overseeing the implementation of the Inquiry Report recommendations, and</li><li>• The governance and reporting arrangements for the group.</li></ul> <p>The role of chair of the Project Board will now be undertaken by the Medical Director.</p> <p><b>Bi-Monthly Meetings with DoH IHRD Project Manager</b></p> <p>Following a meeting on 16<sup>th</sup> November 2018 between the Department of Health Project Manager for the Inquiry into Hyponatraemia Related Deaths and representatives from Trust oversight committees, it has been agreed that bi-monthly meetings will be held. The Trust will be represented at these meetings by Dr Dermot Hughes, Medical Director and Dr Bob Brown, Director of Primary Care and Older People/Executive Director of Nursing will deputise if required.</p> <p><b>Meeting with Chair of Workstream 4 – Paediatric Clinical Collaborative</b></p> <p>John Simpson, the chair of the HSC IHRD Paediatric Clinical Collaborative and Joanne McClean, PHA met with Trust representatives as follows:</p> <ul style="list-style-type: none"><li>• Paediatrics, Altnagelvin and South West Acute Hospital</li><li>• General Surgery, Altnagelvin and South West Acute Hospital</li><li>• Assistant Director Women and Children's Services</li><li>• Dr Stewart Assistant Medical Director</li><li>• Dr Hughes, Medical Director</li><li>• Dr Hughes, Antrim Paediatrics was in attendance</li></ul>

The focus of the meeting was an update on progress along with specific fact finding on the following areas:

- FY1 doctors in WHSCT Paediatrics – the Trust confirmed that this does not occur.
- Patient ownership of surgical paediatric cases in paediatric wards – this was the same across WHSCT. Under 5 are not treated. Above 5 the responsible consultant is the surgeon with input to care from paediatrics on request. This was discussed at length and was working well. Escalation for those not recovering on day 2 was discussed as was transfer to tertiary centres. A local protocol with communication policy was discussed and this mirrored practice in Antrim. Age 14 to 16 cases for referral to tertiary centre are problematic and require further discussion.

Actions are required on surgery responsiveness to paediatric nurses – quantification of issue and escalation protocol.

The meeting was deemed to be helpful and constructive.

#### **Update on Trust IHRD Dashboard / Action Plan**

The Trust continues to review progress against the recommendations via its project structure arrangements. A copy of the latest version of the dashboard as at 20<sup>th</sup> November 2018 is attached at Appendix 2.

## Appendix 2

<b>Hyponatraemia Inquiry Report Recommendations (Date of last update: 20th November 2018)</b>													
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 SAFEmember. 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 SAI's 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>			