South Eastern Health and Social Care Trust

SET Trust Board

Update on the Implementation of Hyponatraemia Recommendations

Wednesday 27 January 2021

1.0 Introduction

This paper provides an update to the SET Trust Board on work being undertaken, both locally and regionally, in relation to the recommendations of the Inquiry into Hyponatraemia Related Deaths (IHRD). The structures of the regional and local programmes can be found in appendices 1 and 2.

2.0 Regional Update

2.1 Implementation of Recommendations

In December 2019 the Department of Health (DoH) published its latest update report on progress to implement the recommendations from the IHRD Inquiry. This is a comprehensive update providing across the work of all the Workstreams and sub-groups and can be accessed here.

Conrad Kirkwood, Programme Director, has left the Department to take up a new position, and Donna Ruddy has taken over the role of Programme Director with Karen Jeffrey the new Programme Manager.

Prior to the COVID-19 pandemic, the nine Workstreams and seven sub-groups were meeting regularly to consider the implementation of the recommendations. Several Workstreams were approaching a point where the recommendations their work addressed would be ready to be passed to the HSC for implementation. In those cases, the next steps were to finalise papers, to secure approval from the Assurance Workstream, and then to develop implementation circulars.

IHRD Programme meetings were paused in March 2020 during the HSC response to the first wave of the pandemic. During the first wave Departmental staff looking after the programme had been primarily focussed on COVID-19 related work, however some work was kept going in the background, particularly relating to the Duty of Candour Workstream. Following that pause, work has resumed.

In summary the current position is:

- The Assurance Workstream met on 23 October 2020, where action plans for the majority of the IHRD Recommendations where approved. Each recommendation must be presented to the Assurance Workstream as part of a framework which clearly maps out how the recommendation will be implemented. A formal submission from the Senior Responsible Officer must now be submitted to Minister to approve the implementation plans. It was originally intended this would occur by year end 2020, however this was not possible. It is now anticipated by the Programme Manager that this will occur in February 2021, but this is subject to change. Following approval the Implementation Programme Management Group will be reconvened prior to issuance of any implementation communications.
- Work will continue to develop those recommendations that have not yet been approved by the Assurance Workstream.
- It is intended that Workstream groups will be reconvened only if necessary, and most likely on an ad hoc basis. It is not expected that the previous format of regular monthly meetings will be resumed.

As noted above, during the pandemic some Programme work remained on-going. A summary of that work and the current position is provided below:

Duty of Candour / Being Open

- A number of workshops were held with various stakeholders prior to the pandemic. Analysis of these workshops has taken place and the documentation relating to this has been published here.
- To support understanding about a Duty of Candour and openness, a set of Frequently Asked Questions has also been developed in response to questions raised at the involvement sessions, and are available on the Department's website. Initial discussions have also taken place at official level between DoH and Department of Justice regarding the potential introduction of criminal offences for breach of the statutory Duties of Candour. Once finalised by the Workstream for formal public consultation, the draft policy proposals will be shared with Department of Justice officials for consideration, given their potential impact on the justice system. The COVID-19 outbreak delayed a final round of engagement with stakeholders and the subsequent finalisation of these policy proposals for formal public consultation. However, the Workstream hopes to finalise the policy proposals for formal public consultation shortly, subject to Ministerial and Executive approval. This may occur at the end of January.
- Work has also been ongoing relating to the development of guidance around openness which is being taken forward through task-and-finish groups arising out of the Being Open sub-group.

Serious Adverse Incidents (SAI's)

- The SAI recommendations are largely operational and will not require legislation. A large emphasis, linking to being open, has been "What you should expect if you are involved in an SAI" which is the 'statement of patient rights'. This document has been presented at a number of staff engagement events and feedback collated and incorporated. After a final sign off from the SAI Workstream, the statement will be passed to Trusts for implementation. The remaining actions will be implemented in the coming months.
- A Service User & Carer Involvement workshop regarding the SAI Statement of Rights was held on 15 December. Changes suggested at this event will be presented to the SAI Workstream for sign off. It is expected the Statement will be launched early 2021.

Independent Medical Examiner (IME)

- Two initial prototypes have been carried out which have identified the Northern Ireland Electronic Care Record (NIECR) as a valuable tool in accessing both the Medical Certificate of Cause of Death (MCCD) and clinical records in a swift manner to mitigate against undue delays to deaths registrations or funerals. The prototypes have also examined the practicalities around making contact with the certifying doctor in a timely manner.
- A third prototype commenced in early November to identify any further impacts such an IME service may have. These prototypes will be used to develop firm proposals and options for an IME service which will be subject to wider consultation in 2021.

2.2 Trust IHRD Implementation Oversight Group

The Trust Implementation Oversight Group last met in December 2019. While the regional programme remains essentially paused, scheduled local Oversight Group meetings have been cancelled. It is intended that local meetings will resume when the Programme's activity increases, however this is not anticipated to occur in the short term (next 2-3 months). The Chair of the Trust group, the Medical Director, will keep this under review. Items identified for escalation by the Management of Inpatient Children Working Group are to be escalated directly to the Medical Director, as an interim measure while the Oversight Group is paused.

The task of each IHRD Programme Workstream and sub-group has been to develop an implementation plan for the IHRD recommendations relating to their area/theme. Each Workstream must also produce an assurance framework which clearly maps out how a recommendation will be implemented. Each recommendation must then be presented to the Assurance Workstream as part of a framework which clearly maps out how the recommendation will be implemented.

The Trust IHRD Implementation Oversight Group has therefore developed and agreed an internal process to implement the recommendations and assure effective governance reporting processes are in place prior to receipt of circulars. This includes a triage group to identify the appropriate Trust lead(s) responsible for completion of circular actions, and establishment of working groups as required, together with communication and engagement plans to ensure relevant staff groups are informed as work progresses. It is intended that local internal assurance mechanisms for the monitoring of recommendation implementation will replicate that which is adopted by the regional Programme and DoH to achieve consistency. Regionally this is in development and may take a similar format to a risk register with accompanying RAG statuses.

3.0 Supporting Age Appropriate Care Update

3.1 Supporting Age Appropriate Care

Work is continuing to deliver the regional directive on the delivery of age appropriate care (children aged of up to 16th birthday should normally be admitted to paediatric wards) including:

- Implementing policies and procedures to ensure that children and young people up to their birthday receive age appropriate care;
    - A Trust policy on Age Appropriate Care;
    - New IV fluid competency framework and process for assurances in development;
    - Regional IV fluid policy including a task and finish group;
    - Child death policy which includes the new process of managing and reviewing child death from 23 weeks gestation to 18th Birthday.
- That arrangements are in place to ensure paediatric input to the care of children and young people up to 16th birthday who are admitted to non-paediatric settings when this is required;
- Ensuring that transition arrangements are in place for the transition of patients into adult services;

- Ensuring that paediatric staff are trained and supported by adult colleagues where necessary to support their management of children and young people up to their 16th birthday and beyond where this is clinically appropriate
- New regional PEWS 2 implementation and development of resources to improve parental involvement.

To support the delivery of age appropriate care the Trust continues to employ an Age Appropriate Care Nurse, Paediatric Pharmacist and Paediatric Diabetic Nurse Specialist.

The Management of Inpatient Children Working Group last met in November 2020. Low sodium results continue to be monitored, with no concerns identified so far; and work to improve the associated reporting processes by looking at real time reporting is continuing. IV fluids also continue to be monitored with feedback issued and discussed at Audit meetings. An improvement group has been established to address issues, although the number of incidents appears to be decreasing.

A daily report from the Trust Information Team highlighting any child admitted to an adult ward continues to be reported on a daily basis to appropriate staff. The monitoring of admission information also continues to be undertaken by the Liaison Nurse for Age Appropriate Care in order to demonstrate that these children have been admitted appropriately to cohort wards. Patient satisfaction surveys and other patient feedback remains generally positive.

3.2 Children in Adult Wards (CIAW) Activity Monitoring

As previously noted a number of activity monitoring processes are in place to ensure patients up to their 16th birthday are admitted to paediatric settings where this is clinically appropriate, including:

- Daily report - Ward entries i.e. Admissions and Transfers in to adult wards age under 16 years;
- Children in Adult Wards Tracker Tool;
- Weekly report - 14 and 15 year old admission/DC by Ward;
- From 1 August 2018 all patients aged between their 14th and their 16th birthday are admitted to a Paediatric Ward in the Ulster Hospital;
- If deemed more clinically appropriate, admission to an identified cohort Ward in the Ulster Hospital will be arranged with support provided by the Acute Paediatric Team as required;
- No patients aged between their 14th and their 16th birthday are admitted to Lagan Valley Hospital or Downe Hospital as inpatients;
- All staff caring for young people up to the age of 16 years must complete the BMJ module on Hyponatraemia and the relevant case studies.

The graph below provides details of admissions of paediatric patients to adult wards since July 2018 to December 2020:

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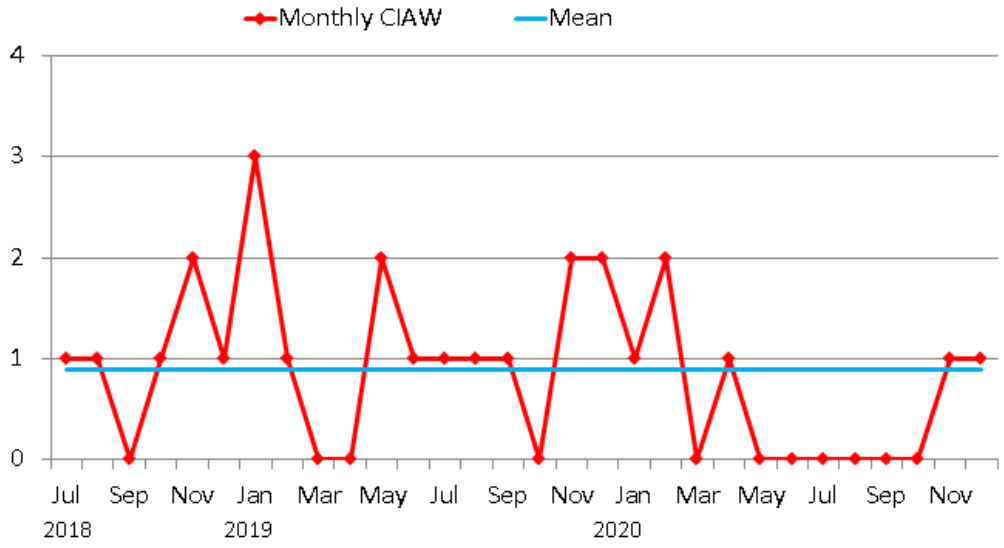
Monthly CIAW 26.07.2018 to 31.12.2020



Mean of 0.89 since reporting commenced
A run of 7 consecutive data points of decreasing / equal value has been recorded (Apr– Oct 2020).
A shift of 6 consecutive months below the mean has been recorded (May – Oct 2020).

In comparison to 2019 / 20 monitoring (366 days), 2020 / 21 YTD monitoring (275 days) evidences:

- 69.4% reduction of CIAW occurrence based on average number of CIAW incidences per month (1.08 improved by 0.75 to 0.33).
- 225.6% increase in average number of calendar days between CIAW incidences (28.2 improved by 63.5 to 91.7).

All admissions were followed up and determined to be appropriate placements based on clinical need with paediatric support where required

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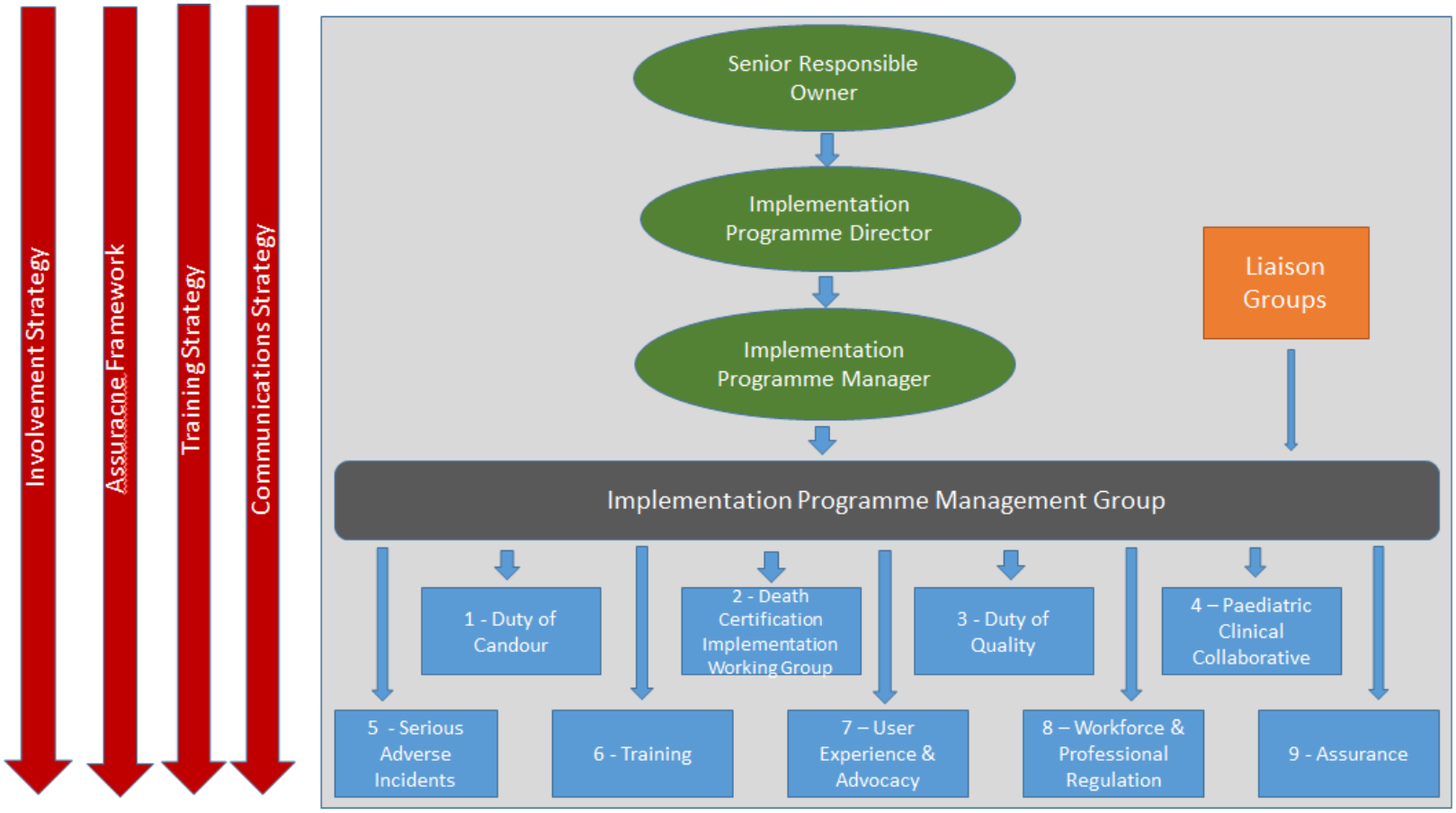
Appendix 1

IHRD Programme Structure



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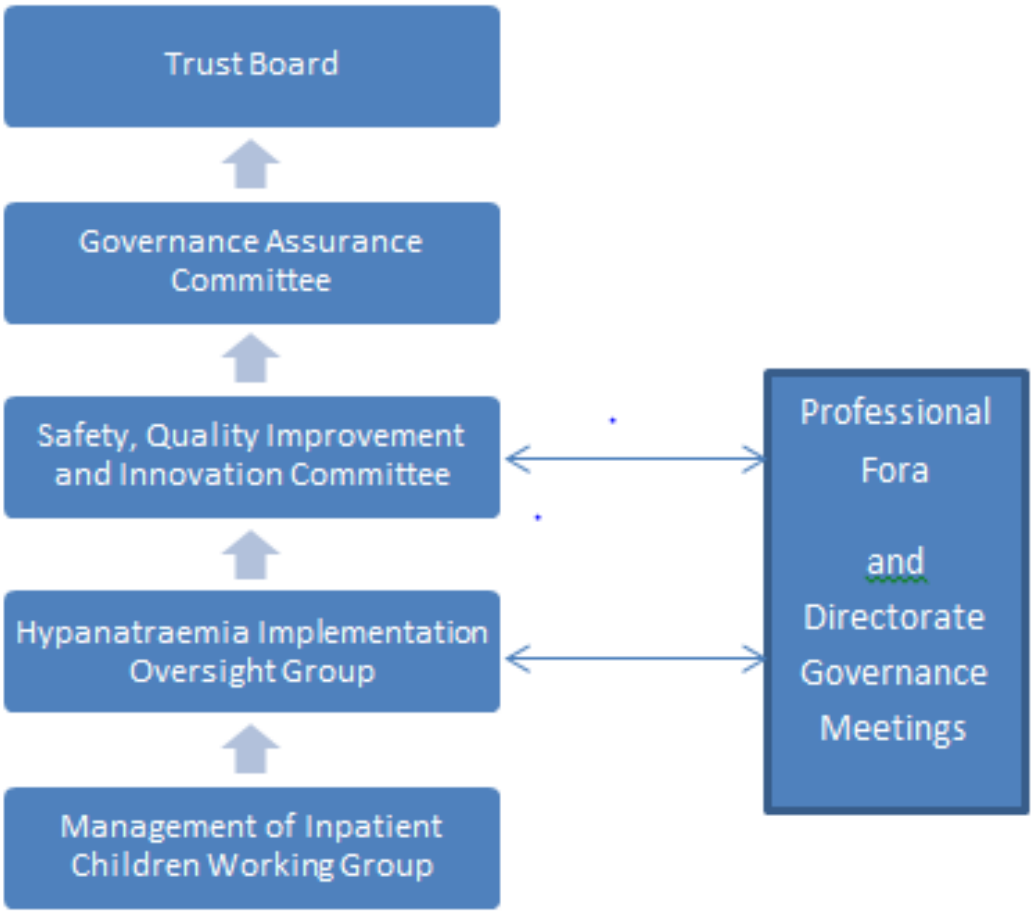
Appendix 2

SET IHRD Implementation Oversight Group Governance Framework



SET IHRD Implementation Oversight Group Membership

Mr Charlie Martyn (Chair)	**Medical Director**
Jonathan Patton	**Chairman (Acting)**
Helen Minford	**Non-Executive Director**
Joan O'Hagan	**Non-Executive Director**
David Robinson	**Interim Director of Hospital Services**
Nicki Patterson	**Director of Nursing, Older People and Primary Care**
Myra Weir	**Director of Human Resources & Corporate Affairs**
Dr Bob Darling	**Associate Medical Director**
Dr Joe Toner	**Clinical Risk Director**
Brendan Mullen	**Associate Risk Director**
Dr Tim Harding	**Clinical Director Medicine**
Dr Bernadette O'Connor	**Associate Clinical Director Paeds**
Mr Robert Kennedy	**Clinical Director Surgery**
Dr Roland McKane	**Associate Clinical Director Medicine**
Prof Thomas Trinick	**Clinical Director Labs**
Mr Alister McIlwee	**Consultant Emergency Medicine**
Clare-Marie Dickson	**Assistant Director Nursing**
Maggie Parks	**Assistant Director Surgery**
Mary Jo Thompson	**Assistant Director Medicine**
Kieran Quinn	**Interim Assistant Director WACH**
Martine McNally	**Assistant Director Risk Management**
Jill Macintyre	**Head of Pharmacy & Medicines Management**
Eunice Strahan	**Safe & Effective Care Manager**
Teresa Mungur	**Clinical Manager Paediatrics and Neonatology**
Paul McCloskey	**Bereavement Coordinator**
Scott Hyvart	**Clinical Governance & QI Officer**
Joanne McKissick	**Patient Client Council Representative**

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Appendix 4

IHRD Workstreams and Delegated tasks from IHRD Report Recommendations

Workstream Number	Workstream Name	Actions	Recommendations for implementation Category and Number
1	Duty of Candour	11 Actions from 5 Recommendations	Candour: 1 (i), 1 (ii), 1 (iii), 1 (iv), 1 (v), 1 (vi), 1 (vii), 2,3,4,6,
2	Death Certification Implementation Working Group	22 Actions from 18 Recommendations	SAI Investigation: 36, SAI Death: 43, 44, 45, 46, 47 (i), 47 (ii), 47 (iii), 47 (iv), 47 (v), 48, 49, 50, 51, 52, 53, 54, Training: 59,60, Department: 87, Culture and Litigation: 95, 96
3	Duty of Quality	28 Actions from 23 Recommendations	Candour: 8 Leadership: 9, SAI Investigation: 34, 40, 41, Training: 55, 56, 67, 68, Trust Governance: 69 (i), 69 (ii), 69 (iii), 70, 71, 72, 76, 77, 78, 79, 80, 81, 84, Department: 86 (i), 86 (ii), 86 (ii), 90 (i), 90 (ii), 92
4	Paediatric – Clinical	21 Actions from 21 Recommendations	Paediatric – Clinical: 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30
5	Serious Adverse Incidents	18 Actions from 10 Recommendations	SAI Reporting: 31,33 SAI Investigation 37 (i), 37 (ii), 37 (iii), 37 (v), 37 (vi), 37 (vii), 37 (viii), 37 (ix), 37 (x), 38, 39, 42, Training: 66

			Trust Governance: 82, 83, Department: 91,
6	Training	6 Actions from 6 Recommendations	Training: 57, 58, 61, 62, 64, 65,
7	User Experience and Advocacy	3 Actions from 3 Recommendations	SAI Investigation: 37 (iv), Training: 63, Department: 89
8	Workforce and Professional Regulation	7 Actions from 7 Recommendations	Candour: 5, 7, SAI Reporting: 32, SAI Investigation: 35, Trust Governance: 73, 74, 75,
9	Assurance	1 Actions from 1 Recommendations	Department: 93