

**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 8th May 2014 |
| **Subject:** | Summary Hospital Mortality Indicator Rates (SHMI) |
| **Status:** | [x]  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 March 2014 SHMI report to the NLAG Trust Board shows that the overall Trust position in relation to its HED SHMI data is **106.6** and demonstrates a further slight improvement against the previous data. (107.4) There is also improvement on the DPOWH rate which is now **109** (SGH = 106)There is an improvement between the provisional in-hospital and out-of-hospital SHMI at both SGH 100/120 (previous data 100/119) and DPoW 104**/123** (previous data 105/126).The Trust position for weekday vs. weekend is 105/113 with DPOWH rate being 105/120 against SGH rate which is 105/106. The mortality report now includes an extended analysis of provisional in-hospital and out-of-hospital SHMI forthe CCGs and individual GP practices. At a recent Mortality event co-ordinated by NHS England it was noted that such statistical data is not reliable because of low number per practice which would affect the confidence intervals of such data- we have asked that such data is therefore omitted from future reports.***Where next?**** The Community wide Mortality Action Group comprising of a number of key stakeholders has been in existence for some time. At the last meeting it was decided that the action plan devised by the Group had largely been completed, and that the few outstanding actions could be passed to other groups to progress those particular actions in a more focused way and therefore this group will cease to function in future.
* It is however acknowledged that to progress future work effectively their needs to be two separate locality groups for both North and North East Lincolnshire.
* The North East Lincolnshire group is in the process of being established but will comprise of the following representation

Clinical Lead for Quality and ExperienceStrategic Lead for Quality and ExperienceNLAG representativeCare Plus Group RepresentativeGeneral Practitioners x 3East Lincolnshire CCG representativeLay Member representationNHS England representativePerformance Manager NEL CCG* It is envisaged that this group will now have a focus on the out of hours SHMI, particularly work around Primary Care.
* An event launching these groups and particularly focussing on work around primary care will be held in early summer 2015 ,with the invitation being extended to the above group and all GP’s across Northern Lincolnshire
* Dr Anne Spalding and I are currently in the process of devising a tool for GP practices to conduct end to end reviews on patients from their practice who form part of the SHMI data, this will be trialled at the Roxton Practice prior to being rolled out to other GP practices.
* It is proposed that the Locality Mortality Group will report to the NEL CCG Clinical Quality Committee.

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 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 |  |