

**North East Lincolnshire CCG**

Attachment 9a

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Paul Kirton-Watson-Strategic Lead Quality and Experience |
| **Date of Meeting:** | Thurs 10th July 2014 |
| **Subject:** | Summary Hospital Mortality Indicator Rates (SHMI) |
| **Status:** | OPEN  CLOSED |
| **Agenda Section:** | STRATEGY  COMMISSIONING OPERATIONAL ISSUES |

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| **OBJECT OF REPORT** |  |
| **To provide the Partnership Board with an update on the latest Summary Hospital Mortality Indicator (SHMI) position and to highlight the work taking place to improve the quality and consistency of care which as a consequence should improve the SHMI.**  The May 2014 SHMI report to the NLAG Trust Board shows that the overall Trust position in relation to its HED SHMI data is **109** and the Trust’s overall ranking slips to 19th worst (but still remains within the “expected range). This demonstrates that other Trusts may be making improvements at a faster pace than NLAG.  The HED data (year to Jan 2014) shows that DPOWH has closed the previously observed gap between sites to within 1 point.  Crude mortality within the Trust has improved significantly and has been lower than the local peer average which is extremely positive news  Following the centralisation of stroke services at SGH it is reassuring to see the reduction in mortality in this condition group to below the level of expected mortality over the most recently reported two months.  The difference between in hospital and out of hospital SHMI remains a concern.  The position for weekday vs weekend at DPOWH rate being 102/128. This indicates that based on the last report (105/120 the weekday mortality is improving but the weekend rate is not.    ***Where next?***  In order to improve the weekend mortality rates NLAG have developed a 7 day working action plan (attached).    Briefly this focuses on the following areas  **Patient experience**   * Time for patients to be seen by a consultant within 14 hours of arrival * NEWS score at the time of admission * For those patients who are unstable/not responding or with a predicted mortality score of >10% these patients must be reviewed by a consultant within 1 hour of admission * Those patients with complex/ongoing care needs must be reviewed by a multi-disciplinary team with 14 hours of admission.   **Diagnostics**   * Diagnostic services are available to critical patients within 1 hour of admission,12 hours for urgent cases and 24 hours for non- urgent cases.   **Interventional services**  (either on site or available in a clinical network)  24 hour 7 day access to   * Critical care /ITU * Interventional radiology * Interventional endoscopy * Emergency general surgery   **Mental health**   * Patients experiencing mental health problems should be seen by the Liaison Psychiatry Team within 1 hour if deemed an emergency and within 14 hours if urgent.   **Other**   * All patients on Medical Admissions Unit, Surgical Admissions Unit, ITU and CCU should be seen x2 daily by a consultant * Transport available 7 days per week to facilitate timely admission and discharge * Access to Consultants from Primary Care colleagues is available 7 days per week.   **Primary Care**   * Dr A Spalding developed end to end review process for reviewing all SHMI related deaths at practice level * First meeting on Primary Care Mortality Group in early August 2014. * Planned educational event with North Lincolnshire GP’s 13th August 2014. * Roll out end to end review process end of August 2014 | |

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| **STRATEGY** |  |
| Quality and consistency of care are two of the CCG’s key priorities. The SHMI is an indicator that quality of care may not be consistently achieving the standard of care we would expect for our population | |

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| **IMPLICATIONS** |  |
| The SHMI is seen as an indicator of care quality within the hospital setting, and a high SHMI therefore flags that further investigation and action is required. As detailed in the report , the trust have been subject to external review and challenge & have had conditions placed upon them by Monitor the Trust regulator, as a result of their continued published position | |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT** | | |
|  |  | **Agreed?** |
|  | The Board are asked to note the current SHMI position for Northern Lincolnshire and in particular the planned arrangements in respect of 7 day working. |  |

|  |  | **Yes/No** | **Comments** |
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|  | Does the document take account of and meet the requirements of the following: | yes |  |
| i) | Mental Capacity Act | yes |  |
| ii) | CCG Equality Impact Assessment | yes |  |
| iii) | Human Rights Act 1998 | Yes |  |
| iv) | Health and Safety at Work Act 1974 | yes |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 | yes |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution?  [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) | yes |  |