

Quality care – for you, with you

BOARD REPORT SUMMARY SHEET

Meeting:	Trust Board
Date:	30 th January 2020
Title:	Inquiry Report into Hyponatraemia related Deaths Progress Update
Lead Director:	Dr M O’Kane - Medical Director Heather Trouton – Executive Director of Nursing, Midwifery and AHP’s
Purpose:	Assurance
<p><u>Key strategic aims:</u> Safe, High Quality Care</p> <p>To ensure the Trust meets the recommendations of the Report on Hyponatraemia Related Deaths</p>	
<p><u>Key issues/risks for discussion:</u></p> <ul style="list-style-type: none"> Compliance with Fluid Prescribing and Monitoring Documentation Compliance with Clinical Recommendations (10-29) Compliance with all 96 recommendations 	
<p><u>Summary of SMTdiscussion:</u></p> <p>Re energising and further development of the Oversight group to further progress the 96 recommendations in the report on the Inquiry into Hyponatraemia related Deaths.</p>	
<p><u>Human Rights/Equality:</u></p> 	

The Inquiry into Hyponatraemia Related Deaths – 2018

1. Purpose of Paper

On the 31st January 2018 the Hyponatremia Inquiry released its final report, complete with 96 recommendations. The purpose of this paper is to provide the Senior Management Team with an update on the Trust's responses and oversight arrangements in respect of the Hyponatraemia Inquiry report and accompanying recommendations.

2. Correspondence and Work streams

The Trust records all external communication on the Hyponatraemia SharePoint Site. One update report was received in December 2019. Two event invitations received for staff engagement:

- Shared Decision Making event 06/02/2020
- Serious Adverse Incident Workshops 29/01/2020 and 13/02/2020

The SHSCT is represented on the following Work streams; all papers received for these work streams are recorded on the Hyponatraemia SharePoint Site:

- Duty of Candour – Being Open - Geraldine Donaghy and Dr Tracey Boyce
- Death Certification Implementation Working Group – Stakeholder Group for Preparing for Inquests – Lynne Hainey
- Duty of Quality – Clinical and Social Care Governance and RQIA Subgroup – Trudy Reid
- Duty of Quality – ALB Board Effectiveness – Vivienne Toal and Martin McDonald
- Paediatric Clinical Collaborative – Dr Bassam Aljarad, Bernie McGibbon and Eileen Mullan
- Regional Oversight Committee – Trudy Reid and Grace Hamilton

3. Trust Oversight Group

The Trust Oversight Group has met in November 2019 and January 2020. Regional Work streams are progressing, with Regional direction from the DoH on how the Trusts can ensure compliance with the Recommendations.

The focus remains on;

- Clinical Recommendations, with a number of task and finish groups convened in relation to clinical recommendations.
- Regional Workstreams including the Being Open Group (chaired by Peter McBride) to which the Duty of Candour now reports. The oversight committee continues to follow Regional direction from the work streams, while progressing locally.
- Training Position for Nursing and Medical Staff is tabled with profession specific actions being progressed such as the nursing competency framework, assurance process for Medical Staff who clinical role involves the prescription and administration of fluids.

- Policies and protocols are also considered by the Oversight Group, relating to Recommendation 10, Safeguarding Children and Young People in Adult Wards and an Admission Protocol for Young People aged 14 to 15 years +364 days.
- Other areas considered by the Oversight group since the last report are in relation to the a) current Internal Audit of Children in Adult Wards, b) a review of the groups' Terms of Reference, c) regional IHRD events and d) the facilitation of a local shared learning/stocktake event.

4. Fluid Management in Children

A report on the Regional Paediatric IV Fluid Audit Implementation Tool (PIVFAIT) is presented at each Oversight Group. This tool is not used to audit fluid prescribing and administration in theatres, and so to provide assurance to the oversight group the Trust has developed an audit tool for theatres and reports will be shared with the oversight group.

100 % compliance remains challenging and the oversight group continues to work with operational directorates to improve compliance in fluid prescription and monitoring of fluid balance.

Since September 2019 a new process of weekly reporting on the numbers of children receiving IV Fluids updates the weekly Governance debrief and in turn the SMT paper. This is to support improvement in both the access to more real time data and identify quickly any issues of compliance around particular (PIVFAIT) indicators. A QI project within CYPS is taking forward the improvements identified from the weekly data analysis.

To also support improvement a monthly process of retrospectively monitoring Low Sodium laboratory results has been developed. This is to promote learning and will include a joint evaluated opinion from nursing and medicine on:

- If hyponatremia was hospital or community acquired
- A drop in sodium levels is clinically significant

Operational and oversight arrangements to be implemented, now that the process has been agreed.

5. Paediatric Clinical Recommendations 10-29

Work continues to progress in relation to the Paediatric Clinical Recommendations 10-29.

Patient placement –

Paediatric patients will be nursed in paediatric wards in Craigavon Area Hospital and Daisy Hill Hospital with exceptions where specialist care is required, in this circumstance 14-16¹ year old patients will be cared for in adult wards. These designated wards/departments are Emergency departments, Trauma and Orthopaedic wards, Obstetric and Gynaecology wards and some theatre departments.

¹ Patients aged 15yrs and 364 days (prior to their 16th birthday)

A report is presented to the group regarding the 14-16 year olds admitted to Adult Wards. Improvement in patient placement has been noted between April and December 19, in that 7 of the 9 months saw all patients appropriately placed in line with admission protocols .In the 2 occasions where 14- 16 year olds where not placed in the a paediatric ward ,two were in patients in ENT and there were 16 day cases primarily in endoscopy, dermatology and oral surgery which did not attend a designated area - the operational teams are reviewing these admissions to inform our guidance going forward).

If children are cared for outside designated wards, the operational teams review these incidences for learning and to prevent patients being allocated to undesigned wards.

Policies and protocols are being developed by a short life working group, relating to Recommendation 10, Safeguarding Children and Young People in Adult Wards and an Admission Protocol for Young People aged 14 to 15 years +364 days. This includes training requirements for Nursing staff caring for Young People aged 14 to 15 years +364 days in adult wards

Compliance with Recommendations 10-29

The oversight group requested a review of the implementation of recommendations 10 to 29, within CYPS and Acute wards where 14-16 year old patients will be care for to establish the current position with these recommendations. This self-assessment showed gaps in implementation, which require further action.

The development of a comprehensive audit tool for recommendations 10-30, commissioned by the Oversight Group, whilst challenging for the audit scoping sub group, remains a priority with the Chairs of the Oversight Group requesting further focus from service areas.

6. Compliance with all 96 Recommendations

A high level review of all 96 recommendations has been undertaken. This has identified that a sub group structure will be required, in order to progress the Trust position from its original baseline. The oversight group has recommended that areas of work be taken forward by a number of short life working groups. A number of working groups are in existence, Safeguarding Children and Young People in Adult Wards and an Admission Protocol for Young People, Being Open, and Clinical recommendation audit short life working group. Additional short life working groups will be convened in February.