

**Inquiry into Hyponatraemia Related Deaths (IHRD) Recommendations
Update to Trust Board 4th April 2019**

Topic	Briefing
<p>Update on Hyponatraemia Recommendations</p>	<p>Regional Update</p> <ul style="list-style-type: none"> <p>• Assurance Frameworks</p> <p>The Regional IHRD group has produced a report providing an update on the development of an assurance framework. Current focus is on drafting/finalising and scrutiny of the objectives of each framework and processes for providing assurance for each workstream are in progress and being prepared. The need for consistency of understanding on assurance across each workstream has been emphasised.</p> <p>• IHRD March Update Report</p> <p>The IHRD has published its update report for March 2019 providing an update on how each of the nine workstreams are progressing their work. A copy can be accessed on the IHRD website (https://www.health-ni.gov.uk/topics/hyponatraemia-implementation-programme/ihrd-latest-updates). The next update will be published on 27th June 2019 and will focus on arrangements for implementation.</p> <p>• IHRD Stocktake Event</p> <p>A regional IHRD stocktake event is scheduled to take place on 28th May 2019. The event will involve all programme and oversight groups and will give everyone the opportunity to see what is happening and provide feedback across all groups. The Trust’s Medical Director and Assistant Director of Women and Children’s Services will attend as representatives of the Trust’s oversight committee.</p> <p>Local Update</p> <p>The Trust continues to work to progress actions against the recommendations of the Inquiry Report. Progress is regularly reviewed via the Trust’s project structure arrangements and the action plan is updated to reflect the updated position. A copy of the latest version of the dashboard and action plan reviewed and updated as at 27th March 2019 is attached.</p>

Hyponatraemia Inquiry Report Recommendations (Date of last update: 27th March 2019)														
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	Attachment
		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.	

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 SAls across the 6 Trusts - Trust representatives identified. Rapid Review Group established to monitor, review and quickly identify learning from SAls 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). 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. Others assessed are rec 64 Non-compliant and recs 63 & 65 partially compliant. 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	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			