

**North East Lincolnshire CCG**

Attachment 10a

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Paul Kirton-Watson-Strategic Lead Quality and Experience |
| **Date of Meeting:** | Thurs 13th March 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 January 2014 SHMI report to the NLAG Trust Board shows that the overall Trust position in relation to its HED SHMI data is **107.4** and demonstrates a further slight improvement against the previous data. (107.8)  The difference between the provisional SHMI ( at SGH (105) and DPoW (111) remains a concern but noting that Diana Princess of Wales Hospital Grimsby continues to improve. The analysis of provisional SHMI by clinical diagnosis group shows a similar difference and emphasises the importance of the clinical works-streams.  There is a continued difference between the provisional in-hospital and out-of-hospital SHMI at both SGH (100/119) and DPoW (105/126).  . The mortality report now includes an extended analysis of provisional in-hospital and out-of-hospital SHMI for  the CCGs and individual GP practices  In terms of clinical diagnoses for the increased SHMI rates these are  Diagnosis In hospital Out of Hospital  Respiratory 108 124  Infection 121 138  Renal 122 141  Stroke 112 141  Gastroenterology 102 127  Trauma &Ortho 86 137  The attached report highlights the current position in relation to the SHMI rates at Northern Lincolnshire and Goole NHS Foundation Trust | |

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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** | | |
|  | **The Board are asked to note the current SHMI position for Northern Lincolnshire and in particular the slight progress made to improve the overall SHMI rates at Northern Lincolnshire and Goole NHS Foundation Trust** | **Agreed?** |
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|  |  | **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 |  |