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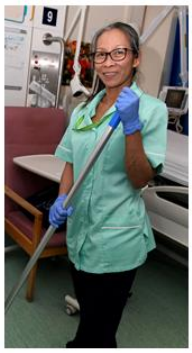
NHS
Dorset County Hospital
NHS Foundation Trust

Quality Account

2020 - 2021



Outstanding care for people in ways which matter to them

Quality Report

Quality Accounts and Approach to Quality

What is a Quality Account?

Every NHS trust is required to produce an annual report and annual accounts. Within the annual report, there is a chapter which reports on our annual quality accounts, and these Quality Accounts are also published on NHS Choices.

NHS foundation trusts, such as Dorset County Hospital NHS Foundation Trust (DCHFT), have to submit these to Parliament and to our independent regulator, NHS Improvement. This happens in July each year and the reports are also published on our website.

The quality accounts are intended to allow people to compare the performance of different trusts as we are all required to report on predominantly the same things. They contain the quality priorities that we set for our hospital and services, and report back on our progress in achieving the priorities that we set ourselves the previous year.

As the Coronavirus Pandemic continues, and in line with National Guidance, the Quality Account for 2020/21 are again an abridged version and no new priorities have been set for 2021/22.

The following report does not reflect all of the improvement's that have been made at DCHFT, but does report on the nine Quality account priorities that were selected for inclusion in 2019/2020 Quality Account.

Dorset County Hospital NHS Foundation Trust (DCHFT) continued to work to deliver changes to improve both the effectiveness and the quality of its services throughout 2020/21. For complete quality and performance data the public can access Trust Board papers

This report covers the period of April 2020 – March 2021.

Our Approach to Quality

As part of the standards for patient services detailed within the NHS Constitution and the Care Quality Commissions' ('CQC's') fundamental standards of quality and safety, the Trust is committed to the provision of safe, high quality care and achieving a good or outstanding CQC rating. An overall rating of 'Good' was achieved in 2018 and the Trust continues to aim to improve to 'Outstanding'.

Scheduled CQC Inspections are currently suspended due to the Covid-19 pandemic. A Transitional Regulatory Approach TRA has been implemented and services are engaged in monitoring discussions with local and regional inspection teams. The TRA provides CQC with a 'risk rating' for the service, however this does not result in a formal report, nor can it lead to a change in rating for the service or the provider. The Trust engages in Quarterly relationship meetings with CQC and continues to identify and implement improvements to services.

Part 1: Statement on Quality from the Chief Executive

It gives me pleasure to introduce our Quality Account for Dorset County Hospital NHS Foundation Trust (DCHFT). I am delighted to share the progress and achievements our staff have made during 2020-2021 in conjunction with our patients and stakeholders. Despite the Covid-19 pandemic the Trust has maintained its focus on quality improvement and safety for our local and specialist population.

The account details the progress made against the priorities set for last year; it will also detail the decision to retain those priorities into the forthcoming year 2021-2022. This decision reflects the current and ongoing pandemic which has resulted in some areas of reporting being paused in order to free up essential resources within the Healthcare system (in line with the National Guidance).

I am pleased to confirm that the Board of Directors has reviewed the 2020-2021 Quality Account and are assured that it is an accurate and fair reflection of our performance.

On behalf of the Board, I wish to thank our staff for their dedication and resilience during this time and our partner organisations for their continued support.

Finally, I would like to thank our patients, their families and the local community for their invaluable and ongoing support.

Patricia Miller, CEO

To the best of my knowledge, the information within this document is accurate

…….Date …….....Chief Executive Officer

Part 2: Priorities for improvement and statements of assurance from the board

2.1 Priorities for Improvement 2021-2022

Normally in line with national guidance we develop our priorities for the forthcoming year following engagement with our clinical staff, our partners, our executive team, local community representatives and, of course, our patients and their families. No new priorities have been set due to the changes in National Guidance during the Pandemic

Priorities for 2021/22 have not been set as acute providers were asked to concentrate resources to the pandemic effort.

All government recommendations will be followed and the Trust will be looking at its priorities for the coming year.

Priorities carried forward

Patient Safety:

- Introducing three High Impact Interventions to Reduce Hospital Falls
- Improved Mortality Surveillance and Learning from Deaths
- Improving early identification and treatment of Sepsis and the Deteriorating Patient

Clinical Effectiveness:

- Improving timely access to Mental Health services when needed
- Improving the health and wellbeing of staff
- Reducing unwarranted variation (Implementing best practice linked to clinical audits)

Patient Experience:

- Improved learning from Complaints
- Improving the identification of Nutritional needs and support offered to patients
- Improving the support from Hospital Volunteers

Progress against these quality account priorities will continue to be monitored and reported through the Trust sub-board Quality Committee. They will also be regularly reported to the Dorset Health Overview Scrutiny Committee and will be reported to the local commissioners.

Quality Achievements 2020/2021

Below are listed some of quality improvement projects of particular success in 2020/2021:

Improved Mortality Surveillance and Learning from Deaths: Robust methodology for mortality has led to a consistent improvement in our SHMI data	
Introducing three High Impact Interventions to Reduce Hospital Falls: Reduction in falls resulting in severe harm	
Improving the support from Hospital Volunteers: Implementation of a Young Volunteer Programme,	
Improving the health and wellbeing of staff: Continuation of initiatives to support staff health and wellbeing	
Improved learning from Complaints: Learning Opportunities included in all responses to complaints	
Improving the identification of Nutritional needs and support offered to patients through: Quality Improvement Programme in Malnutrition Screening and care	

2.2 Statement of Assurance from the Board

1. During 2020-2021, the Dorset County Hospital NHS Foundation Trust (DCHFT) provided and/or subcontracted 35 relevant health services.

1.1 The Trust has reviewed the data available to them on the quality of care in all of these relevant services in line with the national pandemic.

1.2. The income generated by the relevant health services reviewed in 2020-2021 represents 100% of the total income generated from the provision of relevant health services by the Trust for 2020 – 2021.

2. During 2020-21 44 clinical audits covered relevant health services that the Trust provides.

2.1 During that period the Trust participated in 94% National Clinical Audits which it was eligible to participate in and 100% National Confidential Enquiries which it was eligible to participate in.

2.2 The National Clinical Audits and National Confidential Enquiries that the Trust was eligible to participate in during 2020-21 are as follows within the table.

2.3 The National Clinical Audits and National Confidential Enquiries that the Trust participated in during 2020- 2021 are as follows within the table:

2.4 The National Clinical Audits and National Confidential Enquiries that the Trust participated in, and for which data collection was completed during 2020-21, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits

The NHS England-funded National Clinical Audit and Patient Outcomes Programme (NCAPOP) are a mandatory part of NHS contracts, and as such we are required to participate in those that relate to services provided by this Trust. The following table describes the audits we have participated in, and the relevant compliance.

Covid-19 and Clinical Audit

With the advent of Covid-19, NHS England/Improvement took steps to reduce burden, and release capacity within the NHS care settings. The impact of this on clinical audit was an immediate cessation of all audit activity, with exception of a few specific projects, to allow clinical teams to focus on the unfolding situation. In reality, many of the national audits remained open, and clinical teams continued to submit data as they were keen to understand the impact of Covid-19 on their specific services, although publishing of reports was suspended.

Local audit was suspended in line with the above, although some areas found they had capacity to carry on, and several Covid-19 related audits were registered, still ongoing at this time.

* Please note that in some cases the % of Registered Cases is above 100%; this is because the trust was able to identify additional cases than those identified by the HES (Hospital Episode Statistics) data

Name of Audit	Trust Eligible	Trust Participation	Cases Submitted	% of Registered Cases
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Y	Y	133	
Cardiac Rhythm Management (CRM)	Y	Y	435 Submitted 309 HESS data	141%
National Heart Failure Audit	Y	Y	340 Submitted 664 HES data	51%
Coronary Angioplasty/National	Y	Y	388 Submitted 274 HES data	142%

Audit of Percutaneous Coronary Interventions (PCI)				
Name of Audit	**Trust Eligible**	**Trust Participation**	**Cases Submitted**	**% of Registered Cases**
National Audit of Cardiac Rehabilitation	Y	Y	Figures pending	
Diabetes (Paediatric)	Y	Y	110	100%
National Diabetes Audit – Adults	Y	Y	Figures pending	
National Diabetes Foot Care Audit	Y	Y	100	100%
National Diabetes in Pregnancy Audit	Y	Y	14	100%
National Audit of Care at the End of Life	Y	N	Did not run 2020-21 postponed due to Covid-19	
National Audit of Dementia	Y	N	Did not run 2020-21 postponed due to Covid-19	
National Asthma and COPD Audit Program	Asthma	Y	14 Submitted	HES data not used
	COPD	Y	72 Submitted	
	Children and Young Peoples Asthma	Y	3 Submitted	
National Lung Cancer Audit	Y	Y	131	
Sentinel Stroke National Audit Programme (SSNAP)	Y	Y	389	
Major Trauma Audit (TARN)	Y	Y	287 Submitted	100%
PHE Surgical Site Surveillance Audits	Y	Y	# NOF - 53 Submitted Breast – 65 Submitted	
National Audit of Breast Cancer in Older Patients	Y	Y	194	
Inflammatory Bowel Disease (IBD) Registry Biologics Programme	Y	Y	1170	100%
National Gastro-Intestinal Cancer Programme	Oesophago-gastric Cancer (NAOGC)	Y	Figures Pending	
	Bowel Cancer (NBOCAP)	Y	Figured Pending	

Name of Audit	Trust Eligible	Trust Participation	Cases Submitted	% of Registered Cases
National Emergency Laparotomy Audit	Y	Y	98 Submitted	Data incomplete due to Covid-19 impact
National Joint Registry	Knees primary/Revision	Y	35	Significant impact on elective surgery due to Covid-19
	Hips primary/revision	Y	48	
Falls and Fragility Fractures Audit programme (FFFAP)	Fracture Liaison Service	Y	1230	
	Inpatient Falls	Y	2	100%
	Hip Fracture Database	Y	#NOF 332 Submitted Other 49 Submitted	100%
National Prostate Cancer Audit	Y	Y	Network submission via UHD-NHS	
National Audit of Rheumatoid and Early Inflammatory Arthritis	Y	Y	76	
Endocrine and Thyroid National Audit (UK Registry)	Y	Y	Figures pending	
Case Mix Programme ICNARC	Y	Y	874	100%
Maternal, New-born and Infant Clinical Outcome Review Programme (MBRRACE)	Y	Y	10	100%
National Maternity and Perinatal Audit (NMPA)	Y	Y	39	100%
Child Health Clinical Outcome Review Programme	Y	Y	Figures pending	
Neonatal Intensive and Special Care (NNAP)	Y	Y	220	100%
National Audit of Seizures and Epilepsies in Children and Young People	Y	Y	85	100%
National Cardiac Arrest	Y	Y	39	100%

Audit (NCAA)				
Name of Audit	**Trust Eligible**	**Trust Participation**	**Cases Submitted**	**% of Registered Cases**
National Ophthalmology Audit	Y	N	Did not participate	0%
Learning Disability Mortality Review Programme (LeDeR)	Y	Y	2	100%
Perioperative Quality Improvement Programme (PQIP)	Y	Y	Ongoing QI project	
Serious Hazards of Transfusion: UK National haemovigilance scheme. Scheme (SHOT)	Y	Y	4	100%
Society for Acute Medicine's Benchmarking Audit (SAMBA) (49)	Y	N	Did not run 2020-21 postponed due to Covid-19	
Antenatal and new-born national audit protocol 2019 to 2022				
Emergency Medicine QIPs[3]	Fractured Neck of Femur	Y	59/50	118%
	Infection Control	Y	27/50	54%
	Pain in Children	Y	Data collection closes October 2021	
NHS provider interventions with suspected / confirmed carbapenemase producing Gram negative colonisations / infections.	Y	N	Did not run 2020-21 postponed due to Covid-19	
UK Renal Registry National Acute Kidney Injury programme	Y	Y	Figures pending	

National Confidential Enquiries into Patient Outcome and Death (NCEPOD)

NCEPOD's purpose is to assist in maintaining and improving standards of care for adults and children for the benefit of the public by reviewing the management of patients, by undertaking confidential surveys and research.

At the beginning of the Covid-19 pandemic, NCEPOD also suspended all of their current studies to allow clinical resource to be focused on the emerging situation.

Name of Audit	Trust Eligible	Trust Participation	Cases Submitted	% of Registered Cases
Out of Hospital Cardiac Arrest	Y	Y	0	100%

The following shows the National reports published and a precis of their findings:

Report Title	Report Precis
NCEPOD Time Matters: Out of Hospital Cardiac Arrests	Organisational survey completed and returned, but no cases selected for review. Report published February 2021. Summary pending, delayed due to Covid-19

2.5 The reports of 5 National Clinical Audits were reviewed by the provider in 2020-21, the number lower than expected as Covid-19 impacted on report publication.

2.6 The table below summarises the audit outcomes and the actions taken as identified by the review undertaken:

Audit / Clinical Outcome Review Programme	What this Trust learnt
National Cardiac Arrest Audit (NCAA) 2019	The hospital performance comparator shows that DCH survival rate matches the national average. The Trust been able to compare the local hospital CA survival rate for 3 month periods both pre and during COVID. There was no decrease in survival to discharge. Total arrests per year are approx. 50 i.e. about 1 per week). No evidence of delay to treatment where full Personal Protective Equipment (PPE) is required to be worn during adult cardiac arrest.
NDA National Diabetes Audit 2019	Decline in 8 care processes mainly due to lower urine albumin checks (BMI improved) Most care processes remain well completed but lower for type 1 patients (10-70% vs 20-80%) 15% of Type 1 (T1) and 5% of Type 2 (T2) patients did not have a

	HbA1c (glycated haemoglobin) check during the audit period Achievement of treatment targets have improved in T1 pts driven by improved HbA1c</=58 but not in T2 pts. Some services achieving HbA1c>40%, BP>80%, statins >80% T1s and HbA1c >70%, BP >80% and statins >90% for T2s f. Lower rates of statin prescription for primary prevention in T1 vs T2 (with some services achieving >75%) g. More than 25% T2s not prescribed statins for primary prevention (some services achieving >85%) h. Some areas achieve >30% T1 and >45% T2 pts i. Structured Education offer and attendance remains stable but attendance recording remains poor. Actions: Improve quality of NDA data in order to benchmark the trust against national results
National Asthma and COPD audit programme (2018-19 data) Report published July 2020	Areas of good performance: Length of stay for acute exacerbation of chronic obstructive pulmonary disease (**AECOPD**) (3 days) (average) % of COPD patients with oxygen prescribed (78%)(above average) % of COPD patients needing NIV receiving it within 2 hours of arrival (26%) (above average) Areas of concern: Spirometry result not available (23%) – Action: hospital lung function results are now available on ICE. Referral to stop smoking service (39%) – Action: Part of the COPD discharge bundle Patient received a respiratory review within 24 hours of admission (64%) – Action: identifying all COPD and asthma admissions on Careflow each weekday for review by a respiratory consultant. Discharge bundle completion (32%) – Action: Identification of additional resource required for completion.
National Cardiac Audit Programme (NCAP) Cardiac rehabilitation (January-December 2019 data) Report published October 2020	Our CR programme was assessed as part of the 2020 BACPR/NACR NCP_CR (The National Certification Programme for Cardiac Rehabilitation) as meeting sufficient standards to be classified as Amber. Our programme met 6 out of the 7 required Key Performance Indicators (KPIs): • Multidisciplinary team: KPI Met • Priority Groups: KPI Met • Duration (days): KPI Met • Percentage with Assessment 1: KPI Met • Wait time Coronary Artery Bypass Graft (CABG) : KPI Met • Wait time Myocardial Infarct/Percutaneous Coronary Intervention : KPI Met In 2019, cardiac rehabilitation team in Dorset County Hospital met 6 of the 7 National Key Performance Indicators, (KPI's). In 2019, 91.3% of patients who were appropriately referred to cardiac rehabilitation completed their Core Cardiac Rehabilitation Program which is significantly above the national average. Patients were offered a range of cardiac rehabilitation options including the Cardiac Event Follow-Up Clinic, Phase III exercise and health education groups, the My heart online platform, the Heart Manual book and CD's, the My Personal Trainer exercise DVD's and book, British

	Heart Foundation and other local organisation literature and telephone follow-up reviews. By the end of 2019, nationally, only 26% of cardiac rehabilitation teams offered technology/online cardiac rehabilitation options. We helped develop the My heart app. In 2020 Cardiac rehabilitation face to face clinics and groups had to be suspended in March 2020 due to the COVID 19 pandemic and this had significant impact on service provision. Face to face clinics for cardiac surgery patients were re-commenced in July 2020 due to clinical need. Non-surgical patients continue to be offered their clinical assessment by telephone consultation only. All written, DVD and online and telephone options of cardiac rehabilitation are continuing throughout 2020. Assessment 2 targets were not fully met in 2019 and due to the COVID19 pandemic the Assessment 2 target will again not be met for 2020.

Local Clinical Audits

Local audits are carried out by the specialties in relation to areas of their work where they are wishing to explore quality improvement or risks in services for improving. These may be re-audits of past work, new services, audits relating to risk or service evaluations. 177 local audits were registered during 2020-21 and work will continue to see these through to completion.

2.7 The reports of 72 local clinical audits were reviewed by the provider in 2020-21. This is lower than in previous years which may be attributed to the focus of resource on the Covid-19 pandemic

2.8 A selection of these is catalogued below, and the Trust intends to take the following actions to improve the quality of healthcare provided:

Name of Audit	Finding	Learning points
5095 – Unplanned admissions after day care	This is an annual retrospective, internal, qualitative analysis audit to improve the quality of care of list planning; identification of high-risk patients during pre-assessment and the management of perioperative complications such as pain, nausea, and vomiting. The sample was all day case patients and the information collected from notes.	Learning points identified were effective communication between teams is crucial and following protocols and bundles help uniformity of care and reduces near misses and harm. Therefore, it is recommended that: Identification of high-risk patients during pre-assessment - ECG for over 60 reviewed and documented; Post spinal care - Updated existing documentation and education for the theatre team done in the form of group interactive sessions
5024 - Compliance audit for following the NICE guidance on Routine Pre-operative Testing for Elective Surgery (1556-1 Routine Pre-operative Tests for Elective Surgery)	The aim of this retrospective audit looked at a cross section of 80 patients aged 65 plus presenting for major or complex surgery deemed fit following a Nurse led clinic pre-operative assessment between 7th August 2019 and 2nd February 2021.	All 80 patients sampled and reviewed were found to have the correct tests pre-operatively in line with national guidance NG54 guideline since 2016 and have produced clear, colour-laminated guides which are on show throughout the PAU area. When the guideline was first created in 2016, educational sessions to reinforce the standards and a Trust guideline was formalised and made available for ease of use. We are pleased to show we are compliant and that our practice is consistent with national standards
5202 – Audit of Balloon Gastrostomy	This internal clinical audit aims to identify compliance with the LocSSIP Safety Checklist for BGT Procedures, any	The audit revealed that an Electronic Discharge Summary (EDS) is not always completed

Tubes (BGT) – Local Safety Standards for Invasive Procedures (LocSSIP)	amendments to be made to the LocSSIP Safety Checklist Procedures and to address any non-compliance through training and reflective practice for all staff involved. The sample involved 6 patients attending hospital for BGT change.	however an email would be sent to the Home Enteral Nutrition Team and Nutricia Nurses for each patient and recorded on System One. Given that the NPSA recognised that the patient remains at risk for 72 hours post procedure it is essential to also create an EDS so GP and out of hours teams could access this information.
5029 – Unlicensed Medicines Audit	The aim of this annual audit is to ensure unlicensed medicines are procured prescribed and dispensed safely and in accordance with Trust Policy; and to ensure that the systems are appropriately established, maintained and to reduce the risk posed to patients, prescribers and pharmacists by unlicensed medicines. The key findings of audit compliance showed that at the start of the audit (01/04/19) 94 products were in use and 69 products were out of use during the audit period– 75% of risk assessments were completed with 74.5% of prescriber authorisation forms completed; therefore overall compliance upon commencement was 50%. At the end of the audit (31/03/20) 83 products were in use and 80 were out of use. 100% of risk assessments were completed and 95.2% of prescriber authorisation forms were completed.	Regular recurring reviews of the unlicensed medicines database is required and a system in place for updating SharePoint each time a new unlicensed medicine is added to JAC. By adding this recurring check into the Key Performing Indicators (KPIs) reporting that takes place at the start of every month, discrepancies and non-compliance will be highlighted and actioned in a timely manner to reduce any risks bought about from the supply and use of unlicensed medicines within DCHFT.
4981 – Audit of the current management of acute abscess presentation at Dorset County Hospital (DCH)	The aim was to establish current clinical practice for the management of acute abscesses, including breast abscess; to evaluate the use of Day Case CEPOD surgery and to improve the current abscess pathway to reduce, where possible the length of patient stay and delays for surgical intervention.	The findings of the audit showed that most patients undergoing abscess drainage are fit and well, with no significant co-morbidities or signs of sepsis on presentation. That there is a considerable proportion of patients who are undergoing Out of Hours intervention for Incision and Drainage of the abscess; and there is a relatively high utilisation of surgical inpatients beds allocated to patients that are clinically well.
5028 – Review of Orthoptic Stroke Patients	This was a retrospective review of Orthoptic referrals received between August 2019 and February 2020, via case notes/DPR review. The aim was to review the number of referrals that are received, now that the service is established. It looked at the number of referrals received,	As the number of patients being referred has increased, this shows that there is a demand for the service. The referrals will continue to be monitored to ensure patients are seen appropriately and in a timely

	where they were seen, how long they had to wait for review and what they were referred in with. Previous data was used for comparison. The number of referrals had increased from 27 to 57 in a 6-month period. A larger percentage of appointments were seen in the Outpatients Department (OPD) and 19% via phone consultation, the latter coinciding with lockdown. Patients were seen quicker on the /stroke Unit, than OPD or telephone consultation. Visual field defects are still the largest number of referrals with Ocular motility defects coming second.	manner. Stroke patients will continue to be monitored and assessed on what impact the change of location of the Stroke Rehabilitation Unit is having on appointments and length of time to be seen. If the latter increases, it will be reviewed for the need of additional clinics.
4924 - Continuous prospective audit of post-operative cataract surgery endophthalmitis rate for the Royal Eye Infirmary, Dorset County Hospital 2018-2020	This is a prospective data collection from consecutive cataract cases performed at Dorset County Hospital (DCH). The aims were the collection of Endophthalmitis cases post cataract surgery; compare DCH rates of infection against published data and an in-depth analysis of any cases of Endophthalmitis to ensure best practice and the best possible outcome achieved. The findings showed two cases of post-operative endophthalmitis post cataract surgery occurred during the audit period with 1,955 cataract procedures performed. The overall endophthalmitis rate for the rolling prospective audit period commenced in 2013 is 2 per 9,098 or 1 per 4,549 or 0.02%.	This audit was presented and discussed at the REI Clinical Governance meeting in January 2021. It is recommended to continue to audit any cases of Endophthalmitis post cataract surgery; to maintain the current practice of no routine use of antibiotics in the cataract infusion bag; and an analysis of management of Endophthalmitis cases in event of an occurrence.
4937 – Deteriorating Patient Pathway	The aim of this retrospective adult inpatient audit is to assess current practice in response to deteriorating patients to provide information for the development of all causes on the deteriorating patient pathway. The key findings showed a compliance of 22% for immediate escalation for medical review; 64% compliance of an appropriate increase in the frequency of observations; a medical review by the Critical Care and Outreach Team (CCOT) or Doctor (FY2 or above) within 1 hour with 6% compliance; 8% compliance of a repeat review within 6 hours and 3% compliance of consideration of TEP and/or DNAR.	The learning represented a small indicative sample with incomplete data due to poor documentation. There is a need for improvement on compliance with increasing observations frequency and lack of escalation and documentation of escalation. The majority were escalated to CCOT. There was a highly variable grade of initial review and timings to view because of poor escalation in a timely manner. Repeat reviews are rare and grade of initial view was highly variable. There was very poor consideration of Treatment Escalation Plan / do not attempt resuscitation TEP/DNAR in sick patients – this will be addressed through introduction of the all-

		cause deterioration form.
5092 - Intra Venous (IV) line flush audit in Interventional Radiology 2020	This is a retrospective service audit of the scanning of IV-line flush documentation. There were 25 cases reviewed and all cases were performed with a World Health Organisation (WHO) checklist and all IV lines flush was documented on all.	No learning points or recommendations were made.
4992 - Child Sexual Exploitation (CSE) identification in Maternity Services at Dorset County Hospital Foundation Trust (DCHFT).	The aim of this audit is to ensure that CSE identification in DCHFT Maternity Services is meeting the required standard of compliance and accountability. Information regarding teenagers at risk of CSE was selected from excel spreadsheets that are populated by the Teen Midwives team, who record all pregnant teenagers booked for DCHFT. Data was then collected from the Digital Patient Records, CD View or CIVICA and the safeguarding files (for current pregnancies) in order to ensure that standards are being maintained.	Confirmation that midwives are continuing to take appropriate measures to ensure safety and support for children at risk of sexual exploitation. Practice will continue to remind midwives to ensure that all documentation is correctly completed at booking or revisited at the soonest opportunity to complete.
5003 – Surgery for Endometrial Cancer	The aim of this retrospective audit is to see the proportion of hysterectomies for endometrial cancer that have had a Total Laparoscopic Hysterectomy (TLH), and the demographic of patients that we operate on. The sample was patients diagnosed with endometrial cancer between April 2019 and April 2020. 35 patients were identified, 16 were operated on elsewhere, 1 patient didn't have surgery, and 1 set of notes were unavailable. This left 17 patients who underwent surgery. The key findings showed that 94.1% of patients had a TLH (16/17) with one that was converted to laparotomy (due to a query regarding bowel perforation – there was no injury confirmed). This is clearly in keeping with the British Gynaecological Cancer Society (BGCS) guidelines; Mean blood loss was 138mls and the mean age 69.5; 60% of patients had mild systemic disease, 40% had severe systemic disease with 35% having class 1 obesity and the mean hospital stay was 1.8 days. Overall, the postoperative stay for TLH is comparable to studies where patients are undergoing TLH stay for approximately 2 days: half the time of patients undergoing open surgery.	TLH is a safe mode of surgery and should be used in preference to Total Abdominal Hysterectomy, apart from if the patient has had extensive surgery that may make laparoscopy unsafe. The audit confirms that TLH is a safe surgical approach for patients with endometrial cancer, despite having high BMIs. It also reduces hospital stay. Continue current management.
4927 – DNAR Audit	This audit based on 12 wards and 75 sets of notes aims to assess and evaluate Do Not Attempt Resuscitation (DNAR)	It is recommended to continue DNAR training as part of mandatory/BLS/ILS updates;

	documentation and completion within all relevant wards/areas in DCHFT (excluding the Emergency Department, Outpatients, Clinics, Theatres, Day Units and Paediatrics). It was found 93.5% of forms were located at the front of the patient's notes; 87% of DNAR decisions had been clearly documented in the patient's notes either written or with the yellow sticker; 90% of decisions were made by the appropriate grade/trained clinician, 90% of decisions were ratified in 48hrs and 75% of TEP forms were present with DNAR in place.	reinforce the need for a TEP to be completed with a DNAR decision.

3. The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2020-2021 that were recruited during that period to participate in research approved by a research ethics committee was 797. We did not have an active recruitment target for this period due to the pandemic.

This is our lowest level of involvement in the last few financial years and reflects a sustained drop due to continued cuts in NIHR funding and available resource. We are looking to grow in collaboration with other care sites and have had our income sustained rather than cut moving into 2021, which we hope will be reflected by a year of recovery, resilience and growth.

It is worth noting that this period has seen success in the set up and delivery of UPH Covid-19 studies, with 30% of our covid-19 admissions recruited to the RECOVERY trial, substantially higher than the 10.9% average across Wessex.

4. The Trust income in 2020/21 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework This was because of the changes in contracting arrangements due to COVID, as a result, defined CQUIN income was not received.

5. The Trust is required to register with the Care Quality Commission (CQC) under section 10 of the Health and Social Care Act 2008.

5.1 The Trusts current status is registered in full without conditions. The Care Quality Commission has not taken enforcement action against the Trust during 2020- 2021.

(Section 6 was removed from the legislation by the 2011 amendments)

7. The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

7.1 CQC suspended scheduled onsite inspections during the Covid-19 pandemic. A Transitional Regulatory Approach was implemented and discussions took place with Maternity Services and Outpatient Services following this approach. In all cases there were no risks identified and no further action was required by DCHFT. There is no formal response or report resulting from this Transitional approach.

The Trust is currently rated 'Good' overall by the CQC following inspection in July – September 2018. The Trust continues to engage in quarterly meetings with the local and regional CQC inspection team.

The ratings grid below, as published by the CQC on its website, shows the ratings given to the core services and five domains at the time of their inspection (please note some areas were not re-inspected in 2018 following the 2016 inspection, therefore the 2016 rating stands for those services until the CQC re-inspect and rate accordingly):

Ratings for Dorset County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement → ← Oct 2018	Good → ← Oct 2018	Good → ← Oct 2018	Good → ← Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018
Medical care (including older people's care)	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Surgery	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Critical care	Good Aug 2016	Good Aug 2016	Good Aug 2016	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016
Maternity	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Services for children and young people	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
End of life care	Good ↑ Oct 2018	Requires improvement → ← Oct 2018	Good → ← Oct 2018	Good → ← Oct 2018	Good ↑↑ Oct 2018	Good ↑ Oct 2018
Outpatients	Good Oct 2018	N/A	Good Oct 2018	Good Oct 2018	Requires improvement Oct 2018	Good Oct 2018
Diagnostic imaging	Good Oct 2018	Good Oct 2018	Good Oct 2018	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018
Overall*	Requires improvement → ← Oct 2018	Good ↑ Oct 2018	Good → ← Oct 2018	Good → ← Oct 2018	Good ↑ Oct 2018	Good → ← Oct 2018

8. The Trust submitted records during 2020-21 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

	2016/17	2017/18	2018/19	2019/20	2020/21	National Average
Admitted Patient Care	99.9%	99.9%	99.9%	99.9%	100%	99.5%
Outpatient Care	100%	100%	100%	100%	100%	99.7%

Accident and Emergency Care	99.2%	99.1%	99.0%	99.2%	99.7%	98.0%

The percentage of records which included the General Medical Practice Code was:

	2016/17	2017/18	2018/19	2019/20		National Average
Admitted Patient Care	99.9%	100%	100%	100%	100%	99.8%
Outpatient Care	100%	100%	100%	100%	100%	99.7%
Accident and Emergency Care	99.7%	100%	99.8%	100%	100%	98.8%

9. As at the end of April 2021, the Trust was compliant with 18 of the 42 assertions within the Data Security and Protection Toolkit (DSPT) and 3 of the 10 national standards. The internal audit performed by BDO LLP in February 2021 confirmed that the evidence provided for 35 of the 40 mandatory sub-assertion included in the sample were found to be satisfactory and in line with the requirements of the Independent Assessment Framework.

The Trust appointed an Information Governance Manager and Data Protection Officer who started in the Trust on 01 November 2020.

The Trust continues to gather the evidence needed to support the 2020/21 Data Security and Protection Toolkit, which, because of the pandemic, is now due for delayed submission on 30 June 2021.

10. The Trust was not subject to the Payment by Results clinical coding audit during 2020 – 2021.

11. The Trust will be taking the following actions to improve data quality:

- The Trust has improved capacity in its Clinical Coding Team and will be instigating a rolling monthly internal audit programme for 2021/22. This will be in addition to the mandatory Clinical Coding Audit as required by the Data Security and Protection Toolkit.via our PAS system and the Data Warehouse to highlight and address areas of concern.

- The Information Assurance Manager will be working with the Business Intelligence Team to validate the data within the suite of reports they produce in order to provide improved assurance to the end users.

- Data quality metrics and reports are used to assess and improve data quality. The Data Quality Maturity Index (DQMI) and the Secondary Uses Service (SUS) Data Quality Dashboards are monitored and reports run on a daily/weekly/monthly basis via our PAS system and the Data Warehouse to highlight and address areas of concern.

27 Learning from Deaths

The Trust has a full complement of Medical Examiners who perform brief reviews of every in-patient death and identify those cases that require further in depth reviews, using the Learning from Deaths national guidance. ('*National Guidance on Learning from Deaths*', National Quality Board, March 2017).

27.1 During April 2020 – March 2021 713 of DCHFT patients died. This compromised the following number of deaths which occurred in each Quarter of that reporting period:

- 153 First Quarter
- 153 Second Quarter
- 168 Third Quarter
- 239 Fourth Quarter

27.2 By 05/05/2021 189 case record reviews and 2 investigations have been carried out in relation to 713 of the deaths included in item 27.1.
In 2 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or investigation was carried out was:

- 35 First Quarter
- 52 Second Quarter
- 63 Third Quarter
- 39 Fourth Quarter

27.3 2 representing 0.28% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.
In relation to each quarter, this consisted of:

- 0 of 153 representing 0% for the first Quarter
- 1 of 153 representing 0.65% for the second Quarter
- 0 of 168 representing 0% for the third Quarter
- 1 of 239 representing 0.42% for the fourth Quarter

These numbers are derived from the judgement score for whether it is felt that the death was 'more likely than not' to have resulted from a problem in healthcare. All such cases are referred to, and reviewed by, the Hospital Mortality Group (HMG).

The HMG publishes a summary of outcomes from all reviews via its quarterly report to the Trust's public Board papers which are available via the Trust's internet site. Reports are shared internally by email newsletters. Any common themes identified feed into the quality improvement plans in the Trust, as part of the overall trust objective to deliver outstanding services every day. The notes of any patient who suffers a cardiac arrest are automatically subject to an SJR to examine whether it might have been preventable, regardless of the final outcome.

Specific areas of learning:

- Decisions on a patient's resuscitation status and appropriateness of escalation of care are occasionally but not uncommonly left to the out of hours Medical SPR, when they should have been dealt with in daytime

hours by the medical or surgical team who know the patient and their relatives best.

- 10 patient complaints were received relating to poor communication or completion of 'No Not Attempt Resuscitation' orders. Although this is a tiny proportion of all DNAR orders they proved very distressing for the individuals concerned.
- Abdominal pain with raised inflammatory markers should have a low threshold for early surgical consultation, especially where deterioration of the patient's physiology is apparent.
- Written note entries in the case record do not always have accurate times recorded and/or the staff member has not recorded their PIN number.
- Patients who are critically unwell with sepsis and or hypotension should not have non-steroidal anti-inflammatory drugs continued or initiated, and all antihypertensive medications should be reviewed for discontinuation.
- Surgical admission clerking and documentation is often too limited in its breadth, with incomplete construction of the differential diagnosis.
- VTE assessments are not recorded consistently.

27.5 A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the e provider has learnt during the reporting period.

Identified issues are communicated across the Trust via a newsletter, and cases of suboptimal care are forwarded to departmental Morbidity & Mortality meetings and Divisional, Care Groups and Specialty Governance meetings for further discussion and learning.

- An audit of DNAR forms was completed which identified that the large majority of forms are correctly completed, but that additional training would be beneficial on aspects of communication and documentation which have been problematic during the COVID 19 pandemic. A training plan is currently being discussed and an action plan will be put in place.
- The patient record note paper has been redesigned with various printed watermark reminders for all staff to remind them to date, time, sign and record their PIN number with each entry. Previously there were no visual cues to remind staff.
- Identification of a deteriorating patient, especially where sepsis or cardiac arrest occurs remains a priority. An 'All Cause Deterioration' pathway is being introduced across the Trust, aligned to quality and safety improvement work in the Trust. These forms should improve the early and appropriate escalation of a deteriorating patient and will be audited once embedded. The form was developed by the Regional Deteriorating Patient network overseen by the Wessex Academic Health Science Network (AHSN) and then localised to DCH.
- Differential diagnosis is to be included in the teaching rota of all F1 doctors.
- VTE assessment recording was modified, tested on 4 ward areas and introduced Trust-wide in July 2020.

27.6 An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period.

- Timing & Signing of notes entries – the redesigned note paper began to arrive in the Trust during Q4 2020/21, and its effect will be audited during 2021/22.

- Identification of a deteriorating patient is under constant review by the Trust's sepsis group, and the 'All Cause Deterioration' documentation is coming into use from 2020/21 Q4.
- All case notes involving the End of Life Care pathway are reviewed by the EoLC group, chaired by a palliative care consultant, and with a review of DNAR orders and appropriateness of escalation of care decisions. Results are to be reported back to HMG on a regular basis.
- Surgical admission clerking/differential diagnosis is now a taught session as part of FY1 education – usually delivered by the Trust Medical Director. Notes will be reaudited during 2021/22.
- VTE assessments have exceeded the national standard of 95% within 24 hours of admission for every month since the change to the reporting process was introduced. The Trust's Thromboembolism Group has been reconfigured with a dedicated consultant lead from May 2021.

27.7 22 case record reviews and 4 investigations completed after 31/03/2020 which related to deaths which took place before the start of the reporting period.

27.8 2 representing 22 (9.09%) of the patient deaths before the reporting period, are judged to have been due to problems in the care provided to the patient. This number has been estimated using the judgement score for whether death is determined more likely than not to have resulted from a problem in healthcare.

27.9 6 representing (0.75 %) of the patient deaths during 01/04/2019 to 31/03/2020 are judged to be more than not to have been due to problems in the care provided to the patient.

Reporting Against Core Indicators

Mandatory Statement 12: Mortality

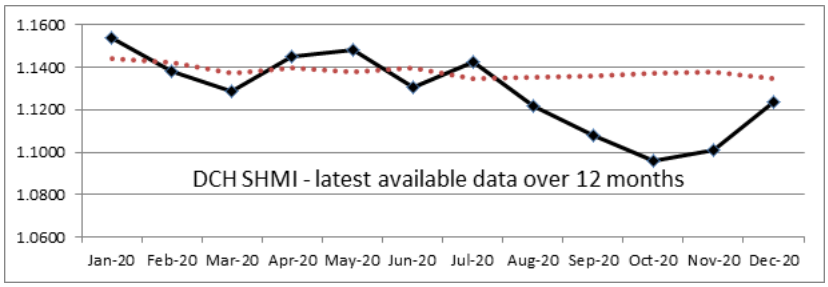
The Summary Hospital-level Mortality Indicator (SHMI) is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

It covers all deaths of patients who were admitted to non-specialist acute trusts in England, and who either died in hospital or within 30 days of discharge.

A lower score indicates better performance. In addition to individual scores, trusts are categorised into one of three bandings: 1 (SHMI higher than expected); 2 (SHMI as expected); 3 (SHMI lower than expected).

	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
DCH SHMI 2020	1.154	1.138	1.129	1.145	1.148	1.130	1.142	1.122	1.108	1.096	1.101	1.124
DCH SHMI Banding	1	2	2	1	1	2	1	2	2	2	2	2
% deaths with palliative care coded	35	37	39	39	40	40	41	43	43	44	45	44

Latest published data prior to submission Dec 2020



Dotted line = upper limit

Mandatory Statement 18: PROMs

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective. Currently covering four clinical procedures, PROMs calculate the health gains after surgical treatment using pre- and post-operative surveys.

Patient Reported Outcome Measures (PROMs)	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18^	2018/19	2019/20	2020/21*	Trend
Groin Hernia										
Dorset County Hospital	**0.076**	**0.076**	**0.066**	**N/A**	**0.068**	**N/A**	**N/A**	**N/A**	**N/A**	
National Average	*0.085*	*0.085*	*0.084*	*0.088*	*0.086*	*N/A*	*N/A*	*N/A*	*N/A*	
Lowest										
Highest										
Hip replacement										
Dorset County Hospital	**0.461**	**0.445**	**0.466**	**0.471**	**0.462**	**0.506**	**0.501**	**0.461**	**N/A**	
National average	*0.438*	*0.436*	*0.437*	*0.438*	*0.445*	*0.458*	*0.457*	*0.46*	*N/A*	
Lowest										
Highest										
Knee replacement										
Dorset County Hospital	**0.304**	**0.297**	**0.305**	**0.341**	**0.299**	**0.356**	**0.361**	**0.36**	**N/A**	
National average	*0.318*	*0.323*	*0.315*	*0.320*	*0.324*	*0.337*	*0.337*	*0.341*	*N/A*	
Lowest										
Highest										
Varicose Vein										
Dorset County Hospital	**N/A**	**N/A**	**0.099**	**0.127**	**0.043**	**N/A**	**N/A**	**N/A**	**N/A**	
National average	*N/A*	*0.093*	*0.095*	*0.096*	*0.092*	*N/A*	*N/A*	*N/A*	*N/A*	
Lowest										
Highest										

Latest provisional publication up to August 2020
^NHS England discontinued the mandatory varicose vein surgery and groin-hernia surgery national PROM collections from October 2017
Source
https://digital.nhs.uk/patient-reported-outcome-measures

A higher number demonstrates that patients have experienced a greater improvement in their health.

Mandatory Statement 19: Readmissions

The table below shows the percentage of emergency readmissions to the Trust within 28 days of a patient being discharged.

Readmissions within 28 days	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Aged 0 to 15 years									
Total Spells	5,147	4,749	4,676	4,948	4,975	4,778	4,677	4,568	3,165
Of which, readmitted as an emergency within 28 days	456	393	442	471	488	478	508	573	372
Dorset County Hospital	**8.9%**	**8.3%**	**9.5%**	**9.5%**	**9.8%**	**10.0%**	**10.9%**	**12.5%**	**11.8%**
National average	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Lowest	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Highest	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Aged 16 years and over									
Total Spells	16,832	16,103	17,567	18,263	18,837	17,957	17,920	18,196	14,439
Of which, readmitted as an emergency within 28 days	1,741	1,695	1,994	2,222	2,295	2,142	2,316	2,504	2,087
Dorset County Hospital	**10.3%**	**10.5%**	**11.4%**	**12.2%**	**12.2%**	**11.9%**	**12.9%**	**13.8%**	**14.5%**
National average	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Lowest	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Highest	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Source Internal DCH report which follows the guidance as stated on p22 of:
https://improvement.nhs.uk/uploads/documents/Detailed_req_for_assurancefor__qual_repts_16-17_.pdf
NHS Digital has not published the recommended source reports since December 2013

Recommended Source (not available - see comment below)
https://indicators.hscic.gov.uk/webview/
Section Compendium of population health indicators > Hospital Care > Outcomes > Readmissions
To find the percentage of patients aged 0-15 readmitted to hospital within 28 days of being discharged, download "Emergency readmissions to hospital within 28 days of di
To find the percentage of patients aged 16 or over readmitted to hospital within 28 days of being discharged, download "Emergency readmissions to hospital within 28 days
Please note that this indicator was last updated in December 2013 and future releases have been temporarily suspended pending a methodology review.

S:\Information\ICS Clone\28 Day Re-Admissions\QA_Methodology_Emergency_Re_Admissions.mdb
Amend dates in append query and run macro

Mandatory Statement 20: Responsive

The indicator is a composite, calculated as the average of five survey questions taken from the annual national inpatient survey.

Responsiveness to the personal needs of patients	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21*	Trend
Dorset County Hospital	**66.9**	**69.9**	**71.1**	**69.6**	**70.2**	**69.0**	**68.2**	**67.0**	**N/A**	
National average	*68.1*	*68.7*	*68.9*	*69.6*	*68.1*	*68.6*	*67.2*	*67.1*	*N/A*	
Lowest	*57.4*	*54.4*	*59.1*	*58.9*	*60.0*	*60.5*	*58.9*	*59.5*	*N/A*	
Highest	*84.4*	*84.2*	*86.1*	*86.2*	*85.2*	*85.0*	*85.0*	*84.2*	*N/A*	

2020/21 data to be published August 2021
Source
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/may-2020/domain-4-ensuring-that-people-have-a-positive-experience-of-care-nof/4-2-responsiveness-to-inpatients-personal-needs

The indicator value is based on the average score of five questions from the National Inpatient Survey, which measures the experiences of people admitted to NHS hospitals.

The overall score can range from 0 to 100, a higher score indicating better performance. If all patients were to report all aspects of their care as 'very good' this would equate to an overall score of 80. A score of approximately 60 would indicate 'good' patient experience.

Mandatory Statement 21: Staff Friends and Family Test (SFFT)

This test forms part of the national NHS Staff Survey undertaken in quarter 3 of each year. These figures are taken from the 2020 survey.

Staff survey feedback - staff who would recommend the Trust as a place to receive treatment to family or friends	2017	2018	2019	2020
Dorset County Hospital	76%	**80%**	**78%**	**80%**

National Average (median)	71%	**71%**	**69%**	**74%**

Mandatory Statement 23: VTE

Venous thromboembolism (VTE) is an international patient safety issue and a clinical priority for the NHS in England.

VTE is a collective term for deep vein thrombosis (DVT) – a blood clot that forms in the veins of the leg; and pulmonary embolism (PE) – a blood clot in the lungs. It affects approximately 1 in every 1000 of the UK population and is a significant cause of mortality, long term disability and chronic ill-health problems.

Rate of admitted patients assessed for VTE	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20*	2020/21*	Trend
Admissions	24,026	87,426	91,462	96,063	96,797	98,692	99,443	59,516	N/A	
Of which, VTE risk assessed	22,077	85,211	87,371	92,847	92,813	94,793	94,133	52,933	N/A	
% VTE risk assessed	**91.9%**	**97.5%**	**95.5%**	**96.7%**	**95.9%**	**96.0%**	**94.7%**	**88.9%**	**N/A**	
NHS Standard	*92.0%*	*95.0%*	*95.0%*	*95.0%*	*95.0%*	*95.0%*	*95.0%*	*95.0%*	*N/A*	
National Average	*94.0%*	*95.8%*	*96.1%*	*95.8%*	*95.6%*	*95.3%*	*95.6%*	*95.5%*	*N/A*	
Lowest	***80.2%***	***66.7%***	***88.6%***	***76.9%***	***0.0%***	***75.1%***	***0.0%***	***71.8%***	***N/A***	
Highest	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*N/A*	

2019/20 nationally published data upto December 2019 - VTE data collection and publication is currently suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic

Source
https://www.england.nhs.uk/statistics/statistical-work-areas/vte/
https://improvement.nhs.uk/resources/vte/

There is no year end data as collection and publication was suspended in line with national guidance to release capacity within providers to support and manage the Covid-19 pandemic

Mandatory Statement 24: C-Difficile

Clostridium difficile, also known as C. difficile or C. diff, is a bacterium that can infect the bowel and cause diarrhoea. People who become infected with C. difficile are usually those who've taken antibiotics, particularly the elderly and people whose immune systems are compromised. For each hospital onset case (stool sample taken after day 2 of admission) a full route cause analysis is performed to identify any learning or lapses in care with particular attention on sampling in a timely manner, isolating patients with new onset of diarrhoea and justification of prior antibiotic use. Of the cases reported for 2019/20 half of the cases were deemed trajectory cases with learning identified and the other half were non-trajectory cases with no lapses in care found.

C-difficile rates per 100,000 bed-days	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Trend
Bed-days	101,156	102,674	98,654	105,719	99,883	98,908	98,845	100,903	N/A	
C-difficile cases	22	27	15	24	13	10	10	10	N/A	
C-difficile rate	**21.7**	**26.3**	**15.2**	**22.7**	**13.0**	**10.1**	**10.1**	**9.9**	N/A	
National Average	*17.4*	*14.7*	*15.0*	*14.9*	*13.2*	*13.6*	*12.2*	*13.6*	*N/A*	
Lowest	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*N/A*	
Highest	*31.2*	*37.1*	*62.6*	*67.2*	*82.7*	*91.0*	*79.7*	*51.0*	*N/A*	

2020/21 data currently not published
Source
https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data

Mandatory Statement 25: Incidents

A patient safety incident is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care.

Patient safety incidents reported	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21*	Trend
Number of patient safety incidents reported to NRLS	2,945	1,736	2,116	4,609	4,493	4,838	4,997	5,542	N/A	
Admissions	51,184	50,530	98,666	105,413	99,883	99,491	98,845	100,903	N/A	
Incident rate per 100 admissions	**5.8**	**3.4**	**2.1**	**4.4**	**4.5**	**4.9**	**5.1**	**5.5**	**N/A**	
National Average	*7.1*	*7.7*	*3.6*	*3.9*	*4.1*	*4.3*	*4.5*	*4.9*	*N/A*	
Lowest	*2.5*	*3.0*	*1.7*	*1.6*	*1.9*	*1.6*	*2.1*	*2.1*	*N/A*	
Highest	*27.8*	*30.4*	*10.2*	*13.0*	*14.8*	*16.7*	*14.2*	*18.1*	*N/A*	
Incidents resulting in severe harm or death	25	3	19	25	24	22	25	28	N/A	
Percentage of incidents resulting in severe harm or death	**0.85%**	**0.17%**	**0.90%**	**0.54%**	**0.53%**	**0.45%**	**0.50%**	**0.51%**	**N/A**	
National Average	*0.65%*	*0.55%*	*0.49%*	*0.41%*	*0.37%*	*0.34%*	*0.32%*	*0.30%*	*N/A*	
Lowest	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*N/A*	
Highest	*3.34%*	*3.90%*	*4.18%*	*1.74%*	*1.58%*	*1.76%*	*1.35%*	*1.31%*	*N/A*	

2020/21 data currently not published
Source
https://digital.nhs.uk/data-and-information/indicators/indicator-portal-collection/quality-accounts/domain-5

The trust actively encourages staff to report incidents and ‘near-miss’ episodes to ensure that key learning points are shared throughout the organisation.

Part 3 – Other Information

This section of the report provides further detail on the quality of services provided or subcontracted by the Trust in the period 2020/21.

Patient Safety – Reducing avoidable harms from Hospital Falls

Due to the national directive, the Trust has concentrated its resources to the pandemic, however various Quality work has continued.

Actions have continued throughout 2020/21 and once the pandemic incident has been de-escalated, the Quality Improvement work will recommence as part of Patient Safety agenda

Patient Safety – Improved Mortality Surveillance and Reducing Variation

What is mortality surveillance?

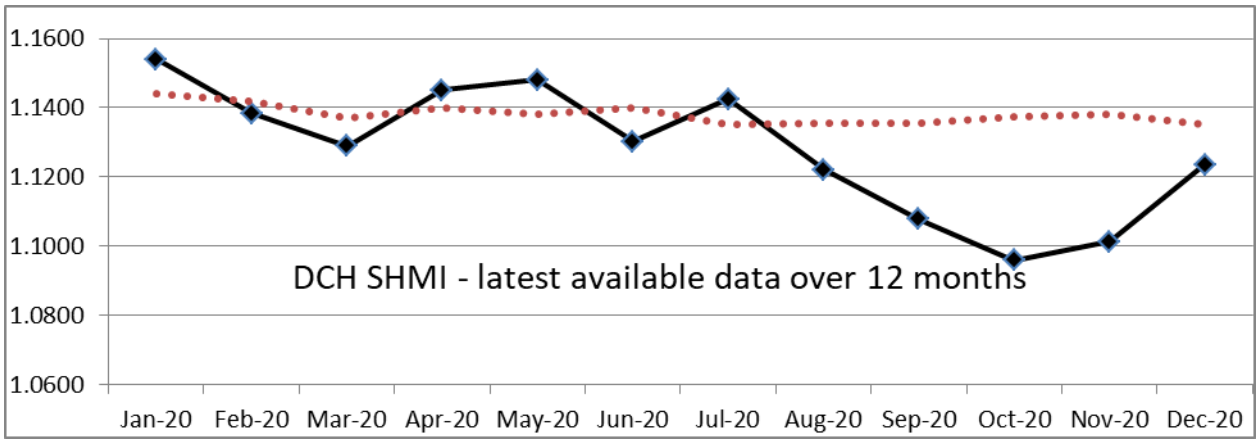
Mortality surveillance is the ongoing systematic monitoring and analysis of mortality data and the sharing of information that leads to actions being taken to address either data quality issues (the way information is documented, recorded and coded) or health concerns and delivery of care.

How did we perform?

The Trust has established robust mechanisms for the review of all in-patient deaths, as well as those occurring within 30 days of discharge, plus the associated data and coding, through the monthly Learning from Deaths Hospital Mortality Group. Team-based Mortality and Morbidity meetings also occur at departmental level.

The primary mortality indicator published nationally by NHS Digital is the Summary Hospital-level Mortality Indicator (SHMI) which reports at trust and site level across England using a standard and transparent methodology. SHMI is the ratio between the actual numbers of patients who died at the trust or within 30 days of discharge and the number that would be expected to die given the total coded risks of each inpatient's health status. It is reported 5 months in arrears so the latest data runs to December 2020. NHS Digital decided not to include any deaths related to COVID-19.

Figure 1 - SHMI trend (rolling 12 months, red dotted line = upper limit of expected range)



SHMI performance is constantly monitored against peers using nationally published reports. Although Dorset County Hospital Foundation Trust (DCHFT) had previously been consistently in the 'higher than expected' category since March 2017, the Trust has improved progressively throughout 2020, and the data is now consistently within the 'as expected' category. The latest data from NHS Digital was published in May 2021 for patients discharged between January 2020 and December 2020.

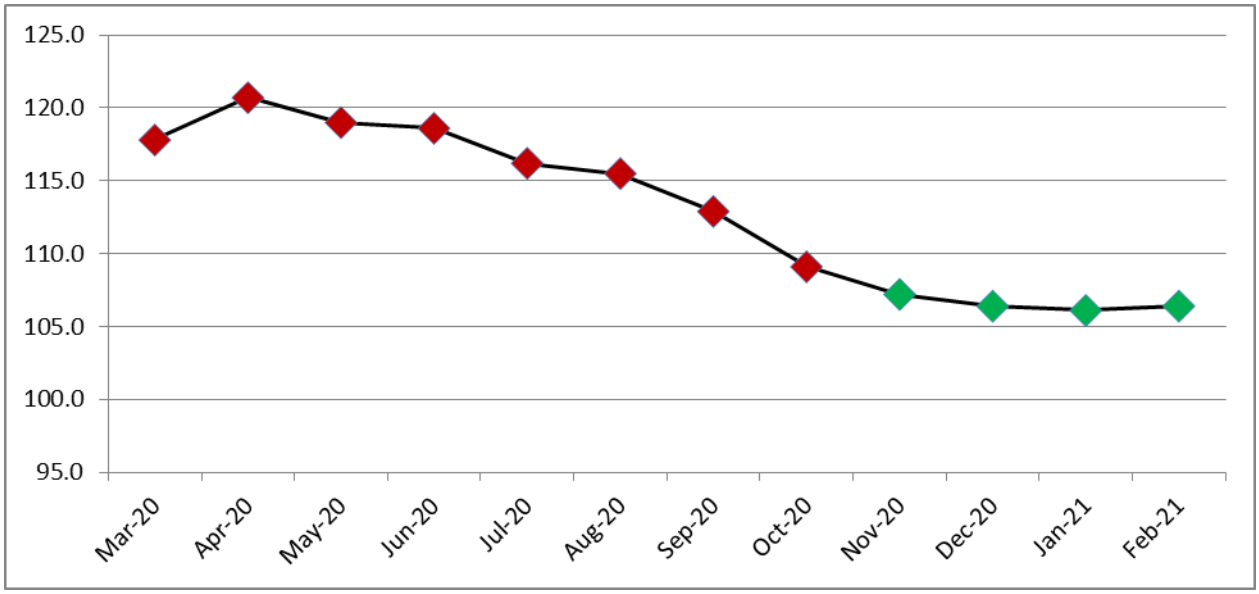
The Trust had previously identified that the depth of coding (the number of secondary diagnosis codes per finished provider spell) could have been having an adverse effect on the SHMI. In NHS Digital's latest reports DCHFT has seen progressive improvement in the mean depth of coding for both elective and non-elective spells. In particular mean depth of coding for non-elective (emergency admission) patients has increased from 3.7 to 5.8, slightly above the national average. Depth of coding contributes significantly to the accuracy of both SHMI and HSMR.

The Trust uses benchmarking software from Dr Foster to facilitate more in-depth analysis of mortality data and also enables the Trust to monitor another nationally recognised mortality index – the Hospital Standardised Mortality Ratio (HSMR). The key differences in methodology between the two indicators are:

- SHMI includes all spells, while HSMR includes a basket of 56 diagnoses (around 85% of deaths).
- SHMI includes post-discharge deaths within 30 days (which requires linkage to Office for National Statistics that incurs a time lag), while HSMR focuses on in-hospital deaths only.
- HSMR is adjusted for more factors than the SHMI, most significantly palliative care but also including CCS sub groups, social deprivation, past history of admissions, month of admission and source of admission.

- SHMI attributes a death to the last episode within an acute non-specialist trust, whereas the HSMR attributes a death across a continuous in-patient spell.

Figure 2 – HSMR trend (rolling 12 months)



In parallel with the improvement in SHMI and coding, HSMR has fallen to within the expected range for each of the four latest publications to February 2021.

Patient Safety – Improving early identification and treatment of Sepsis (All cause deterioration)

Goal for 2020-2021:

Due to national directive to concentrate resource to the pandemic effort, audits were paused in 2020/21.

All Cause Deterioration Pathway - in response to themes arising from incidents reported and SJRs around failure to recognise and escalate the care of the deteriorating patient, an All Cause Deterioration Pathway is being introduced across the Trust. These forms should improve early and appropriate escalation of the deteriorating patient and therefore improve patient safety and quality of care. The form was developed by the Regional deteriorating patient network overseen by the Wessex AHSN and then localised to DCH.

The pathway has been approved by the Deteriorating Patient Group and has been successfully trialled within both medicine and surgery, with positive feedback from doctors and nurses. Feedback states that the pathway does not increase any burden of paperwork and provides a supportive and easy to follow route to getting the right help for patients. The intention is for these forms to roll out across the Trust by early summer.

There are two documents:

The All Cause Deterioration Pathway; a clear concise, user friendly flow chart/ pathway to aid in the process of escalation.

The Clinical Deterioration Episode; a proforma, which is commenced by the nursing staff following a new NEWS score of 5 or above, documenting the NEWs score, time and who the patient has been escalated to. The form then goes into the patient notes to be completed by the first responder, either doctor or ANP.

Clinical Effectiveness – Promoting the Health and Wellbeing of staff

Promoting the Health and Wellbeing of staff

Goal 2020-2021: Staff can access quality information to look after their health and wellbeing, and can get support when they need it.

Why is the Health and Wellbeing of our staff important to delivery of outstanding care?

The Trust recognises that its employees play a vital role in its aim to provide 'outstanding care for people in ways which matter to them'. The evidence shows that when our staff feel well and satisfied with their work, the experiences of our patients improve. It makes sound business sense to ensure all our staff can access timely, relevant and evidence-based information to maintain their wellbeing, and can get support when they need it.

How did we perform?

We offer the current initiatives:

Staff Intranet & Staff App

The Health and Wellbeing pages of our intranet and Staff App are regularly updated with all relevant information for staff to access 24/7.

Health and Wellbeing Champions

We have 20+ staff Health & Wellbeing Champions across the trust. They have volunteered to support and publicise events and initiatives which benefit the health and wellbeing of staff, and provide a way for staff to feedback their experiences. A monthly Champion Newsletter updates them on the latest wellbeing news and services. They will be offered training by Livewell Dorset in 2021-22 on the importance of physical activity and how to support colleagues and patients to make healthy lifestyle changes.

Occupational Health & Wellbeing

The role of the Occupational Health (OH) and Wellbeing Service is to act in an advisory capacity to both staff and managers to promote and maintain the highest possible levels of health and wellbeing in the workplace. The OH and Wellbeing service is both confidential and impartial.

Employee Assistance Programme (EAP) - Care First (to be replaced by Vivup in May 2021)

Care First is a leading provider of professional counselling, information and advice offering support for issues arising from home or work. They employ professionally qualified Counsellors and Information Specialists, who are experienced in helping people to deal with all kinds of practical and emotional issues.

All staff can access Care First confidentially on the phone 24 hours a day. They provide additional support in both work and non-work related matters. From work-life balance to childcare information, relationships to workplace issues, health & wellbeing. Topics include (but are not limited to) Debt, disability & illness, bereavement & loss, stress, elder care information, life events, anxiety & depression, family issues, education and consumer rights.

In May 2021 our EAP provider will be Vivup who offer all of the benefits listed above with the addition of a full benefits package including Cycle to Work, Travel & Leisure and access to a huge range of discounts across UK's major retailers.

Our I&W lead works closely with Care First/Vivup to ensure they can give our staff up to date information about local services and support.

Physiotherapy

All staff can access physiotherapy services via self-referral or through their line manager.

Emotional and Mental Wellbeing

The Trust values both the physical and mental health of our people. We believe that work should be a positive part of our lives, and strive to enable our staff to ensure they have the skills, knowledge and resilience to maintain their wellbeing, as well as knowing how to seek help when they need it by:

- **Raising Awareness and improving Mental Health Literacy:**

The Trust has 3 in-house Mental Health First Aid (MHFA) Instructors qualified to deliver Mental Health First Aider (MHFA) 2 day, 1 day Champion and half-day Awareness sessions to our staff and partners. We currently have 62 MH First Aiders and continue to recruit from all teams, targeting particularly vulnerable groups such as junior doctors.

- **Providing peer support and signposting to timely and appropriate help:**

We have a newly established MHFA network, which offers our MHFAiders a safe space to meet and provide peer support and informal supervision for each other, along with refreshing their learning and developing their skills.

- **Ensuring staff who are unwell receive the support they need:**

The Trust provides confidential access to both telephone and face to face counselling services for all employees, via our Employee Assistance Programme Care First (and from May 21, the provider will be Vivup) and via our on-site counselling provision who provide a 7 day service.

- **Psychological First Aid**

A 60 minute session focusing on self-care and peer support, particularly how to look for signs of psychological distress and potential trauma in self and others, has been delivered to a number of teams across the Trust and received excellent feedback.

- **Wellbeing Walkrounds**

Regular walk-arounds to visit as many teams as possible with support from the Freedom To Speak Up Guardian, H&W Champions and MHFAiders. Feedback from staff during phase one suggests a regular presence from members of the Executive team would boost staff morale and alleviate anxieties around uncertainty, so this was implemented.

Financial Wellbeing

Neyber, a financial wellbeing service has been available to staff since February 2019, with a financial wellbeing portal offering free financial planning tools.

We are looking to add bespoke financial wellbeing & planning sessions to staff e.g. benefits of NHS pension scheme for new/younger staff in 2021-22.

Pre-Retirement Planning

The Trust offers Pre-Retirement sessions for staff thinking about retiring in the next 3-5 years. These are delivered by Affinity Connect, and offer the opportunity to start looking at all the various options available and planning for the future. This session also includes information from Livewell Dorset on the importance of remaining active in the retirement years and the health benefits of doing so.

Chaplaincy Service

Chaplains are employed by the Trust to provide confidential support and pastoral care to patients, carers and staff. This support is completely confidential and available to people of all faiths and none.

The Prayer Room is also available at all times of the night and day as a place of quiet reflection and prayer.

Covid - workforce support

At the start of the pandemic a comprehensive suite of COVID training packages were devised and rolled out at pace, helping clinical staff to feel adequately prepared for the challenges ahead. Changes to working practices were also implemented very quickly, including permitting those who were able to work from home to do so. Latterly, whilst responding to wave two of the pandemic, the Trust successfully set up and ran a Hospital

Vaccination Hub, delivering in excess of 20,000 vaccines to Health and Social Care staff from the West of the county, including our own staff at DCH.

Patient Experience – Improving the identification, assessment and referral for patients with Dementia

Quality account 2020-2021

Over the last year Dementia screening has continued to fluctuate across the trust. Patient key workers within the medical division are assisting with this, however they on not on all wards. The Comprehensive geriatric assessment (CGA) is still a work in progress but electronic solutions are now a real possibility with the Agile software being developed. The Trust awaits the update to vital Pac to include the 4 A's Test (4AT) and delirium screening. Plans to recruit 2WTE Support workers to assist the dementia screening have not gone ahead due to funding.
Throughout the pandemic the Advance Nurse Practitioner (ANP) for Dementia/Frailty was ward based in order to support a cohort of dementia patients as well as compliment the medical and nursing staff. Referrals continued to be accepted from across the hospital but these were at a lesser rate.
ANP for Dementia/Frailty continues to deliver education on Dementia, Delirium and behaviours that challenge to preceptorship students, medical training and offers bespoke training to ward teams.
Currently working on a frailty strategy with the wider MDT in order to provide an equitable service across the trust.

Patient Experience – Improved Learning from Complaints

Goal 2020-2021:

We will ensure that we learn when our patients tell us they have not had a good experience with us.

Complaints during COVID- 19:

At the end of March 2020 there was a national pause of NHS Complaints as we entered a lockdown situation due to the COVID-19 (Coronavirus) pandemic. The Trust wrote to all existing complainants to explain that due to the pandemic the clinical staff would not be able to continue to investigate their complaint. We explained that the investigation would continue once the clinical staff were in a position to continue with complaint investigations but we were unable to give a timescale for their response letter. The national pause on NHS Complaints ended on the 1st July and new complaints received from the 1st July 2020 were given a 40 working day response timeframe which was agreed by both Divisions. This enabled the Trust to respond to those complaints in a realistic timeframe due to the demands on the clinical staff during the past year.

During the lockdown period the Patient Experience Team were and continue to work remotely with 2 staff on site in order to comply with social distancing guidance. We stopped face to face meetings with patients and visitors and all enquiries were dealt with via email or telephone.

We entered further lockdowns in November 2020 and January 2021 with the second and more demanding wave of Covid-19 (Coronavirus) during December/January 2021. During this second wave we explained to complainants that there may be a delay in responding to their complaints due to clinical staff being unavailable to complete complaint investigations. Where possible, we continued with complaint investigations and provided responses during the lockdowns.

During the recovery period we will continue with the 40 working day response timeframe and review this with the Divisions in 6 months. This will continue to be monitored via the Patient Experience Group quarterly reports.

Why is learning from complaint important?

Complaints are an important way for the management of an organisation to be accountable to the public, as well as providing valuable prompts to review organisational performance and the conduct of people that work within and for it.

A complaint is an expression of dissatisfaction made to or about an organisation, related to its products, services or staff.

An effective complaint handling system provides three key benefits to an organisation:

- It resolves issues raised by a person who is dissatisfied in a timely and effective way;
- It provides vital information that can lead to improvements in service delivery
- Where complaints are handled properly, a good system can improve confidence in an organisation's administrative processes.

The opportunity to learn from complaints should not be missed by the Trust and most complainants make complaints in order for the organisation to learn from what has happened to them. In order for them to be assured that the Trust has taken their complaint seriously and taken the opportunity to learn from their complaint, the learning points are included in the complaint response. These learning points are owned by the Division and form part of the Divisional quality improvement plan.

How did we perform?

Staff from across the Trust regularly reflect on complaints at divisional and departmental meetings, in grand rounds, during junior doctors training, sisters and matrons meetings and porters & housekeeping briefings. Support is provided by the Patient Experience Team which enables them to understand the emotional

experience from the complainant and staff perspective and reflect upon improvements in relational aspects of care.

Patients have assisted in making videos narrating their experience of the care that they received, and also their feelings about the complaints process. These videos are shown to the relevant divisional leads and are available for presentation at Board when required. The creation of patient video stories has been paused during the Covid-19 (Coronavirus) pandemic and will resume in the coming months.

Complaints are an integral element of improving the patient's overall experience of health care and help to ensure that safe, high quality care is provided within the hospital. Learning from complaints is included in response letters to provide assurance to complainants that their complaint has been worthwhile, is taken seriously and the learning as a consequence in improving services/departments in the organisation

Trust wide Performance

In light of the Covid-19 pandemic and the national pause of NHS Complaints, much work has been undertaken in the last year to improve the management of complaints particularly the learning opportunities that occur when a complaint is made.

Learning and actions from complaints are monitored through the Divisions and Care Groups and where appropriate learning is shared across the organisation. Examples of learning from complaints are included in the quarterly Patient Experience report and reviewed by the Quality Committee.

Although we have made progress in learning from complaints, there is still some way to go to fully embed and monitor learning from complaints in the Trust and this will be our focus for the next year. From April 2021 actions and learning will be allocated using the Datix system to support the Divisions and Care Groups in the monitoring and completion of actions/learning from complaints.

Patient Experience – Improving the support from Hospital Volunteers to have positive effects on clinical outcomes

Goal for 2020/21

The goals for the reporting period above were set as a continuation from those set in 2019/2020. As we approached the start of the 2020/2021 reporting period we of course were affected by COVID-19 and this has understandably had an unforeseen impact on the volunteer service and our objectives. This report focuses on what we have done to adapt over the last 12 months and what ultimately has enabled the volunteer service to support the Trust and continue to run despite the challenges and restrictions we have been faced with.

The three Key goals for the service are as follows:

1. **Young Volunteer Programme**

We will continue to build our Young Volunteer Programme (YVP) in line with the, Pears #iWill Fund, beacon area commitments focusing on both Volunteer Opportunities within the Trust and community engagement projects.

2. **Volunteer Development**

We will continue to development our volunteer service with focus on building a Response Volunteer Team for which we have been awarded funding for through the NHSEI Voluntary Partnerships winter funding programme.

3. **Volunteer Experience**

We will continue to work with our Volunteers to ensure the volunteer experience at DCH is a positive one, developing the Induction Package for new volunteers and our programme of thank you and recognition events.

How did we perform?

Young Volunteer Programme

The government restrictions put in place through COVID-19 meant that all the plans we had in place for our Young Volunteer Programme in 2020 came to a grinding halt overnight! We have however continued to stay in touch with our local Youth network and when we are able to proceed with this part of the programme we will. The Pears foundation have given approval for us to run the funding in to 2021/22 and continue to be fully supportive.

Despite the restrictions we have however been supporting Young Volunteers within the hospital and have supported a team of volunteers who have joined our response team and been incredible over the last year. Some were existing volunteers, but we also recruited some young volunteers who were able to fit in volunteering around online schooling. They worked with the rest of the team through April to August, supporting largely with the PPE packing and distribution and donation sorting and distribution. Some of the team then went back to support inpatient wards once they were allowed and they continue to carry out shifts with many also involved in supporting our COVID-19 Vaccination hub. We have had some fantastic feedback from the wards on how much support they give. For example, please see below feedback received from a sister on Purbeck ward regarding one of our Young Volunteers:

"I would just like to express how much we appreciate all our volunteers here on Purbeck Ward. They are a highly valued and much loved part of our workforce. I would like to highlight the efforts of Violet in particular, she has never failed to turn up on a Saturday, even on Boxing Day! She has no fear of chipping in and she is quite willing to sit with our confused or lonely patients and give them time and the opportunity to talk. We have had some shifts that without her assistance would have been much harder. And to think she's only 17 and does not get paid to be here, she and the rest of the volunteers are truly amazing".

Whilst we are not in a position yet to proactively recruit, we are responding to enquiries and since January this has included recruitment of a further 11 Young Volunteers. We hope to reinvigorate the programme through the stat of the 2021/22 year with further recruitment and running a summer volunteer activity programme before looking at our community engagement projects with Young People from September 2021.

Volunteer Development

2020/21 was planned to be an exciting year for us with the launch of our Response Volunteer Team (RVT) which we had started to pilot in January 2020. This would see us focus our volunteer service on supporting Patient Flow and Discharge providing volunteers when they were needed and where they were needed as opposed to attaching a volunteer to one department. This project was being run as already mentioned with thanks to funding from NHSEI Voluntary Partnerships and we were one of a network of Trusts across the country which had been awarded the funding. The funding enabled us to recruit a Volunteer Administrator to our team whose position has since been made permanent by the Trust. We were awarded further funding in November 2020 through voluntary partnerships to expand aspects of our Response service and we will using this to support development in the 2021/22 year.

COVID-19 resulted in us suspending many of our volunteer roles by April 2020, this included our RVT which was largely focused on inpatient support and so would no longer be possible given the restrictions in place to protect against COVID-19 infection and transmission. By the start of April approximately 95% of our volunteers had to stop volunteering to shield in line with government restrictions. However, following guidance from NHSEI Voluntary Partnerships we took the decision not to suspend all volunteering and worked with departments across the hospital to identify need for volunteer support. By the middle of April we had stood up a RVT with some very different tasking to what was originally planned, taking on responsibility for the packing and distribution of Surgical Masks and all donations coming into the hospital. We recruited a small number of volunteers to support those who were able and willing to continue volunteering and deploy into the newly formed RVT. Whilst Response Volunteering was part of the plans for 2020 we were working in a very different way to what had been planned and it saw volunteers work closer together than ever before. Volunteers gave up numerous hours of their time to support this and have remained flexible and patient throughout the last year. It was busy and has been busy since and the tasks we have carried out have developed and changed to continue to meet the need. To ensure we could do what was needed, recruitment processes were adapted and to support safety measures in place across the hospital we have only recruited new volunteers as needed.

As we adapted to working in a very different environment, we gradually saw requests to support again in former and new areas. Working with our RVT therefore we have been able to shape how the Response role looks and this has been the key focus for us since July / August 2020. We have been able through this process to look at former roles and how these can best be delivered and this has seen an amalgamation of some roles and a different model used to achieve role objectives.

By the end of March 2021 the response team comprised of three key roles,

- Healthy Hospital – Tasks supporting the hospital – i.e. PPE distribution and COVID Vaccinations but with a view that this will develop moving forward to include the 2019 (Pre-COVID) objective of supporting patient flow and discharge.
- Healthy Stay – Supporting patients on In Patient Wards and ED.
- Healthy Visit – Supporting Patients coming in for Outpatient appointments and visitors combining our former Guiding and Patient Liaison Roles. This also currently supports the Dialysis Unit every morning to support the changeover of patients between AM and PM.

Alongside this our Patient Research Ambassador Volunteers and Your Voice group volunteers are also active but largely offsite. We are also supporting other departments to resume roles including the Chaplaincy Assistants and the Friends of DCH. Communication continues with our inactive volunteers who are still shielding.

The table below gives an approximate indication of volunteer status by end of March 21.

Volunteer Status – Up to 31 March 2021			
Total Active Onsite (including Young	Total Currently Active Offsite	Total Inactive (including the	Total Young Volunteers

volunteers)		FDCH)	
71 (approx. 17 not currently regularly volunteering – due to temporary role suspension or external factors – i.e. school / re-shielding)	16	174 (115 = FDCH)	28 (13 not regularly volunteering)
Volunteer Role Status – 31 March 2021			
Active Roles		**Inactive Roles**	
• Response • Patient and Public Engagement (Your Voice) • Patient Research Ambassadors • Specific Activity (Gardening / ICT)		• Chaplaincy Assistant (currently suspended) • Specific Activity (PAT dogs and music) • Play Assistant • Friends of DCH	
Volunteer Hours - 01 January - 31 March 2021			
Vaccination POD	**PPE Distribution**	**Healthy Stay**	**Healthy Visit**
1217	315	663	621
Total Hours (approximate and reflective only of above active on-site roles)		2816	

Volunteer Experience

Our plans for thank you events and awards and recognition like so many of our other plans were put on hold through the 2020/21 reporting period due to COVID-19. However we have worked extremely hard as a team to support our volunteers as much as we can and through the incredible support they have given over the last year I think it is fair to say that their profile as a team in the Trust over the last year has never been so high. Supporting teams and departments that we have not done previously and ensuring they have an identity through provision of their Volunteer Uniform has resulted in increased acceptance and understanding of the volunteer roles and we have had some fabulous feedback from across the Trust. Despite not being able to hold our Summer Tea Party and Mince Pie Mingle in 2020 we were able to say thank you to our team regularly throughout the year in other ways from social media 'shout outs' to decorating the volunteer hub for Halloween. They have also been completely included in Trust wide initiatives to say thank you for the huge efforts made over the last year which has been greatly appreciated.

The provision of a volunteer hub ensured our RVT were able to have a base from which to carry out their tasks last year. This unfortunately was taken away just before Christmas as the space was reallocated. Space for a volunteer hub therefore remains the biggest challenge for the team. Since January the Volunteer hub has been working out of the Friends Shop. This has enabled us to continue to support the Response team and the hospital. At the time of writing this report we have had to vacate the shop with the Trust now working to secure a new space for the team having recognised the need for a permanent volunteer hub in order for us to continue to operate the Response service and develop its support. The hub is temporarily located in the porta cabin which was used as part of the vaccination POD and whilst logistically this creates additional challenges for the team it has allowed us to continue to run a service although with some restrictions. We hope that by the time of our next report we will be able to say we have a permanent base for our volunteers and we know that this will make a huge impact on supporting their volunteer experience.

To support what we are doing to ensure a positive volunteer experience, we have worked more closely with the NHS voluntary services network to ensure best practice and share ideas to support our volunteers. We have set up a return to volunteering process to ensure any volunteers coming back to volunteering have a full safety briefing and have completed required paperwork and training prior to returning. Recruitment opened up again properly in January which has seen new volunteers join the response team giving it a much needed boost as demand for volunteer support has increased. The team now support and manage the volunteers more closely than ever before essentially providing the volunteer management for the response team.

The health and wellbeing of our volunteers has been a priority for us this year and it has been important to ensure the voluntary services team have been available for them and be present so that they can talk to us about anything which they are worried or concerned about within the hospital and also just to allow them a chance to process what has become a challenging time for us all. They have given so much over the last year and done so with a smile on their faces but it's also been a time where we have seen lots of anxiety so we have wanted to ensure we can do everything we can to support their health and wellbeing. As well as ensuring we are accessible, we also send out weekly Trust communication updates to the team and ensure we include any health and wellbeing updates on this. As a team volunteers are working more closely together than they have done previously and this has been really positive as they have formed their own friendships and support network.

Summary and the Year ahead

Reimagining is a word being used widely now across the volunteer sector as we look at how 'volunteering' can be best delivered and managed in the future. We have certainly had to do this and will continue to do this. 2021/22 will see us recommence plans for our Young Volunteer Programme and continue to develop our Response Service alongside working with other Volunteer services within our ICS to develop consistent practices and implement new volunteer management software. Capacity to continue and expand will depend on the current situation with the volunteer hub but we are continuing to plan and will continue to be flexible and adapt to the need and work to build and strong resilient team of volunteers who make a difference and love volunteering at DCH.

Risk Assessment Framework and Single Oversight Framework Indicators

The following indicators are a pre-requisite of the Risk Assessment Framework and the Single Oversight Framework to be included by Acute Trusts. More up-to-date data and fuller analysis and narrative is available on the Trust website in the Trust Board papers.

RTT - In England, under the NHS Constitution, patients 'have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible'. The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment.

ED 4 hour target - A four-hour target in emergency departments was introduced by the Department of Health for National Health Service acute hospitals in England to state that at least 95% of patients attending an A&E department must be seen, treated, and admitted or discharged in under four hours.

62 day wait - All patients who have been referred by their GP or by a dentist on a suspected cancer pathway should receive their first definitive treatment within 62 days of referral receipt or a maximum 62-day wait from referral from an NHS cancer screening service to the first definitive treatment for cancer.

Indicator	Standard	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Trend
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	**92%**	95.5%	94.9%	93.7%	92.1%	**87.6%**	**85.3%**	**81.6%**	**70.6%**	**47.9%**	
Maximum ED waiting time of 4 hours from arrival to admission/transfer/discharge (ED Only)	**95%**	96.5%	**94.7%**	**94.9%**	**94.1%**	**93.2%**	95.0%	**90.5%**	**82.9%**	**87.6%**	
Maximum ED waiting time of 4 hours from arrival to admission/transfer/discharge (Including MIU/UCC from November 2016)	**95%**	96.5%	**94.7%**	**94.9%**	**94.1%**	95.2%	97.6%	95.5%	**91.8%**	**92.8%**	
62 day wait for first treatment from an urgent GP referral for suspected cancer	**85%**	93.4%	88.4%	85.5%	**81.7%**	86.2%	**80.5%**	**77.9%**	**78.4%**	**72.9%**	
62 day wait for first treatment following a NHS Cancer Screening Service referral	**90%**	96.8%	96.0%	98.2%	94.9%	**83.2%**	96.2%	93.8%	**72.8%**	**64.1%**	
C-Difficile infections^	**16**	**22**	**27**	8	10	7	8	3	13	**22**	
SHMI	**1.00**	**1.07**	**1.11**	**1.10**	**1.16**	**1.12**	**1.17**	**1.19**	**1.13**	Published Aug-21	
Maximum 6 week wait for diagnostic procedures	**99%**	99.3%	**93.9%**	**94.8%**	**98.8%**	**93.0%**	**91.2%**	**86.2%**	**91.5%**	**64.7%**	
VTE Risk assessment~	**95%**	**91.9%**	97.5%	95.5%	96.7%	95.9%	96.0%	**94.7%**	**88.9%**	N/A	

Target achieved
Target not met

^pre 2019/20 criteria based on hospital acquired cases (post 72 hours) due to lapses in care, from 2019/20 onwards hospital onset healthcare associated cases defined as those detected in hospital three or more days after admission
~2019/20 nationally published VTE data upto December 2019 - VTE data collection and publication is currently suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic

Annex 1 Statement from Commissioners, Local Healthwatch and Overview and Scrutiny Committees

HealthWatch

No requirement for a statement from Healthwatch Dorset is required as per National Guidance.

DCHFT Lead Governor Commentary on the Trust Quality Report 2019-2020

No commentary required as per national guidance

Statement from CCG

Draft statement has been sent to the CCG and we await a response

Statement from Health and overview Scrutiny Committee

No statement required as per National Guidance

Annex 2 Statement of Directors' Responsibility for the Quality Report

Following National Guidance supporting Covid-19 pandemic response. This report has been written to the best of the Trusts abilities

By order of the board:

Mark Addison
Chairman

Patricia Miller
Chief Executive

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST ON THE QUALITY REPORT

No statement is required as per National Guidance