

HSI21/005

GOVERNING BODY

Title of paper	Quality Report		
Agenda item	8	Date of meeting	28 April 2021
Director lead	Stephanie Ramsey, Registered Nurse		
Authors	Lead – Carol Alstrom, supported by Matthew Richardson, Suzanne Van Hoek, Karen Morgan, Joanna Clifford, Wendy Gray		

Purpose	For decision	<input type="checkbox"/>
	To ratify	<input type="checkbox"/>
	To discuss	<input type="checkbox"/>
	To note/receive	<input checked="" type="checkbox"/>

Link to strategic objective	The strategic objectives of the NHS Hampshire, Southampton and Isle CCG are in development
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Executive Summary	
<p>The quality report provides an overview of the quality of care being provided across the CCG. Key quality standards and surveillance reports are included, alongside an overview of the quality risk register.</p> <p>Each system has also provided an update, which demonstrates the breath of work being undertaken to support quality in the CCG.</p> <p>Key issues at this time continue to relate to the impact of the pandemic on services, workforce challenges including recruitment and retention of staff and potential harm arising from delays to treatment.</p>	
Recommendations	The Governing Body is asked to receive and review the Quality Report
Publication	Include on public website ✓

Please provide details on the impact of following aspects	
Equality and quality impact assessment	Impact of delays due to Covid-19 is noted.

Patient and stakeholder engagement	The report will be of interest to patients and stakeholders across the CCG
Financial and resource implications / impact	No impact
Legal implications	No impact
Principal risk(s) relating to this paper	Workforce, impact of Covid-19.
Key committees / groups where evidence supporting this paper has been considered.	Local quality meetings Quality Surveillance Oversight Group Hampshire and Isle of Wight Quality Board



**Hampshire, Southampton and
Isle of Wight**
Clinical Commissioning Group

Quality Report

April 2021

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1. Executive Summary

Executive Summary - Quality

- Limited changes have been seen to CQC ratings due to the changed methodologies at CQC to manage the pandemic. This is expected to change as CQC are now increasing the number of inspections again.
- The numbers of serious incidents reported have increased slightly, good reporting practice is noted across all main providers. Themes and trends are monitored and regularly reported to quality groups at a local and system wide level
- The proportion of incomplete RTT pathways waiting over 52 weeks shows an increasing trend in all systems. Quality Teams are working with all providers to monitor any instances of harm that may arise due to delays.
- Clostridium difficile rates overall remain good, with Portsmouth Hospitals University NHS Trust identified as the only Trust where numbers are higher than expected. Most recent monthly figures at PHU are improved.
- Care home infection rates are significantly improved after a challenging period in January – March 2021, recovery is being seen in the sector however some concerns about quality of services are arising.
- The impact of Covid-19 is being felt across all systems and quality teams continue to monitor and support providers where needed in managing this
- A review of the Hampshire and Isle of Wight Quality Board risk register is underway to ensure that risks are being managed in the right place.

2. Quality Standards

Metric	Date	HHFT RN5	IOW R1F	PHU RHU	UHS RHM	SHFT RW1	Solent RTC
CQC	Mar 2021	Good	Requires Improvement	Good	Good	Good	Good
Mortality (SHMI)	Oct 2020	As expected	As expected	As expected	Lower than expected		
C Difficile (month)	Feb 2021	3	1	3	2		
C Difficile (YTD)	Feb 2021	49	15	58	51		
LeDeR (backlog)							
Never Events reported (current month)	31/01/2021	0	0	0	0	0	0
Never Events reported (12-month rolling)	31/01/2021	3	0	6	1	0	1
52 Week RTT (n) <small>RTT = Referral To Treat</small>	Jan 2021	5,442	1,424	3,158	5,618	0	0
52 Week RTT (%)	Jan 2021	6.6%	6.6%	4.4%	7.9%	0%	0%
RTT Harm Reviews							
SI resulting from Harm Review							
104+ day waits cancer (n)	Jan 2021	0	2.5	2	7		
104+ day waits cancer (%)	Jan 2021	0.00%	5.80%	1.35%	4.35%		

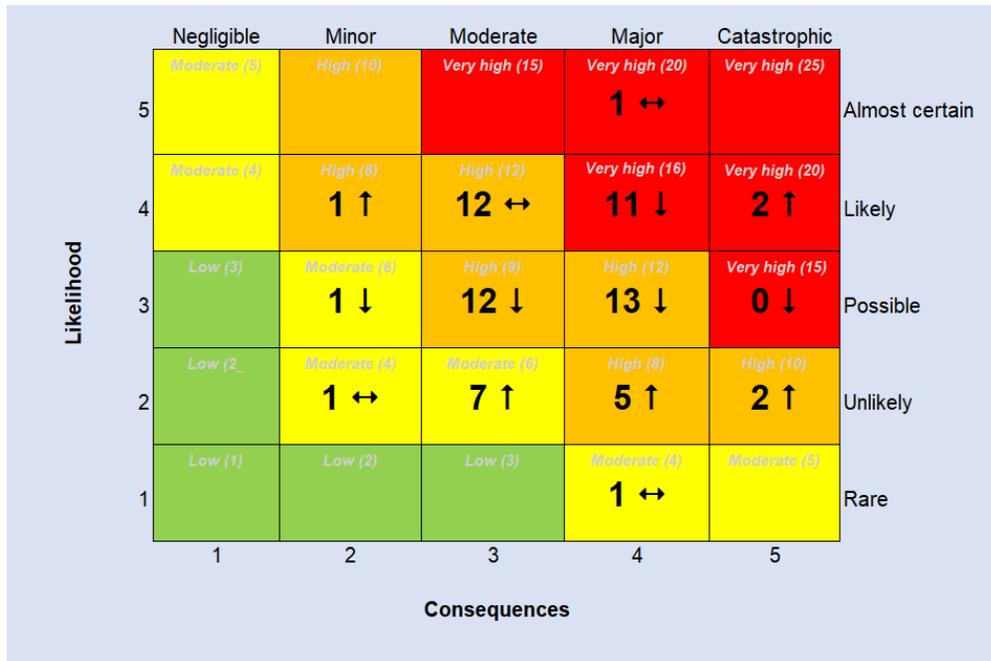
2. Surveillance Dashboard

Category	Indicator	Last Updated	IOW	North & Mid	Ports & SE	Soton & SW
CQC	Proportion of CCG GP practices with a CQC rating of Good or Outstanding i	01 Dec 2020	✓	1 ⚠	1 ⚠	✓
CQC	Proportion of CCG care homes with a CQC rating of Good or Outstanding i	01 Dec 2020	✓	1 🗨	1 ⚠	2 🗨
Patient safety	Number of Serious Incidents reported (30-day mean) i	08 Apr 2021	1 🗨	1 🗨	1 🗨	1 🗨
RTT	Percentage of incomplete RTT pathways waiting over 52 weeks i	31 Jan 2021	1 🗨	1 🗨	1 🗨	1 🗨
COVID-19	Acute trust COVID-19 deaths per 100k nonelective catchment population (7-day mean) i	07 Apr 2021	1 ⚠	✓	1 ⚠	✓
COVID-19	Total deaths per 100k population (COVID-19) i	26 Mar 2021	1 ⚠	✓	1 ⚠	✓

Key to symbols: ✓ No issues ⚠ Alert level ⚠ Warning level ⚠ Elevated warning level 🗨 Significant negative trend 🗨 Significant positive trend ✕ No data

3. Risk Register – taken from the HIOW Quality Board risk register

Diagram 1: HIOW Quality Risk Register: Risk ratings as at 15 April 2021



- There has been some movement in the risk ratings since the previous meeting, as highlighted by the symbols in Diagram 1
- There are now fourteen very high risks, of which 3 have a risk rating of 20+ (please see table opposite).
- A workshop is in the process of being planned for the Hampshire and Isle of Wight restoration and recovery quality leads to review the current system risks and actions as a group.

Risk rating	Risk
Very High 20+ (three risks)	<p>Primary care:</p> <ul style="list-style-type: none"> • Service changes to usual pathways/long waits (primary care) <p>Planned and Networked Care:</p> <ul style="list-style-type: none"> • Long waits <p>Urgent and Emergency Care:</p> <ul style="list-style-type: none"> • Mortality risk for non-COVID-19 patients (urgent and emergency care)
Very High 15+ (ten risks)	<p>Primary Care:</p> <ul style="list-style-type: none"> • Infection prevention and control cover <p>Planned and Networked Care:</p> <ul style="list-style-type: none"> • Cancer referrals (planned care) • Cancer services (timely treatment) <p>Urgent and emergency care:</p> <ul style="list-style-type: none"> • Workforce • Personal and protective equipment <p>Community:</p> <ul style="list-style-type: none"> • Restoration Community Services Transformation <p>Mental Health and Learning Disabilities:</p> <ul style="list-style-type: none"> • Annual health checks for people with a learning disability • Inequitable access to health checks and IAPT services • Lack of consistent, evidence based modelling for forecasting surge and ongoing impact of Covid-19 for patients • Increased volume of mental health presentations in primary care <p>Children:</p> <ul style="list-style-type: none"> • Hampshire specialist CAMHS capacity and investment resolution

4. Current Key Issues – North and Mid Hampshire

Hampshire Hospitals NHS Foundation Trust COVID-19: currently HHFT have no patient COVID-19 outbreaks. The outbreak control group has been stood down as there have not been any outbreaks for two weeks. The number of COVID-19 positive patients in HHFT has continued to fall and their critical care units are now operating within normal parameters. HHFT continue to hold regular COVID-19 panels and have been piloting the Hampshire and Isle of Wight (HIOW) principles for agreeing, reporting, reviewing and investigating COVID-19 cases that meet the Serious Incident (SI) definition. These principles are being taken to the HIOW Quality Operational Surveillance Group and the Quality Board for sign-off in April 2021. NHSE/I have been kept informed of the proposal throughout their development. To date, five SIs have been reported from the 44 cases that have reviewed at the panel

COVID-19 Vaccination Programme: the vaccination programme continues to be successful within Hampshire.

- From a provider perspective, as 90% of HHFT staff (Feb/March 2021) and 77% of SHFT staff from North and Mid Hampshire (February 2021) had received their first vaccination. As a Trust, SHFT had vaccinated 82% of their staff (February 2021)
- The PCN local vaccination programme across the ICP has completed 90% of first dose vaccinations for cohorts 1 to 9 and 16.3% have had their second dose. All patients in these cohorts have been contacted and offered a vaccination. PCN community vaccination programmes will be mainly focussed on delivering the second doses during April for cohorts 1 to 9. The delay in receiving vaccine stock and sufficient supply at the start of the PCN community based programme has impacted on the timescales for delivery of the second doses which accounts for the slight % reduction of second doses in comparison to the HIOW COVID vaccination programme
- Localised vaccination capacity in the Alton area is being provided by Boots pharmacy to meet the needs of the rural population and a number of outreach clinics to the underserved communities is taking place working in partnership with HCC

Restoration and Recovery: restoration of services continues, with elective wards at HHFT re-opening and outpatient activity increasing. The focus is on patients who are a priority and those who have been waiting the longest. HHFT continue to participate in the HIOW harm identification process in relation to those patients on the referral to treatment (RTT) pathway. The Clinical Commissioning Group (CCG) Acting Deputy Director of Quality and Nursing (Mid Hampshire) and the HHFT Patient Experience and Volunteer Manager have worked collaboratively to develop a quality improvement proposal with the aim of improving the experience of those on the waiting list. The proposal is being taken to the HHFT Patient Partnership and Experience Steering Group on 21 April 2021

HHFT pressure ulcer prevalence: the rate of hospital associated pressure ulcers (per 1000 bed days) has steadily increased since November 2020 was the highest it has been for two years in February 2021. The increase has been seen in Category 2 pressure ulcers whilst there has been a reduction in category 3 pressure ulcers and no category 4 pressure ulcers have been reported. It is important to note that during this period the Trust has mainly been providing medical care (approximately 95%) to patients presenting with a higher acuity of illness. The Trust have recommenced their Fundamentals of Care (FoC) training for new starters (this was paused during the pandemic) – learning from a review of incidents has demonstrated the value that this training has previously had in equipping staff in pressure ulcer prevention skills. Pressure ulcer prevalence and learning from those reported as serious incidents is monitored via the HHFT Sub Serious Event Review Group (sub-SERG) to which the divisional governance leads and CCG quality representatives attend

HHFT Ophthalmology: challenges remain in relation to ophthalmology demand and capacity. This is further impacted by current waiting times – ophthalmology is one of the specialties with the largest number of long waiters. In March 2021, HHFT outsourced a number of their cataract procedures to another provider which should have a positive impact, particularly for those patients waiting for longer periods. HHFT are working with commissioners to establish more community capacity. The ophthalmology specialty is one of HHFT's key workforce investment plans for 2021/22. HHFT's work in relation to patient pathways with no future appointment continues.

4. Current Key Issues – North and Mid Hampshire

Care Homes:

- **COVID-19 Public Health England (PHE) outbreaks:** the beginning of April 2021 saw the closure of a North and Mid Hampshire care home outbreak. There are now currently no care home reported outbreaks to report in the North and Mid-Hampshire area. Care Homes have been engaged with PHE and the CCG meeting outbreaks have been reported promptly and managed appropriately
- **Falls prevention:** There has been a nationwide increase in falls and related injuries amongst care home residents since the start of the COVID -19 pandemic. This increase in falls is linked to the physical effects of COVID -19 on those who have had the virus and the impact of reduced physical activity, which, due to isolation and lockdown policies, has the potential to affect all care home residents. In response to the increased risk of falls, the North Hampshire Enhanced Health in Care Homes team have developed a training package that will be available to all care home staff across the ICS to support holistic falls prevention. The modules include falls friends, deconditioning & exercise, vision & environment, activities of daily living, medications, foot health & footwear and osteoporosis & nutrition
- **Telemedicine Service:** This service has been successfully rolled out across older peoples care homes in the ICP and is now extending its service offer to learning disability providers in the North & Mid system. To support homes in using the service, training in the recognition and escalation of early signs of deterioration is being delivered to all learning disability homes across the ICP. To date, 60% (N=29) of local LD homes across the ICP have participated in this training (RESTORE2™ mini). The Telemedicine team have also made contact with all providers to encourage uptake of the training offer where this is outstanding

Primary Care Resilience: There are significant resilience issues within primary care as a result of the pandemic which has presented locally in a recent withdrawal from a care taker APMS contract by an established GP practice which was escalated to the commissioner on 12 April. The provider cited challenges as a result of taking on the Practice which already had an established programme of support in place with CCG, LMC and NHSE following an inspection in December 2020 by the CQC resulting in enforcement notices .The provider closed the practice for 24 hrs during which significant local system support from multiple partners enabled the provider to stabilise its current position to continue with safe services for the population. During the period of closure an immediate action plan was put in place with system leads to ensure patient safety with patients being offered an alternative access to services for urgent on the day care.

Southern Health NHS Foundation Trust (SHFT): COVID-19: currently SHFT have had no open outbreaks since the 22 March 2021. The last Mid-North Hampshire outbreak (which affected four staff and no patients) was closed on 4 March 2021. SHFT continue to hold three COVID-19 outbreak meetings a week when there are open outbreaks

Southern Health NHS Foundation Trust (SHFT): Workforce: the Basingstoke Community Mental Health Team (CMHT) are currently under an intensive support plan due to staffing concerns. A previous SHFT senior manager has been asked to provide managerial support and to lead on the support plan. An 8a post is out to advert and a recruitment video is being developed with a plan to go live this month (April).

4. Current Key Issues – Southampton & South West Hampshire

Quality Governance - The Southampton and South West Hampshire Quality Group met for the first time of 1 April 2021 and agreed its terms of reference. The next meeting is on 5 May with a focus on services in South West Hampshire. The committee will support local CCG governance with a view of transitioning this to local area governance and quality improvement and involves all main providers and commissioners (CCG and Local Authority) as well as the voluntary and independent sector.

COVID-19 Vaccination Programme- the vaccination programme continues to be successful within Hampshire. 77.8% of SHFT staff from South West Hampshire (February 2021) had received their first vaccination. As a Trust, SHFT had vaccinated 82% of their staff (February 2021). Good uptake of the vaccination has been noted in other providers.

COVID-19 Vaccination Incident - Incidents involving vaccination sites are collated and reviewed by the system quality leads. A recent table-top exercise into a patient presenting at a vaccination site in mental health crisis has concluded. The review concluded that the individual was appropriately consented for vaccination and that mental capacity was considered, but the communication and intervention between the system (primary care/mental health services/Police/ambulance) could have been more responsive. A key action was clarity for all services around the provision of services for urgent mental health concerns where the threshold for care or control is not reached.

COVID-19 Capacity – UHS is recovering from the impact of Covid-19, with staff returning to their normal workplaces. The ongoing management of a number of patients with Covid-19 is likely to impact for some time as it was recognised they have complex needs which are likely to need critical care for an extended period.

Infection Prevention and Control - Work is ongoing to strengthen capacity for managing the IPC agenda in Southampton and Southampton City Council have employed additional IPC nurses to work with their Health Protection Team. This resource whilst focused on health protection will assist with support to care homes.

Ophthalmology- Work is ongoing to support the ophthalmology transformation programme and speciality level risk assessments are underway to support understanding the risks and challenges, though overall the follow up backlog that existed at UHS prior to the pandemic has been cleared.

Serious Incidents - UHS have a cohort of patients identified through waiting list revalidation that potentially have been lost to follow up. Work is underway to determine the extent of the issue.

Care Homes - the overall position in Southampton remains good with only one care home recently inspected rated requires improvement, however an increase in quality concerns is being noted. An action plan is in place with that home and improvements have already been made. Follow up with a care home significantly impacted by wave 2 of Covid-19 indicates that although this was a very challenging time for the home, they experienced significant staff shortages which they were supported by the Integrated Commissioning Unit to manage, they have recovered well.

Workforce - Workforce remains a risk in this system across a number of settings. Of particular concern is recruitment to mental health, care homes and home care providers.

4. Current Key Issues – South East Hampshire

Workforce remains the highest rated risk on the local risk register as there are significant concerns around workforce vacancies, absence/sickness, resilience and impact of the pandemic (including delivery of C-19 vaccination programme) in all providers including NHS, private and voluntary sector. Ensuring appropriate skill-mix has been a challenge to ensure the delivery of safe care particularly at the height of the pandemic.

Elective care continued long waits are experienced by people and these have been compounded during COVID-19 wave 1 and wave 2. There are more people waiting longer for diagnostics and treatment, potentially impacting on their clinical outcome, safety and experience and this may also have an impact on other services.

Safeguarding adults and children demand: the demand for the Council, CCG and provider safeguarding teams remains significantly challenging and concerns remain that the teams are not able to effectively manage the demand if this continuous to grow. There has also been an increase in complexity of cases.

Adult care homes

- residents living in and staff working in care homes have and continue to experience a significant impact due to COVID-19. Homes have been/are struggling to ensure they can ensure safe staffing due to the impact of staff isolation/sickness is having on their ability to deliver services. Concerns remain relating to the appropriate use of personal protective equipment in some of the homes. Residents remain impacted by restricted visitor guidance.
- the current risk relating to care homes remains active due to the number and level of concerns that the quality of care delivered within some care homes is not sustained and therefore standards of care may fall short of defined/required standards resulting in residents may not receive appropriate care and support.

Children Homes: the commissioning and regulation of children homes is different to adult homes and there doesn't appear to be the same support framework in place for when homes are facing outbreaks which impact on their staffing ability nor has there been a similar offer around IPC/PPE training and support to these homes. Various meeting with LA and CCGs have taken place and this concern has been escalated to the executive director of MACH who will explore this further.

Mental Health services support: there are concerns that people who experience a mental health crisis are not able to access the required support in a timely manner impacting on the person and a services trying to support the person in potentially the wrong place.

COVID-19: ongoing impact of COVID pandemic on local population and services. Also, COVID has highlighted the significant health inequalities of our local population posing challenges for all services to support the work required to reduce the inequalities. There is also an anticipated unknown impact of long COVID on our population and services.

Primary Care: primary care resilience remains a key concern as practices try and manage their normal day to day demand and continue to delivery of the Covid-19 vaccination programme.

4. Current key areas – Isle of Wight

Acute:

- Currently have 3 vacancies for Radiologists; on IWNHST risk register and has been updated/upgraded to reflect two additional radiologists who left at the end of March 2021. Reduction in Radiologist numbers will impact on cover for Colorectal/CUP MDTs and Barium/Video Fluoroscopy Swallows
- Continued Recruitment of substantive GPs in Urgent Treatment Centre (UTC)
- Continued high usage of Agency Nurses in ED
- Isle of Wight Breast Screening Unit is the only screening service that has recovered from paused activity from wave one of COVID-19
- New MRI scanner installed, Siemens CT scanner decommissioned and a mobile CT scanner has been secured for 8 weeks
- Replacement of mammography equipment progressing well. New kit includes Tomosynthesis
- Continued focus of work to reduce endoscopy waiting list
- New Paediatric Emergency Department (Children's A&E); includes observation area, assessment cubicles and a stabilisation bay which can be adapted to 2 stabilisation bays if needed. The team will be able to support UTC Team when additional capacity is required
- From 01/04/2-21 and in agreement with NHSE, the IWNHST has moved to the Patient Safety Incident Response Framework (PSIRF) as an “early adopter” of the process. The PSIRF is a key part of the [NHS Patient Safety Strategy](#) published in July 2019

Ambulance:

- The Isle of Wight Ambulance Service was the highest performing service for the stroke care bundle in England for August 2020
- The service performed well against the England average for the sepsis bundle in March 2021 despite IW pathway being different. IW is the only service in the UK to give IV antibiotics in the pre-hospital setting

Mental Health:

- Key recommendations identified by IWNHST following review of the Care Quality Commission Out of Sight – who cares? (October 2020) report with actions identified
- Despite increased activity all Psychological Therapy (IAPT) referrals continue to be progressed within one week

Community:

- Work to increase cancer screening in primary care, in particular cervical screening, has commenced, with a focus on accessibility
- The provision of a Tissue Viability Service for primary care, care homes and community has been approved and a very experienced Tissue Viability Nurse has commenced in an interim role. The nurse has identified significant opportunities to develop and improve services for patients
- From 01/04/21 CCG and IWNHST working together to provide IPC Nurse service to Primary Care, Care Homes and non-Trust community services