

Quality & Risk: April - June 2022

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

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Welcome to Kelly Ambrose – Quality Governance Lead

I have joined the team as Quality Governance Lead in June 2022 and am based at Poole but will be working across all sites. I previously worked for Dorset HealthCare NHS Foundation Trust for the past nine years as part of the Quality Assurance team within the Nursing, Therapies and Quality Directorate. Prior to working in the NHS, I was in managerial/service improvement roles within nursing and residential homes both locally and regionally. I have a passion for improving outcomes for patients as well as staff, value the importance of corporate services and how they support our operational teams. I am out and about meeting lots of new people and thank everyone that has been able to invest time so far.

A bit about me: I live in Poole with my husband and two children (not forgetting our guinea pig Reggie!) I enjoy socialising with friends, spending time with my family and spend a lot of time by the sea.

I am looking forward to working with the Quality and Risk team as well as staff of all disciplines within the Care Groups and thank you all for the welcome I have received so far!

UPDATES to the DATIX reporting system

University Hospitals Dorset LERN (Learning Event Report Notification) form.

Messages: Please note the form will timeout after 20 minutes of inactivity.

Questions marked with a red star are mandatory

For information regarding alternative/additional reporting please [click here](#).

Need some help? Call us on 4014 or [click here to send us an e-mail](#)

We have made some key changes to the safety incident LERN form and the LERN Issues form. The safety incident LERN form has been streamlined and we have reviewed all questions that we ask staff to complete.

The new header section allows staff to access guidance with links to additional information, Quality and Risk email support and our contact phone number.

The special section for medical devices has been radically overhauled now using a list devised by NHS England. There are only two mandatory questions.

The LERN Issues form enables reporting of events that did not result in a safety incident. The revised Issues form has "severity" as its first question, if the reporter flags a harm level other than "no harm" they will see a pop-up guidance box that re-directs to the safety incident LERN form.

REVIEWING LERNS

The Datix system has just been changed to simplify the workflow steps involved in investigating LERN forms. There are now just four active statuses.

■ In the holding area, awaiting review

■ Being reviewed

■ -

■ Serious Incident Investigations

■ Finally approved

Please advise the Quality and Risk team if you or other staff change role of are expected to be away from the Trust for a significant length of time (e.g. sickness, secondment or maternity leave).

DATIX RISK REGISTER workflow steps

We have implemented a major change to Risk Register workflow. The older system inherited the LERN workflow which did not reflect the risk process. The new status values are self-explanatory.

■ In holding area, awaiting review

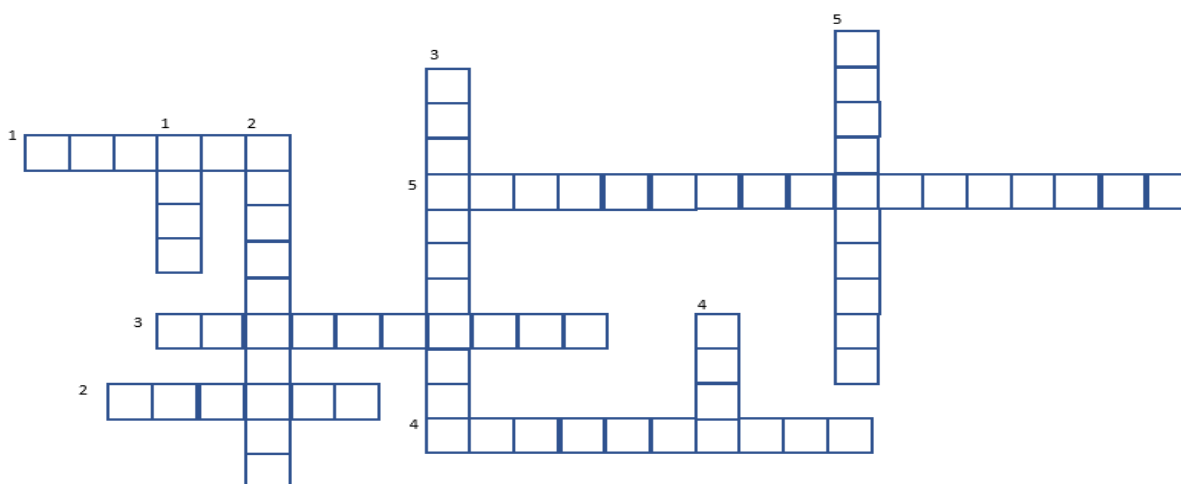
■ Approved current risks

■ -

■ -

■ Closed risks

Health & Safety Crossword

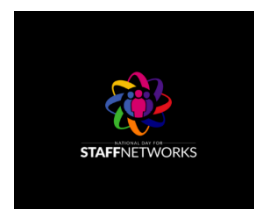


Across	Down
1. Blades such as scalpels and other medical instruments that are necessary for carrying out healthcare work and could cause an injury by cutting or pricking the skin.	1. Likelihood of this hazard resulting in an injury
2. A word for anything that may cause harm such as chemicals, electricity a wet floor etc.	2. Name of the safety advisor at Poole
3. Who is your safety advisor at Bournemouth?	3. What does the O stand for in RIDDOR
4. What does the S stand for in COSHH?	4. What form is used for reporting near misses, accidents and injuries?
5. What is a ULD?	5. The risk of infection by a contaminated sharp to this disease can be as high as one in 30.

Send your correct entries to the Health and Safety Team, Park View House, Poole Hospital by 30th September and all correctly completed crosswords will be put into a hat for a prize!

Spotlight – Staff Networks

Over the last six years, NHS England and NHS Improvement, based on research by NHS Staff Council Equality, Diversity and Inclusion Group (EDIG) have encouraged all NHS bodies in England to establish staff equality networks. Support for staff networks also forms part of the NHS People Plan's actions to promote staff health and wellbeing. The purpose of staff networks is to create a supportive working environment for staff with protected characteristics whilst also encouraging all staff within the organisation to understand the needs of individuals; to eliminate discriminations and to promote general equality of opportunity. The most popular networks are affinity groups that are linked to the protected characteristics of the Equality Act (2010) **At UHD** - Our NHS Staff Survey results, identified that there are some staff groups who collectively experience a less positive experience at work - the organisation is keen to understand the challenges and provide support via staff networks



At UHD we have a number of staff network groups:

- The Armed Forces Covenant – Rob Hornby
- The Black, Asian and Minority Ethnic Group (BAME) Minnie Klepacz/Monica Chigborogu
- The European Staff Network - Christos Christoforidis
- The ProAbility Staff Network – Diane Potter (with Co and Deputy Leads)
- The Lesbian, Gay, Bisexual and Transgender Network Group (LGBTQ+ - Matthew Hodson
- Women's Network – Samantha Murray

We also have:

- Childlessness Forum
- The International Doctors' Support Initiative (IDSI)

Staff Network groups are fully supported by the Senior Leadership Team at UHD and have explicitly given permission for employees to take reasonable time off to attend meetings and network leads are granted a half shift a week for network duties

“Any successful business, whatever the sector, whatever the marketplace, will understand the value in managing and harnessing the potential of an increasingly diverse workforce; want to recruit and retain the most talented people; and aim to provide the best service to clients and customers. Staff networks, because of their access, insight and experience, can help organisations achieve all these things and provide valuable perspective. Acting as a collective voice, they can be effective, influential and innovative”. (*The Incredible Power of Staff Networks – Cherron Inko-Taria*)

Medical Examiner's Office

The ME offices across Bournemouth and Poole have completed 100% scrutiny of all deaths across the Trust, whilst facing a few team pressures – approximately 700 deaths. The team have continued to expand out into the Community and are now up to 40% of GP practices in the east of Dorset, scrutinising all of their deaths. The Community Service is being well received by our Community Partners and we've been creating strong solid working relationships with them.

Clinical Audit

- **New project approvals** During Q1 2022/23, there were 66 projects approved by the Clinical Audit Approval Group.
- **National Audits** At the end of Q1, UHD was participating in 100% of eligible national audits.
- **UHD Clinical Audit Database** We are continuing to develop our new UHD database, aiming to launch imminently.
- **Communications** We held a very successful Clinical Audit Awareness Week, touring UHD with our trolleys and encouraging staff members to engage with our 'five-a-day' audit.
- **Clinical Audit and Effectiveness Group** The first face-to-face meetings of CAEG since the merger/pandemic took place over the last quarter.

Litigation and Inquests

Overview of Activity for Q1:

- 18 new clinical negligence claims received
- 4 clinical negligence claims were settled with damages totalling £199,500
- 40 inquest files were opened
- 24 inquests were heard, one lasting 12 weeks

Success at Trial: During Q1 a clinical negligence claim was successfully defended at trial. Only 2% of claims will reach the trial stage so this was an unusual event. The claim was brought by the widow of a patient aged 56 who was admitted with chest pain via ED. He was treated with GTN spray, nitrates and pain relief. His pain appeared to almost resolve. The following morning the patient underwent angioplasty where it was found that the circumflex artery was completely blocked. Several attempts to carry out a PCI were performed by a number of cardiologists, but these were unsuccessful. The pain resolved and the patient was discharged home but was found dead in bed 7 days later. The patient was found to have suffered a posterior STEMI. Allegations were made surrounding failures to perform an extended lead ECG, failures to note pain refractory to medication, delays in performing an angioplasty and failure to act in accordance with ESC guidelines and categorise the patient as very high risk. It was alleged that if the angioplasty had been performed 24 hours sooner, the occlusion could have been passed. During trial the ESC guidelines were scrutinised and noted to be open to interpretation and unclear at times, it was established that there were inconsistencies with his pain score and poor documentation for a 7-hour period. The Judge found that there had been a breach of duty and the patient should have undergone an angioplasty within 2 – 3 hours of admission. However, he found that even if the PCI had been performed the day before it would have been unsuccessful. The claim failed and was dismissed.

Inquests: During Q1 a twelve-week inquest was heard regarding a patient who suffered from an uncontrolled, complex epilepsy with additional mental health illness. The patient went missing from on 7th November 2017 and was found deceased on 18 November 2017. The inquest heard about issues relating to the interaction between neurology and mental health services, failures in mental health care and issues with the police search for the patient. Learning for the Trust relates to resourcing and communication with our local mental health trust. A joint working group comprising of members from UHD, DHUFT and DCH has been set up to review communications between mental health and acute care.

Quality Governance

The level of engagement with the CQC is increasing in line with their new strategy resulting in more requests for information/clarification of patient care. These requests may have short timescales for responding and we would like to thank those involved for your support.

The CQC intranet pages have been updated to share the new regulatory approach being adopted by the CQC. These pages also include information to support staff through an inspection process
<https://intranet.uhd.nhs.uk/index.php/quality-risk/quality-governance/cqc>

The Governance audit report action plan was approved and has been circulated to relevant leads. Plans are underway to standardising care group organisational structures and governance map layouts with the support of the Quality Governance team.

An audit of Specialty M&M meetings has commenced and is currently on target to be completed by end September 2022. If there are any queries, please contact yvonne.hunter@uhd.nhs.uk. Thank you to all those who have responded so far.

We would ask for completed Standard Operating Procedures (SoPs) for consent in the line with the policy are submitted. The Quality Governance team are very happy to support any nominated specialty consent lead to complete this. For further information/support please contact yvonne.hunter@uhd.nhs.uk