

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

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Welcome to the Department

A warm welcome to Diane Potter and Natasha Sage – Clinical Risk Advisors

These are new roles to the Trust. Diane has extensive experience from working as a Matron in RBH and Natasha has come from Dorset CCG and Dorset HealthCare prior to that.

The role supports all aspects of Clinical Risk Management, including the Serious Incident process and managing patient safety incidents across the Trust.

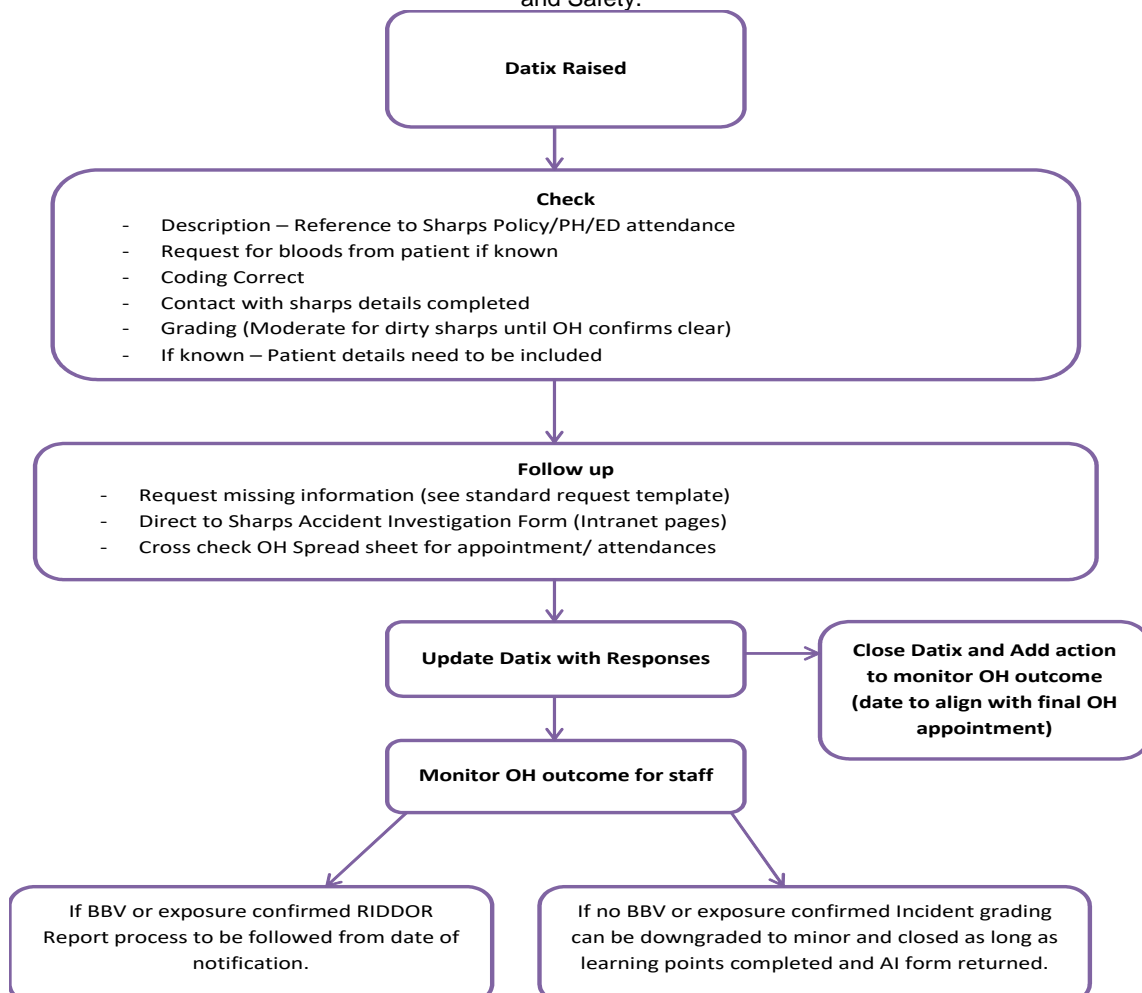


Health and Safety- Sharps

We are having some delays confirming staff sharps exposure incident outcomes. This delay is due to staffing shortages in Occupational Health.

In order to provide assurances to the organisation staff are receiving support the health and safety teams follow up sharps injuries in the following way. This is to make sure staff receive support and follow the sharps injury follow up process.

Even with this in mind there are still gaps where some non-clinical staff are not aware of the sharps policy or what to do in the event of a sharps injury. If anyone receives calls regarding this please signpost to either Occupational Health in the first instance or Health and Safety.



Health and Safety

Riddor – Late Reporting Risk

Since the beginning of this reporting year we have noticed a significant number of RIDDOR reportable incidents being reported through Datix late. This has then caused a delay in reporting to the HSE which poses a risk to the organisation of the HSE wanting to inspect the organisation.

There were 11/26 reported through Datix late and subsequently were outside of the HSE reporting timeframe.

To address this the H&S team are sending out communication in the bulletin regularly, and with each late report reminding reporting of the requirements for timely reporting and requesting statements as to why they are late. We are also working with HR to look at work related staff sickness figures.

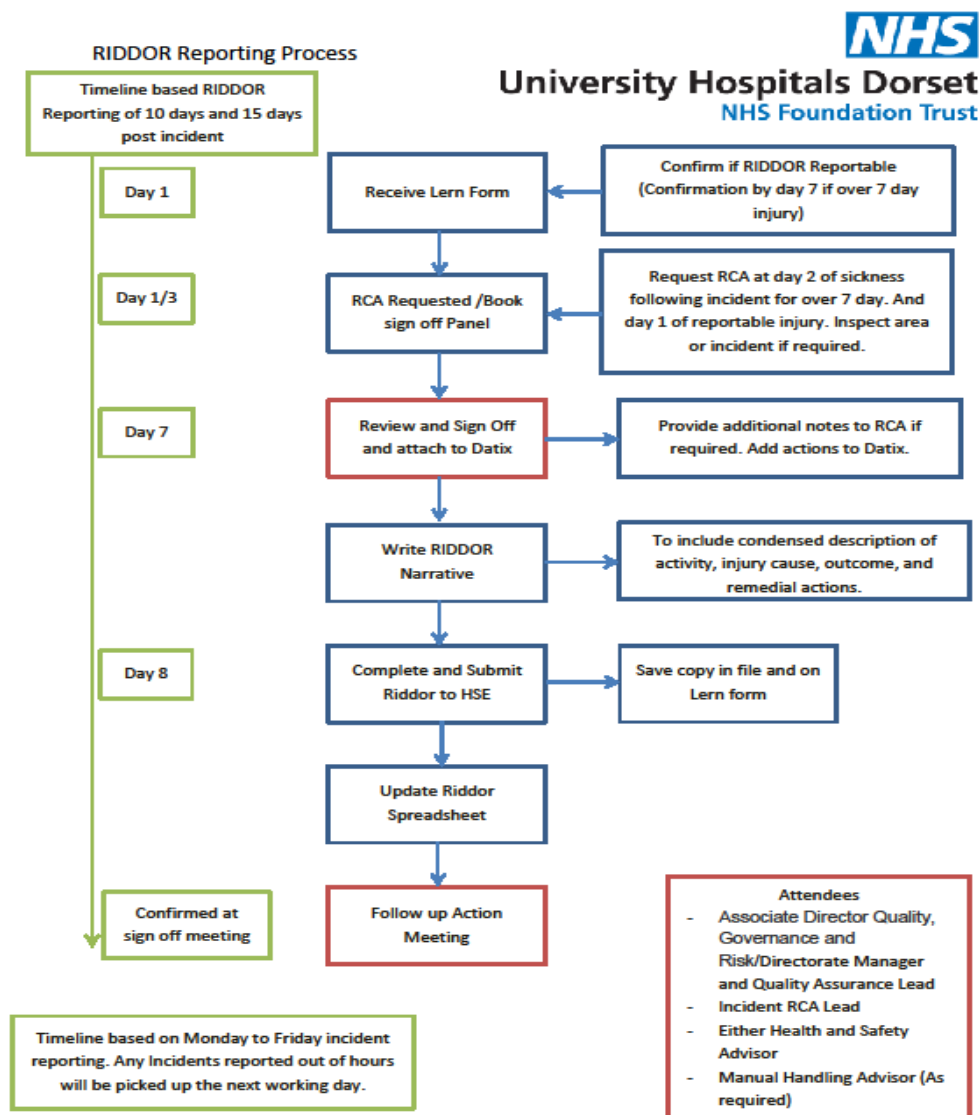
Communication for staff

All staff and patient safety incidents must be reported immediately to the manager or senior person on a shift.

A LERN must also be completed as soon as possible after identification of the event, and always within two working days. Our health and safety team should also be notified as soon as possible in the event of any staff injuries or time off work that fall into this reporting category.

Please contact your local [health and safety advisor](#) for more support or information.

We have a new review process for RIDDOR Incidents that can be seen below.



June 2021 – Health and Safety Team Process

This is the first of our incident follow up processes for health and safety incidents. More will follow in future newsletters.

Key learning from Serious Incident Investigations

Have you ever wondered what happens to all that information and learning? I am sure that the ward/service you work for has discussed and communicated the outcomes of investigations with you but there are many places on the intranet where the outcomes of investigations are available for you to view and utilise

Synopsis of all SI can be found here: <https://intranet.rbch.nhs.uk/index.php/quality-and-risk-management/key-learning-from-serious-incidents> and are grouped under broad themes and are in SBAR format



Trust safety Alerts can be found here: <https://intranet.rbch.nhs.uk/index.php/quality-and-risk-management/key-learning-from-serious-incidents/trust-wide-learning-and-safety-alerts> again following SBAR format

Quality & Risk weekly update can be found at <https://intranet.rbch.nhs.uk/index.php/quality-and-risk-management/key-learning-from-serious-incidents-by-month> and provides an update on the outcomes of the previous week's activity

The Trust has continued to support the processes and principles of openness, transparency and the appetite to learn and improve Trust wide safety despite significant and huge challenges to capacity, resilience and conflicting priorities.

In the 12 months from the date of merger on the 1st October 2020 until the 30th September 2021

- **119** SI investigations were commissioned from incidents reported in that timeframe
- **194** scoping meetings were held
- **122** learning panels were held reviewing completed reports
- **45** Post event reviews were undertaken reviewing and supporting the delivery of actions

A huge thank you to all our amazing attendees, chairs, investigators, contributors and action leads!

LEARNING from LERNS – November 2021 Launch

We are planning a re-fresh and launch of LERNS for UHD to raise awareness of the option available to you to report, communicate, escalate and 'lern' from safety incidents and, acknowledge excellence and propose improvement ideas.

This will include a refresh to the branding for the merged UHD organisation, this and information on the launch and associated events will be available on the intranet.

Clinical Audit

- **Clinical Audit Intranet.** The Poole and RBCH clinical audit intranet content has now been merged into the UHD clinical audit intranet pages. Links to project registration forms can be found here, as well as contact details, information on training, NICE, details of Specialty Clinical Audit Leads and the Clinical Audit and Effectiveness Group.
<https://intranet.poole.nhs.uk/index.php/clinical-audit>
- **NICE.** The Trust is required to have a clear process in place for managing the dissemination, monitoring and reporting of compliance against NICE guidance. A UHD process has now been agreed and is live. To support this, a centralised NICE database is used by the Clinical Audit Department (CAD) to ensure effective, timely and generic Trust-wide dissemination, monitoring and reporting.
- **National Audits.** At the end of Q1 2021/22, UHD was participating in **98%** of eligible (n=46) national audits.
- **New project approvals.** During Q1 2021/22, there were 94 clinical audit projects approved by the Clinical Audit Approval Group (54 registered via the RBCH office, 40 via Poole).
- **UHD Clinical Audit Plan 2021/22.** At the end of Q1 2021/22, over 50% of planned clinical audit projects had been started.

Quality Audit Tool (peer review)

The UHD Quality Audit /Peer Review Tool was successfully launched in August. It is hoped all wards and clinical areas will complete an audit in full within the first three months (by end October) to achieve a baseline position from which to set the frequency of review as per the Quality Audit /Peer Review SOP. Using the tool will help to provide assurance of good care as well as provide evidence as part of our wider internal quality agenda.

The 'tool' can be completed on line and the link for instructions and access to the system can be found here: <https://intranet.uhd.nhs.uk/index.php/quality-risk/peer-review>

and the SOP can be found here:

<https://intranet.rbch.nhs.uk/policies/quality-risk/quality-ward-audit-peer-review-process.pdf>

Work is now underway to include the results as part of the planned Quality Dashboard.

If you would support to complete the audit please contact Debbie Gritt in the governance team in the first instance:
Debbie.Gritt@uhd.nhs.uk

Medical Examiner's Office - Learning from Deaths Project:

The Trust-Wide Learning from Deaths Project has recently been reenergised and given the highest priority by the Trust. The purpose of the project is two-fold: streamline the Verification of Death, Mortuary Admission, Medical Examiner and Mortuary Release process, along with establishing and standardising the Learning from Deaths/M&M framework/processes across UHD. Morgan Smith will be leading on this project, with support from the eForms Team and Quality and Risk Team.

The project's key stages will be:

- Development and Usability of all Learning from Death processes (ensuring Image Now works correctly, the feeds into reviews/reports are correct, the M&M structures are correct and creating relevant training documents)
- Phased roll-out at RBH and implementing Image Now at PGH (and associated processes)
- Phased roll-out at PGH

The Project Group has been identified and work has begun to move the project forward.



SPOTLIGHT

Risk and Governance Trust Link – Fire Safety Advisor

Martin Shore is the Fire Safety Advisor based at the Poole Hospital Site

The role and responsibilities include:

- Ensuring the Trust is compliant with current Fire Safety legislation
- Prepare and deliver fire safety training
- Ensure fire safety measures are compatible with operational efficiency of the Trust
- Maintain records and collate statistics and reports for various Trust groups and Senior Management
- Be single point of contact for all Trust fire safety issues and queries
- Link in with external contractors performing mandatory maintenance and servicing links e.g. fire extinguisher, dry risers, fire dampers.
- Working with the project team to ensure fire compliance with builds and renovations.
- Liaison with Fire Service and Fire Safety Inspectorate
- Respond to and investigate fires and fire alarm activations

Current key fire safety actions:

- A full suite of fire risk assessments being carried out across the Trust
- A full compartmentation survey of the Trust highlighting breaches being carried out – programme of works to remedy
- Storage and fire loading walk around of hot spots around the Trust with Senior Management to resolve inappropriate storage issues.
- Pictorial evacuation plans being compiled and hung in every ward and department
- Fire alarm works

Link with risk and governance:

- Works collaboratively with the Health and Safety Advisor on the new theatre build and other projects/issues arising
- Working closely with the risk register ensuring that fire safety risks are highlighted to the Trust
- Ensuring the Trust adheres to legislative fire safety requirements by providing:
 - Induction Training
 - Mandatory Training
 - Local Fire Training
 - Fire Warden Training with more than 200 attending from across the Trust

Next available fire warden training dates:

Monday 29th November 2021

Tuesday 14th December 2021

<https://intranet.poole.nhs.uk/index.php/education-and-training/mandatory-training/fire-warden-training>