Quality & Risk: April – June 2021

NHS
University Hospitals Dorset
NHS Foundation Trust

Welcome to the quarterly update on all things Risk and Governance!

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Introduction: Jo Sims – Associate Director of Quality & Risk

Dear All

Welcome to the new Quarterly Quality and Risk Department Newsletter. We aim to use the newsletter to keep you updated on some of the strategic developments around patient safety, risk management and quality governance.

If you have any questions or comments about any of the content please contact us, we are happy to chat and help with your enquiry wherever possible.

Best wishes, *Jo*

Datix

The UHD Datix system went 'live' from the start of the financial year, 1st April 2021. Allowing the measurement of trends in safety and risks across all UHD sites, and potential to identify learning and improve practice for the safety of patients and staff.

To note:

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There are now 4 LERN (Learning Event Report Notification) Forms on Datix to report a **Safety Incident**, an **Issue**, your **Improvement ideas** or share **Excellent Events** – links can be found on the intranet pages. Link: https://intranet.rbch.nhs.uk/index.php/share-to-care/lern-forms	

- The vast majority of the creation of the UHD system has been done in house and it has been a challenge with the revised structures following merger meaning all locations required review before being added. (Your feedback regarding the sites structures has been helpful as it will be with the changes to staffing structure!)

- Datix has been further configured to:
  - collect information relevant to the Covid 19 pandemic,
  - include logging of 'safe staffing' using the 'red flag' system.
  - enable reporting staff to complete a 'patient look up'. I.e. If the hospital number is known the system will find and fill in remaining details from the file. Patients logged on our eCAMIS systems are fed to the Datix system.
  - Increase utilisation of the actions module in order to track actions particularly within SI processes
  - Add Duty of Candour requirements within both the submission and reviewer forms
  - Improve the "my dashboard" system where data is presented in effective real time. For Care Groups we identify:
    - current Risks, including review date and target appetites,
    - group wide 'Actions',
    - LERNs including SI and Duty of candour,

- Reporting Staff can also now look themselves up if they have reported previously by looking up their own UHD email.

- **Improving Feedback.** Staff reporting and incident will now receive an e-mail acknowledgement when their report is submitted. They will also receive feedback regarding actions and lessons learnt when the incident is closed.

More changes are in the pipeline!
Please let us know if you have any ideas that would help in the reporting or management of incidents via
http://datix.poole.nhs.uk/POOLE/LIVE/index.php?form_id=74&module=INC

Also if you would like any support or training in using datix please contact the team on Ext: 4014 or via
QualityRiskTeam@uhd.nhs.uk

Governance/CQC

'The CQC monitor, inspect and regulate our services to make sure we meet the fundamental standards of quality and safety and publish what they find.   This includes performance ratings of: Outstanding, Good, Requires Improvement and Inadequate.

Recently the CQC visited UHD to carry out a provider-level inspection on elements of well led and subsequently published their findings. No rating was given as the scope was too narrow for that to be reasonable. The Trust has created an action plan to address the three areas of improvement.

For further information and access to recent CQC reports please visit the intranet pages via
https://intranet.rbch.nhs.uk/index.php/quality-and-risk-management/care-quality-commission

Quality Governance Group Top Ten –

The Trust Quality Governance Group meets monthly and ensures there is effective governance, clinical safety, risk and quality patient care. Each month the quality governance team will produce the top ten key points from the meeting for trust wide dissemination and learning.

Details of the top ten for each month are located on the following intranet page:

https://intranet.uhd.nhs.uk/index.php/quality-risk/quality-governance-group

Topics covered range from Serious Incident Synopsis, consent, staffing, IT, equipment checks …… the list is endless – there is something for everyone!

Interactive Governance Map

The Quality Governance team are committed to keeping copies of the Terms of Reference for all meetings shown on the Trust Governance Map. We have created an Interactive Governance Map on the intranet which gives everyone access to the approved Terms of Reference we have received so far.   You can access the Interactive Governance Map under the new UHD Intranet. Click on the link in the boxes which will then bring up the Terms of Reference for that particular committee group.
This can be found under the pathway of Quality & Risk – Quality Governance Group – Quality Governance – Governance Structures. https://intranet.rbch.nhs.uk/uploads/quality-risk/documents/road-map/Governance-road-map.pdf

Please remember to keep sending a copy of the Terms of Reference to Natalie Matear Natalie.matear@uhd.nhs.uk when they have been approved ------ *thank you*

Quality & Risk Toolkit

The Quality and Risk Group Toolkit is designed to support the UHD governance structure with information sharing, risk escalation and evidence of learning visible from ward/department level up to trust board level and vice versa.
It includes a suite of templates for use across UHD at Care Group, Directorate, Specialty and Ward/Department level. The individual toolkits provide standard templates for Terms of Reference, meeting agendas, meeting action logs and escalation reports at each of these levels. The toolkits are already in use in a number of areas and can be adapted for use in all corporate areas as well as within the care groups.
The toolkits can be found here https://intranet.uhd.nhs.uk/index.php/quality-risk/quality-governance/toolkits
For further support please contact Yvonne Hunter in the Governance team Yvonne.Hunter@uhd.nhs.uk

Peer Review
Quality Ward Audit / Peer Review has been refreshed and is ready for launch for phase 1 across UHD in July 2021.

All wards and departments will be able to use the tool to provide assurance of good care and form evidence as part of our wider internal quality agenda.

The audit tool is aligned with the CQC 5 Key Questions/Domains - Safe/ Caring/ Effective/ Responsive and Well-led.
There are sub topics within each domain and the audit can be undertaken in stages throughout the month, either as a topic or domain. Findings from the audits will help to form discussions within your Care Groups, Directorates/Specialties about areas of good practice & learning, and areas of development.

During the second half of the year, Phase 2, the Quality Governance team will work closely with the Care Groups to identify specialist areas requiring a more bespoke approach. We aim to help to design and create bespoke tools for areas such as Children, Maternity, Theatres and Outpatients.

Speak to your Matrons and Department leads for information about how you will be using the Peer Review process for your area.
Look at the Quality Governance intranet pages for the link to the audit tool.

Health & Safety

The Health and Safety Team are here to advise on;

- Co-ordination of the health and safety management system and monitoring its overarching effectiveness to meet NHS England's needs.
- The provision of health and safety advice and the implication of the law.
- The production and maintenance of this policy and associated health and safety procedures, protocols and guidance.
- Assisting in the identification and implementation of health and safety training needs.
- Acting as NHS England's formal link with The Health and Safety Executive, Local Authority enforcement teams and other external agencies for health and safety matters.
- Providing recommendations and reports as and when required.

What's new?
Health and Safety Audit Tool (HASAT) this replaces the WASH in Poole and GAT in Bournemouth.

Why the change? The questions needed to be aligned for the merger and give a snapshot of health and safety, training, providing evidence that legal health and safety requirements are being met throughout the Trust in accordance with current legislation.
To be completed by each department during April to June each year.

If you have not completed for your area yet please do so on the following link: https://intranet.poole.nhs.uk/index.php/risk-management-and-quality-governance/health-and-safety/workplace-audit-of-safety-and-health-wash

There is also handy video on how to complete the audit tool on the same link.

What happens to the information?
The data is important, any areas of non-compliance will be addressed with an action plan and support from the Team, the information will be reported back to the Trust's H&S Group with headline figures being reported back to the Board in the Annual Health and Safety Report.

If you are unsure of any health and safety issues please contact the team (contact below)

Medical Examiner's Office

Deaths Scrutinised Q1
PGH - 195
RBH – 295
MAC – 53
Dorset HealthCare – 5

- Dr Steve Tompkins, Community Deaths Medical Examiner, left the team at the end of June, after being appointed as Chief Medical Officer at Southern Health. An advert for the vacancy has gone out and interviews will be towards the end of July 21.
- Dr Julius Cranshaw was appointed as the UHD Lead Medical Examiner in May 2021, after application and interview. Dr Cranshaw will provide overarching leadership to the MEs across both sites.
- On the 7th June, the National Medical Examiner Office and NHS E/I published the Extending Medical Examiner Scrutiny to Non-Acute Settings letter, which has given ME Offices the go ahead in extending ME Scrutiny to primary care settings. Morgan Smith and Becky Protopsaltis are currently scoping out how the Community ME Service will work, with a Pilot phase imminent with Highcliffe Medical Centre and a full roll-out with DHC soon.
- Other project work that was put on hold due to Covid is now being re-scoped by the Office to ensure for a UHD approach, and will be developed as appropriate.
- Diane Arnold, started in June 2021. Joined us from Dorset County Hospital, where she was a Cardiac Physiologist. Excited to have her on board.
- The ME Office and Patient Affairs Office will be moving to our new office space in Orthopaedic Outpatients last week of July.

Clinical Audit

Key achievements in Q1 2021/22

- Successful joint meetings of Clinical Audit and Effectiveness Group (monthly) and Clinical Audit Approval Group (weekly) supported by regular team meetings attended by representatives from both sites
- Development and approval of the 2021/22 UHD Clinical Audit Plan.
- Publication of UHD 2020/21 annual reports for Clinical Audit and NICE. Key points from which include:
  - 1219 projects across UHD during 2020/21 (616 at RBCH and 603 at Poole)
  - High level of participation in eligible national audits (100% at RBCH and 96% at Poole)
  - Low numbers of new NICE publications awaiting local compliance assessment

We hope this has been a useful insight into what is happening in Quality Governance and Risk with some up to date information and contact details. Please let us know if there is anything particular you would like to see in this quarterly newsletter from each of the different areas.

Meet The Team …….

Joanne Sims – Associate Director of Quality, Governance & Risk	
POOLE SITE	**BOURNEMOUTH SITE**
Risk Management, Datix, & Serious Incidents: Janey Harbord : Head of Risk Management: RBH (X4966) / Poole (X2540)	
Richard Longstaff – Datix Web Manager (X2180) Paul Knight – Datix Administrator (X3310) Sharron Davis – Risk Secretary (X8668) Lynn Osman – Serious Incident Co-ordinator (X2821)	Luigi Cordiano – Datix Administrator (X4014) Toula Protopsaltis – Serious Incident Co-ordinator (X4265) Lorna Wills – Quality & Risk Administrator (X4014)
Health & Safety:	
Tony Bodycombe – Risk Advisor Health & Safety (X2480)	Caitlin New – Risk Advisor Health & Safety (X4039)
Governance & Assurance: Tracey Cooper : Directorate Manager & Quality Assurance Lead : RBH (X4014) / Poole (X8233)	
Yvonne Hunter – Quality Governance & Compliance Manager (X3311) Debbie Gritt – Quality Assurance Co-ordinator (X8208) Natalie Matear – PA in Quality Assurance (X8337)	
Litigation & Inquests : Jennie Moffat : Head of Litigations & Inquests (X6024)	
Stuart Bloom – Inquests & Non-Clinical Claims Manager (X5460) Tracy Staton – Legal Services Secretary (X3339) Yasmin Hannington – Litigation & Inquests Administrator (X3564)	Polly Hobbs – Claims Administrator (X4471)
Medical Examiner Office :	
Ryan Barter – Medical Examiner Officer (X2061/2210) Sue Hoyland – Medical Examiner Officer (X2061/2210)	Becky Protopsaltis – Medical Examiner Officer (X4160) Natalie Rapley – Medical Examiner Officer (X4160) Diane Arnold – Medical Examiner Officer (X4160) Morgan Smith – Medical Examiner Officer, Community Deaths (X4160)
Clinical Audit Team:	
Sandra Courtiour – Clinical Audit & Effectiveness Manager (X8079) Rebecca Shephard – Clinical Audit Facilitator (X8761) Sacha Crowley – Clinical Audit Facilitator (X2435) Christine Cole – Clinical Audit Assistant (X8748)	Craig Murray – Clinical Audit & Effectiveness Manager (X4274) Corinne Martin – NICE Guidance Co-ordinator & Clinical Audit Facilitator (X4985) Diane Khan – Clinical Audit Data Analyst (X4697) Daria Simpson – Clinical Audit Data Analyst (X4127)