

**CLINICAL QUALITY REVIEW REPORT FOR THE PERIOD
1 OCTOBER 2011 – 31 DECEMBER 2011**

12 March 2012

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1 JULY 2011 TO 30 SEPTEMBER 2011**

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1 INTRODUCTION

- 1.1 The National Quality Board was established following the publication of the Health Care Commission report on Mid Staffordshire in March 2009, to review Early Warning Systems in the NHS and prevent a further systems failure in relation to the quality and safety of patient care (Department of Health, 2010).
- 1.2 The National Quality Board published 'Maintaining and improving quality during the transition: *safety, effectiveness, experience*' which focuses on maintaining quality and patient safety through the transition of responsibility to clinical commissioning groups and the NHS reforms. NHS Somerset continues to maintain monitor the quality and safety of the commissioned health services through the Clinical Quality Review Meetings held with each NHS provider on a quarterly basis.
- 1.3 A number of key performance indicators related to effectiveness, safety and patient experience are monitored to reflect national and local issues, facilitating greater understanding and opportunities to influence and improve service delivery. The indicators are detailed within Schedule 3.4 Quality Requirements of the contract for each NHS provider.

2 PURPOSE

- 2.1 This report does not aim to benchmark providers, but to provide assurance using the key quality performance indicators and to highlight areas of improvement or concern by exception pertaining to each of the providers of NHS care for which NHS Somerset is the lead commissioner. These are:
- Taunton and Somerset NHS Foundation Trust
 - Yeovil District Hospital NHS Foundation Trust
 - Somerset Partnership NHS Foundation Trust
 - Shepton Mallet Treatment Centre
- 2.2 In addition, a representative of the Nursing and Patient Safety Directorate attends clinical quality review meetings or receives reports for providers where NHS Somerset is associate commissioner.

3 KEY FINDINGS – NATIONAL TARGETS

Healthcare Acquired Infection

3.1 Performance against trajectory remains a cause for concern in relation to the numbers of cases of *Clostridium difficile* infections across Somerset. NHS Somerset reported 39 cases above trajectory, with 199 cases reported for the year to date against a trajectory of 160 and against a year-end total of 201. It should be noted however that there are 5 cases less than those reported for the same period in 2010/11. This is a reduction in the position at the end of Quarter 2 by 3 cases.

3.2 Table 1: Performance against trajectory for *Clostridium difficile*

Organisation	Year End Target	Trajectory for Q3	Position Q3
NHS Somerset	201	160	199
Taunton and Somerset	44	33	31
Yeovil District Hospital	29	21	17
Somerset Partnership	10	10 (year-end total)	8

3.3 Somerset providers continue to employ the use of diagnostic algorithms, working collaboratively to ensure there is consistency in approach to the definition and treatment of infection in the absence of national guidance. National Guidance on two stage testing to be used by all providers has been published in February 2012 and will be implemented by all providers from 1 April 2012. Somerset providers are in a strong position to implement the national guidance and will continue to use the agreed clinical algorithm to ensure that patients are treated appropriately and that patient safety is maintained.

Pressure Ulcers

3.4 The acquisition of healthcare associated pressure ulcers is seen as a marker of the quality of care being delivered by providers and, as such, forms one of the key performance indicators monitored on a monthly basis. Pressure ulcers are a key measure of the Chief Nursing Officers High Impact Actions and constitute an area for improvement via the South West Patient Safety Programme. As a consequence of increased focus, Somerset providers have improved the reporting and grading of all pressure ulcers with the aim of developing action plans to:

- improve the identification of patients at risk
- develop prevention programmes
- improve ongoing monitoring and investigation of cases
- share learning to improve standards of care

3.5 The Safety Thermometer has been developed as a national CQUIN by the Department of Health as specified within the Operating Framework 2012-13. All providers of NHS care will be required to report on through the safety thermometer on all patients who have experienced harm in the form of a pressure ulcer, a fall resulting in harm, catheter acquired infection or a venous thrombo embolism event. The aim is to drive improvements in harm free care provided to NHS patients.

Venous thrombo-embolism (VTE)

3.6 In line with the Operating Framework for the NHS 2011/12, all providers are reporting on compliance with the undertaking of assessment of patients for the risk of developing a venous thrombo-embolism during admission. NHS Somerset is monitoring compliance against the National CQUIN threshold of 90% of patients being assessed within 24 hours of admission.

3.7 Achievement of this target is a considerable challenge for providers nationally, however Taunton and Somerset NHS Foundation Trust reported compliance of 93.65% during Quarter 3 and achievement of the CQUIN for this quarter. Yeovil District Hospital reported 70.07% compliance against this indicator.

Serious Untoward Incidents

3.8 There were a total of 27 Serious Untoward Incidents logged onto STEIS (Strategic Executive Information System) during Quarter 3 2011/2012 for incidents where NHS Somerset is the lead commissioning Primary Care Trust. Providers are monitored for compliance with both reporting and investigation and closure timeframes.

3.9 Of those reported during Quarter 3, 16 were reported within the 48 hour national framework (59%). The number of SUI's required to be closed within 45 days that were overdue were 5 and the number required to be closed within 60 days which were overdue were 2.

	Number of SUI's reported in Qtr 3	Grade 0	Grade 1	Grade 2	Never Event
Taunton & Somerset NHS Foundation Trust	8 (1 downgraded)	3	3	1	0
Somerset Partnership NHS Foundation Trust	8	1	6	1	0
Yeovil District Hospital NHS Foundation Trust	9	0	9	0	0
NHS Somerset	2	0	2	0	0

Never Events and Grade 2 incidents

- 3.10 There were no Never Events reported during Quarter 3. There were two Grade two incidents reported during Quarter 3. These were both Grade 4 pressure ulcers and these were reported by Somerset Partnership NHS Foundation Trust for a community patient and by Taunton and Somerset NHS Foundation Trust.

Key Themes from Serious Untoward Incidents

- 3.11 The following key themes have been reported across the county for the last six months, with a significant increase in numbers for quarter three 2011/2012.

Unexpected death of community patient (in receipt)

- 3.12 When presenting risk of suicide is impulsive in nature, consideration should be given as to if this could be seen as a high risk of suicide and when patients express suicidal ideas even if these are professed not to be active, they should be explored further by the health care practitioner at the time to assess the risk and likelihood. A programme of work is being undertaken to develop a suicide risk assessment for use by general practitioners.

Slip/Trip/Falls

- 3.13 The importance of risk assessment on admission for frail or elderly patients which should be repeated during the patient stay and implementation of the falls care bundle.

Grade 3 pressure ulcers

- 3.14 Ensure full review of patient's condition on arrival including risk assessment for pressure ulcer risk and nutritional status. Staff should seek early advice when patients refuse treatments.

Surgical Error

- 3.15 The importance of using the World Health Organisation (WHO) Surgical Safety Checklist in all settings where interventional procedures are undertaken to ensure safe practice. This should include outpatient clinics and the labour ward. The completion of the WHO surgical safety checklist should be undertaken as team activity and all team members should be focused on the completion.

Risk of Choking for Patients with Dysphagia

- 3.16 Patients who have dysphagia (difficulty in swallowing) must have a risk assessment completed on admission and assessment by a speech and

language therapist to provide a documented care plan on the level of supervision and texture of food to be provided.

Hospital Standardised Mortality Ratio (HSMR)

- 3.17 Hospital Standardised Mortality Ratio (HSMR) is only pertinent to acute hospitals. The ratio is a rolling figure based on the most recent available data. HSMR data is taken from a commercial system called 'Dr Foster'. It compares the expected rate of death in a hospital with the actual rate of death. The norm is set at 100, so performance below 100 is better than average, above is less good. HSMR data is best reported on an annual rolling basis to detect trends, and should be considered in the context of a range of patient safety indicators as there are number of variables that impact on HSMR, including variation in where people die in different areas.
- 3.18 Yeovil District Hospital NHS Foundation Trust has consistently reported an HSMR above 100 throughout 2010 -11, at Quarter 3 this was 106. The Trust has undertaken a number of case note reviews as a result of Care Quality Commission Mortality Outlier reports. Following the annual rebasing exercise for 2010-11, the Dr Foster Hospital guide 2010/11 published in November 2011 reported an HSMR for Yeovil District Hospital that was higher than the rest of the year.
- 3.19 It is widely recognised that HSMR is only one indicator, and should be considered in the context of the range of patient and safety indicators to reflect the quality of care and safety of the services provided by an organisation. The Trust undertook investigation into the CQC mortality outlier reports through review of the case notes for all the patients concerned. This did not indicate concerns in relation to the quality of the care but highlighted a number of issues in relation to clinical coding. The Trust does not fall outside of any of the additional indicators related to the safety and quality of care as measured by Dr Foster.
- 3.20 A programme of work is ongoing at Yeovil District Hospital NHS Foundation Trust to improve clinical coding and to address the care pathways for emergency admissions to reduce the number of Finished Consultant Episodes (FCEs), and thus increase the rate of expected deaths. The impact of this work on the HSMR will not be reflected until later in the year although there are early indications of improvement in reducing the HSMR.
- 3.21 Taunton and Somerset NHS Foundation Trust continues to report HSMR of 86.9. The Trust HSMR is consistently below 100 and is recognised as a leading organisation for patient safety across the South West region. The Trust has been highlighted by Dr Foster as providing safe care.

Eliminating Mixed Sex Accommodation

- 3.22 There were no breaches of mixed sex accommodation reported by NHS providers in Somerset during Quarter 3.

4 RECOMMENDATIONS

- 4.1 The Board is asked to note the position with regard to the performance of NHS Somerset in respect of the number of Clostridium difficile infections at the end of Quarter 3. The two Foundation Trusts have reported a position within the Quarter 3 trajectory. The NHS Somerset commissioner position is reporting over trajectory but there has been a significant improvement in the projected year end position during the last two quarters. NHS Somerset has undertaken a thematic review of pre 72 hour C Difficile to identify common themes and to ensure robust and consistent approach is in place across primary care and nursing homes to ensure patient safety and to reduce the number of community acquired infections. There continues to be a challenge in respect of the variation in testing and reporting identified across the region which will be addressed through the implementation of the National Guidance on testing from 1 April 2012.
- 4.2 The Board is asked to note an increased focus on performance against the required timescales for reporting, investigating and closure of Serious Untoward Incidents and the sustained level of reporting amongst providers in accordance with national guidance and contractual obligations.
- 4.3 The work undertaken by Yeovil District Hospital in response to the raised HSMR including case note reviews has provided evidence of the quality of clinical care delivered by the provider. The Trust has a programme of work in place to improve the management pathway for patients on admission to the hospital, to improve coding and impact positively on the expected rate of deaths. This will address the current imbalance in relation to similar sized Trusts, with the expectation that this will reduce the HSMR for 2011/12.