

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY

QUALITY REPORT

Date of the meeting	18/11/2020
Author	J Swarbrick, Head of Nursing and Quality (Patient Safety and Risk)
Lead Director	V Read, Director of Nursing and Quality
Purpose of Report	To provide a summary of commissioned services during the Covid-19 response.
Recommendation	The Governing Body is asked to note the report.

Monitoring and Assurance Summary

Conflicts of Interest	N/A
Involvement and Consultation	N/A
Equality, Diversity and Inclusion	N/A
Financial and Resource Implications	N/A
Legal/governance	N/A
Risk description/rating	Included on the current GBAF.

Author's name and Title: J Swarbrick, Head of Nursing and Quality (Patient Safety and Risk)

Date: 24/10/2020

System Quality Report

20 October 2020





Dorset County Hospital:

- Maternity Unit – staffing pressures (short term sickness, requirements to self isolate) and increased number of women requiring induction of labour. Dorset Local Maternity System support in place.
- Improvements in mortality and Venous Thromboembolism (VTE) indicators continue to be monitored.
- Quality Improvement work in relation to timely production of Electronic Discharge Summaries commenced.
- Progress in relation to Endoscopy recovery includes seven day cover from October 2020.
- National Diabetes Quality Programme Peer Review of child and young person's diabetes services to take place in November 2020.

University Hospitals Dorset:

- Ambulance handovers at both Royal Bournemouth Hospital and Poole Hospital sites remain above expected levels, this has been escalated to the Trust to address.
- Covid-19 outbreak reported on inpatient area at Poole site. Regular outbreak meetings are being held.
- Increasing requirement for Covid testing for both staff and patients.
- 5 Never Event reports have been reviewed and closed at CCG panel. Actions are in progress and learning shared across the Dorset system.
- Care Quality Commission (CQC) improvement notice issued following Ionisation Radiation Regulations (IRMER) inspection of radiotherapy services. Risk review report shared with CQC.
- Positive improvements from alignment of learning from deaths and ME processes across sites. Work in progress to align mortality data collection.

Dorset Healthcare:

- Reinstating services, the increase in staffing requirements is being managed in line with new Infection control guidance.
- At the time of writing there were 3 outbreaks within the Trust. All outbreaks followed an agreed outbreak management process.
- There still continues to be an increase demand for community MH services.

Primary Care:

- CQC ratings – all Dorset practices rated Good or Outstanding bar one.
- As of 13/10/20 there has been 4 Covid-19 outbreaks (3 current and 1 closed) and 2 incidents in Primary care. These are being managed well and service delivery has not been negatively impacted in any practices.

SWAST:

- At the request of NHSE/I, local systems have been asked to review the call stack risk for their own area.
- SWAST are reporting increasing rates of violence and aggression towards staff.
- Also reporting increased demand for people with mental health difficulties.

Independent Providers:

Our current database shows the following numbers of services:
Nursing Homes 73
Residential Homes 144
Learning Disability 68 (2 new)
Total 285
There has been an increase in incidents and outbreaks of Covid-19 within Care homes. Dorset system support has continued. Annual QA process for Out of Area LD residents will commence this month.
Access to virtual Restore2 training will commence in November.



Quality monitoring The BI [Quality Overview](#) represents the most recent available data. Areas are being updated as soon as NHS digital restarts data collection or from direct monthly updates from providers. Within care homes the quality monitoring has been replaced during the pandemic with a quality assurance process and Covid-19 assurance processes combined with support calls to enable regular contact with homes and providers to identify any needs early and enabling system support where required.

Quality Accounts for each of the acute Trusts received in line for publication prior to the 15 December 2020 as per NHS E/I guidance.

VTE Dorset County Hospital (DCH) is now using the electronic prescribing system to record VTE assessments Trust wide. 20/21 quarter one average compliance was 83%. July and August much improved with compliance of 92.5% and 93.8% reported for each respective month. The national quarterly data collection via NHS Digital is due to restart in October 2020 and DCH is currently performing similarly to other local Trusts.

Mortality The pilot to extend Medical Examiner (ME) processes to community deaths will commence 03 November 2020 in Dorset Healthcare supported by the ME offices. An evaluation of the pilot will be presented to Clinical Reference Group in Q4.

As of the July 2020 publication, Covid-19 activity has been excluded from the Summary Hospital-level Mortality Indicator (SHMI). The SHMI is not designed for this type of pandemic activity and the statistical modelling used to calculate the SHMI may not be as robust if such activity were included. Activity that is being coded as Covid-19, and therefore excluded, is monitored in a new contextual indicator 'Percentage of provider spells with COVID-19 coding' which is part of this publication. Hospital Standardised Mortality Ratio (HSMR) is a tool that uses selected diagnoses only to make the calculations regarding mortality therefore would also not include deaths from COVID-19.

Patient Safety NHS Trusts and CCGs have named Patient Safety Specialists and work is progressing in relation to the Strategy and an informal Dorset network is being formed. The project funded by HEE in Dorset to scope the training requirements for all staff has commenced.

Infection Prevention Control Number of Covid-19 cases are rising across Dorset in the community and within health and care settings. IPC training, support and specialist advice continues to be delivered across the system for identified outbreaks and incidents to minimise the risk of transmission of Covid-19 and other infections. System overview of Covid-19 nosocomial infection is being reviewed weekly through the IPC Cell and learning shared locally and nationally. Plans for system wide *Clostridium difficile* infection (CDI) reduction was discussed with NHSE/I to allow risk reduction interventions to be implemented. An analysis of CDI cases identified some common themes where age was an important determinant of rates. Incidents of CDI was found to be higher during summer season as well as higher in females to males. 88% of the cases were pre-disposed to antimicrobials and further 35% had CDI recurrence.

Flu vaccination programme: National information on accessing extra flu vaccination stock from November has now been circulated to GP Practices.

Safeguarding There has been a noted increase in relation to Non-Accidental Injuries in young children, young people attending Emergency Departments having taken overdose and the number of young babies on Child Protection Plan. Referrals to the Multi Agency Safeguarding hub have increased in the last quarter. Between January and June 2020 there were 21 requests in Dorset Council, this increased in July and August to 149. In BCP there were 136 requests between January and June and 94 between July and August. The new front doors became operational on 1st July and so there is a direct correlation with this increase. Safeguarding training compliance across providers is within acceptable limits. Work is underway to strengthen processes between Bournemouth, Christchurch and Poole Council (BCP) and University Hospitals Dorset (UHD) with regards Child Protection Medicals. There have been increased safeguarding concerns in Care Home Sector, relating to neglect and omissions of care in Quarter 3 as compared to Q1 and Q2.

Looked After Children IHA Progress: The trajectory of improved performance has not been sustained as a result of increased numbers of LAC and delay in notifications and consent. Both local authorities (LAs) have given assurance this is a priority area for improvement. Concerns over LA providing consent for immunisations is resolving. Joint working continues between LAs and the CCG to agree a pathway for supporting Unaccompanied Asylum Seeker Children..



Dorset Quality Surveillance Group Items for note - September Meeting

- The following items for escalation were noted:
 - SWASFT to remain in enhanced surveillance for the call stack.
 - IUCS to be in enhanced surveillance for the NHS 111 component and the risk to success of implementing Think 111 first.
 - Care Homes to remain in enhanced surveillance, particularly in relation to market stability and risks associated with a second wave.
 - Hidden Harm: increased suicide, mental health attendance, capacity, long waits.
 - Access to Covid-19 testing.
 - Revenue allocation to support increase in ICU capacity