

NORTH LINCOLNSHIRE COUNCIL

CABINET

**THE STANDARDISED HOSPITAL MORTALITY INDEX (SHMI) IN NORTH
LINCOLNSHIRE - ACTION PLAN IN RESPONSE TO THE RECOMMENDATIONS
OF THE HEALTH SCRUTINY PANEL**

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To update cabinet on a further more detailed action plan in response to the recommendations of the Health Scrutiny Panel in relation to the Standardised Hospital Mortality Index (SHMI) in North Lincolnshire and Goole.

2. BACKGROUND INFORMATION

- 2.1 At its meeting held on 24 September 2012 cabinet considered a report of the Health Scrutiny Panel in connection with the Standardised Hospital Mortality Index (SHMI) in Northern Lincolnshire and Goole Cabinet agreed that an action plan in response to the recommendations should be submitted.
- 2.2 At its meeting held on 12 November 2013 Cabinet considered a report and action plan in response to the recommendations. However, this was not sufficiently detailed and officers were asked to prepare a more detailed action plan for submission to this meeting.

3. OPTIONS FOR CONSIDERATION

- 3.1 Cabinet is asked to agree the action plan.

4. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

- 4.1 There may be some resource implications associated with the recommendations when they are implemented.

5. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

5.1 The Northern Lincolnshire and Goole Health Community will have dealt with the impact assessment of their work in relation to this matter

6. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTEREST DECLARED

6.1 Consultations took place when the health scrutiny panel produced its report.

7. RECOMMENDATIONS

7.1 That the action plan be approved and adopted.

DIRECTOR OF POLICY AND RESOURCES

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Background of papers used in the preparation of this report - Nil

The Standardised Hospital Mortality Index in Northern Lincolnshire and Goole – Response to the Report of the Health Scrutiny Panel, June 2013

	<p>Scrutiny Recommendation</p> <p>1. <i>The panel recommends that the Northern Lincolnshire Health Community commit to commissioning Phase 2 of an external review into SHMI across Northern Lincolnshire in 2013-14.</i></p> <p>1.1 <i>We further recommend that a key component of this review should be a wide-ranging review of staffing levels at Northern Lincolnshire & Goole Hospitals Trust (NLAG) at all times, and across all sites and specialities, and whether senior staff are on-site or on-call. The terms of reference set for this review should include discussions with primary and secondary care practitioners and clinicians.</i></p>			
<p>1.</p>	<p>Action/s:</p> <p>Further to the Scrutiny report in June 2013, Northern Lincolnshire & Goole NHS Foundation Trust (NLAG) underwent a rigorous assessment by the Team led by Sir Bruce Keogh. It has been established that this review has covered the points raised within the Scrutiny report and this response will therefore utilise the Keogh review / report as a stage 2 external review to update on progress to the Scrutiny Committee.</p> <p>NB. The Health Community is also currently reviewing the need for further external review / support. It is acknowledged that any further such review will need to also focus on the out of hospital element of the SHMI.</p>	<p align="center">Timescales</p> <p>Further review will be undertaken by the Keogh Team during the first half of 2014.</p> <p>CQC assessment will also take place</p>	<p align="center">Progress</p> <p>A re-visit by some of the original Keogh Review Team took place on 22 November 2013. The Keogh Team noted the “significant changes made since their previous visit” but that there is still further work to do.</p> <p>The Trust was also re-</p>	<p align="center">Responsible Officer</p> <p>Chief Executive NLAG</p>

<p>1.1</p> <p>1.2</p>	<p>The Keogh report has reviewed and made recommendations with regard to staffing levels and on site/on call arrangements.</p> <p>An interim Keogh inspection visit by Mike Bewick took place on 22 November and it was noted that good progress has been made by the Trust against the action plan. This included the significant progress made in staffing and recruitment within the Trust.</p>		<p>inspected by the CQC during 2013 to follow up their planned review visit in February 2013 – no concerns identified and good progress noted.</p> <p>A monthly staffing report is submitted to the Trust Board and also the CCG. The CCG review the reports at the Quality Review meeting, a sub-committee of the Governing Body.</p>	<p>Director of OD & Workforce NLAG</p>
<p>2</p>	<p>Scrutiny Recommendation</p> <p><i>The panel recommends that North Lincolnshire Clinical Commissioning Group (NLCCG) receive regular and detailed NLAG staffing reports at public meetings of their Board.</i></p>			
<p>2.</p>	<p>Action:</p> <p>The CCG can confirm they receive monthly staffing reports from NLAG. These, together with other Quality and Mortality reports are reviewed at the Quality Review meeting, a subcommittee of the Governing Body. These reports provide a full review of current vacancies and also progress against</p>	<p>Timescales</p> <p>Monthly reporting to Trust Board and CCG</p>	<p>Progress</p> <p>The CCG has assurance at this stage that staffing levels</p>	<p>Responsible Officer</p> <p>Director of OD & Workforce NLAG</p>

	<p>the recruitment strategy. The reports provide updates on the position of medical and nursing staffing. These are reviewed by the Quality review meeting and the Mortality Action Group meeting. Any concerns would be raised at the Contract Management Board.</p> <p>The reports are discussed at the NLAG Board meetings as well as relevant sub committees of the Board such as the Quality and Patient Experience Committee and the Trust Governance and Assurance Committee.</p>		<p>are improving due to the actions detailed in point 3 of this document.</p>	<p>Chief Nurse, NLAG</p>
<p>3.</p>	<p>Scrutiny Recommendation</p> <p><i>The panel recommends that staffing reports presented at NLAG's Board of Directors and NLCCG's Board should include peer comparison rates to enable informed comparison. We further recommend that all staffing reports should also include staffing levels that include levels of consultants, doctors, and other key personnel, and the usage of bank or „agency“ staff.</i></p>			
<p>3.</p>	<p>Action:</p> <p>Staffing reports are submitted to the NLAG Trust Board and also the CCG for review.</p> <p>NLAG can also report that the following staffing has been progressed:</p> <ul style="list-style-type: none"> • Medical Director has been appointed and has commenced on 6 January 2014 • 23 nurses from Spain have been appointed and are currently working at the Diana, Princess of Wales Hospital, Grimsby. A further cohort of nurses are currently being inducted for Scunthorpe and they are due to commence work in early January 2014. In total 70 additional nurses will be working at the Trust from the end of January as a result of overseas recruitment. It is worth noting that UK campaigns have also been run which have resulted in approximately 25% of the overseas campaigns. • Workforce hours and safe staffing levels have been reviewed including two reviews of medical staffing levels (June and December). • Electronic rostering is in place and has allowed central monitoring of 	<p>Timescales</p> <p>In Place</p>	<p>Progress</p> <p>In Place</p>	<p>Responsible Officer</p> <p>Director of OD & Workforce NLAG</p> <p>Chief Nurse, NLAG</p>

	<p>real time data on staffing on the wards. This provides flexibility of staff movement in a response to changes of acuity levels on the wards.</p> <ul style="list-style-type: none"> • Staff shifts are being revised to ensure maximum flexibility and safety of staff working on the high risk ward areas. • Benchmarking data with peers can be produced but is not usually a direct comparison as the nature of specialities and the acuity of patients alters the number of staff needed. Furthermore in some professions e.g. nursing, there is a recognised formula for calculating patient to nurse ratios. In medical specialities there are virtually no set clinical staffing levels. The Trust is regularly reviewed by the Yorkshire & Humber Deanery who are responsible for all doctors below consultant grade. The deanery feedback reports would probably be the most robust data in relation to medical staffing issues. The Trust regularly reviews clinical rotas to ensure shifts are adequately staffed by appropriately trained doctors. 			
4.	<p>Scrutiny Recommendation</p> <p><i>The panel recommends that every speciality at NLAG with a high (perhaps 120+, or for local determination) SHMI rate, or that is identified in the CQC Risk Profile, should automatically trigger an internal clinical review, an analysis by the Trust's Quality and Audit Team, and if thought appropriate by NLAG's Medical Director, a peer review. NLCCG and NELCCG should also maintain an oversight of this work.</i></p>			
4.	<p>Action:</p> <p>Keogh recommendations identified areas where immediate clinical review should be focused. This work has been undertaken and governance processes have been strengthened to ensure that robust processes are in place that will trigger future clinical reviews where required.</p> <p>The Medical Director has signed off a comprehensive programme of review of all specialities through specific clinical condition work groups including stroke, respiratory disease and septicemia. SMART impact measures have been developed. The Trust continually monitors its mortality rates and any areas which are identified as being outliers are included in the condition specific mortality workstreams.</p>	<p>Timescales</p> <p>This work will be on going. Keogh review will also provide a further scrutiny of progress</p>	<p>Progress</p> <p>Completed action</p>	<p>Responsible Officer</p> <p>Medical Director NLAG</p>

	<p>This work is being monitored through the Northern Lincolnshire Mortality Action Group as well as through the Trust Mortality Performance Committee, the Trust Governance and Assurance Committee and the Trust Board.</p>			
<p>5.</p>	<p>Scrutiny Recommendation</p> <p><i>The panel recommends that NLAG and the wider Northern Lincolnshire Health Community Mortality Action Group Action Plans be amalgamated as soon as is practical, and that all actions are drafted to comply with SMART1 principles. All actions should result in actual changes at ward, bed or community level, and not simply be about producing reports and maintaining oversight.</i></p>			
<p>5.</p>	<p>Action:</p> <p>NLAG can confirm that all action plans have been amalgamated into one comprehensive plan that includes a range of actions from Board level to operational ward level. Achievement of all of those actions is being scrutinised internally and externally by Monitor, the CCG and CQC.</p> <p>The action plan (enclosed) has been agreed with Monitor as detailed, comprehensive and achievable and captures all of the recommendations from the Transforming Health, Keogh and NLAG's internal actions.</p> <div data-bbox="331 943 398 1007" data-label="Image"> </div> <p>Mapped Keogh Action Plan 03 12 13.</p> <p>NLAG have implemented a wide variety of changes at an operational ward and department level to ensure that improvements have been made where identified. The action plan demonstrates detailed evidence and impact review.</p>	<p>Timescales</p> <p>Timescales as per action plan for each item</p>	<p>Progress</p> <p>The action plan demonstrates that the majority of actions have now been achieved. Progress continues to ensure achievement of the remaining actions. The changes made to practice have been embedded into services and will continue to be monitored routinely.</p>	<p>Responsible Officer</p> <p>Chief Executive NLAG</p>

6.	<p>Scrutiny Recommendation</p> <p><i>The panel further recommends that a review is undertaken of the combined action plan, in order to ensure that all of THL's original recommendations are incorporated, or if they aren't, that there is a clear and evidenced public explanation why not. We further recommend that the combined action plan include an appendix of completed actions to ensure that the public are aware of progress and completed work.</i></p>			
6.	<p>Action:</p> <p>NLAG and the CCG can confirm that the actions within the THL report have been amalgamated and will therefore be achieved and monitored via the same integrated governance processes described earlier.</p> <p>Where actions have been completed and signed off by the Board, this will be evident within the Board papers and discussed in the Public Section of the Board. Once signed off by the Board, the actions are then archived.</p> <p>It is confirmed that many of the actions have been achieved and those that are long term have been transferred into the Health Lives Healthy Futures Review.</p> <p>In conjunction with this NLAG have a very proactive communications strategy that ensures that where achievements and changes are made to promote the public are being informed in a variety of ways.</p>	<p>Timescales</p> <p>Completed</p>	<p>Progress</p> <p>Completed</p>	<p>Responsible Officer</p> <p>Chief Executives NLAG/ NLCCG</p>
7.	<p>Scrutiny Recommendation</p> <p><i>The panel recommends that there be stricter oversight of progress on the combined action plan by all Chairs, NLAG's Chief Executive and the Chief Officers of the three CCGs to ensure that there is the necessary leadership to reduce the number of delayed actions and the significant number of amber targets.</i></p>			
7.	<p>Action:</p> <p>The Chairs, Chief Officers and NLAG Chief Executive have a communication strategy that ensures they discuss progress regularly and agree how</p>	<p>Timescales</p> <p>In place</p>	<p>Progress</p> <p>Completed</p>	<p>Responsible Officer</p> <p>Chief Executive NLAG</p>

	<p>monitoring progress will be further strengthened through the work of the Contract Monitoring Board and Quality Monitoring Group, the latter chaired by the CCG chair.</p> <p>The above are fully briefed by those Senior Staff who lead on mortality within their organisation. The Chief Officer of NEL CCG Chairs the Mortality Action Group.</p> <p>The CCG Governing Body, including lead GP's receive regular briefings via CCG Workshops. The SHMI is a standing item on each NLCCG Engine Room Agenda which includes Chief Officer and CCG chair as members. These minutes are received by the CCG Governing Body.</p> <p>SHMI is also a standing agenda item at the CCG Quality Group which is a formal sub-committee of the CCG Governing Body who in turn receive the minutes.</p> <p>The CCG Quality Group and the CCG Governing Body review the Board Assurance Framework monthly of which SHMI is a key element.</p> <p>Recently a Summit was held with the CCGs and NLAG, and officers of the NY&H AT of NHSE, it provided assurance on the processes for review, and monitoring delivery locally.</p> <p>In addition to these local processes, considerable scrutiny is being undertaken by Monitor. The Trust has monthly meetings with Monitor and an Independent Director has been appointed via Monitor who spends two days per week in the Trust supporting on the delivery of the Keogh action plan.</p>			<p>Chief Officer CCGs Area Team</p>
<p>8.</p>	<p>Scrutiny Recommendation</p> <p><i>The panel recommends that the Northern Lincolnshire Health Community Mortality Action Group continue to meet regularly for the foreseeable future, in order to co-ordinate action and provide accountability in reducing the SHMI to 'typical' rates and beyond.</i></p>			

8.	<p>Action:</p> <p>The Community Mortality Action Group continues to meet monthly. It is Chaired by the Chief officer of NELCCG and has representation from NLAG, both NL and NEL CCGs and patient representatives.</p> <p>The NLAG SHMI position reported in October using HED system for the period July 2012 to June 2013 is a score of 109.0. This is within the expected range, and is an improvement on the June 2012 to May 2013 position of 109.5. This has moved the Trust into the 'as expected band'.</p> <p>There is cross cutting representation on both the Community Mortality Group by the Medical Director and Chief Nurse of NLAG and the Acute Trust Mortality Performance Committee by Dr Robert Jaggs-Fowler.</p>	<p>Timescales</p> <p>In place</p>	<p>Progress</p> <p>Achieved</p>	<p>Responsible Officer</p> <p>Chief Executives NLAG/NLCCG</p>
9.	<p>Scrutiny Recommendation</p> <p><i>That, as recommended in North Lincolnshire DPH's 2011-12 Annual Report mentioned on page 10, a method of allowing advice and input from a suitably senior public health practitioner to the work of the Northern Lincolnshire Health Community Mortality Action Group be agreed.</i></p>			
9.	<p>Action:</p> <p>North Lincolnshire Public Health input is provided to the work of the Mortality Action Group through the Analysts sub group. The North Lincolnshire Director of Public Health attends the NL CCG Governing body and the CCG ER where as outlined above SHMI and the Mortality Action plan is discussed.</p> <p>The Director of Public Health has been consulted with regard to attendance and it is agreed that Public Health will attend when required to ensure that the information analysis and interpretation is integrated with PH and they are key stakeholders in the decisions made.</p>	<p>Timescales</p> <p>In place</p>	<p>Progress</p> <p>Completed</p>	<p>Responsible Officer</p> <p>DPH CO CCG</p>

10.	<p>Scrutiny Recommendation</p> <p><i>The panel is unconvinced that reducing multiple ward transfers, bed occupancy rates and excess mortality arising from weekend admission are satisfactorily addressed within the action plans. There is a clear need to identify actions at both ward and strategic level. We recommend that these three issues that remain of concern are strengthened within a combined action plan and are set out in much more detail with clear ownership, accountability and timescales.</i></p>			
10.	<p>Action:</p> <p>Multiple Ward Transfers The action plan enclosed in point 5 number 3.5 (CEO3) notes the action as ‘The number of patient moves and number of patient outliers should be monitored as an indicator of performance and clinical quality.</p> <p>Emergency and Urgent care action plans for both sites are in place. The action plans cover the whole patient’s pathway, recognising the pressure on the A&E department is often symptomatic of pressure in all or other parts of the system. The plans are monitored via the fortnightly Emergency and urgent Care Group which includes membership from all relevant internal and external stakeholders - recognising that this is a wider health community issue.</p> <p>This action has been achieved and is being monitored routinely</p> <p>Weekend Admissions Seven day working is being developed. Discussion with Commissioners and the wider health economy is currently taking place. Proposals in respect of seven day working are being progressed as part of the sustainable services review, Healthy Lives, Healthy Future.</p> <p>Bed Occupancy rates A range of actions have been undertaken to review patient flow and the patient placement policy. This together with a review of Emergency and Urgent Care plans addresses the monitoring of bed occupancy.</p>	<p>Timescales</p> <p>Completed</p> <p>Trust actions are completed.</p>	<p>Progress</p> <p>In place with on-going monitoring</p> <p>Wider community issues will be progressed through Healthy Lives, Healthy Future.</p>	<p>Responsible Officer</p> <p>Director of Clinical and Quality Assurance NLAG</p> <p>NLAG CCGs</p>

11.	<p>Scrutiny Recommendation</p> <p><i>Following a number of concerns highlighted in the THL report regarding comparable data not being available at all NLAG sites for conditions such as cardiac arrests, the panel recommends that NLAG conduct a verification exercise to ensure that both site-specific and comparable Trust-wide data is routinely collected, monitored, and freely available.</i></p>			
11.	<p>Action:</p> <p>NLAG is now part of the National cardiac arrest audit process which will provide comparable data. As part of the Keogh review NLAG has been 'buddied' with Sheffield and this also provides the opportunity to review data. NLAG can confirm that it is reviewing all data as site specific and has action plans to address areas of requiring specific action.</p>	<p>Timescales</p> <p>Completed</p>	<p>Progress</p> <p>On- going</p>	<p>Responsible Officer</p> <p>Chief Operating Officer NLAG</p>
12.	<p>Scrutiny Recommendation</p> <p><i>The panel remains concerned that there is no robust system to monitor out-of-hospital deaths. The panel recommends that the Northern Lincolnshire Health Community Mortality Action Group prioritise this action to ensure that every death outside of hospital is reviewed by a GP.</i></p>			
12.	<p>Action:</p> <p>The Mortality Action group has prioritised work to ensure that out of hospital deaths are also identified, reviewed and monitored. A project is underway to address this led by Dr Robert Jaggs-Fowler, NLCCG Medical Director. This has started with a review of deaths within 30 days of discharge. Dr Jaggs-Fowler is working closing with the Chief Nurse and Medical Director from NLAG. Dr Jaggs-Fowler is also exploring the use of a Primary Care 'trigger' tool. Dr Jaggs-Fowler also attends the NLAG Mortality Committee to ensure triangulation of action plans, data and communication flows.</p>	<p>Timescales</p> <p>In Progress</p>	<p>Progress</p> <p>On going</p>	<p>Responsible Officer</p> <p>Medical Director NLCCG Medical Director NLAG</p>
13.	<p>Scrutiny Recommendation</p> <p><i>The THL report concluded that "there will be data available for community and care homes but there is no central data source to monitor this important indicator of good end of life care". The panel recommends that the Northern Lincolnshire Health Community Mortality Action</i></p>			

	<i>Group work with these organisations to develop and share a centralised database of relevant information.</i>			
13.	Action: The CCG Medical Director has had discussion and there is a willingness to progress this. However, at this time, national issues regarding the sharing of patient identifiable data prohibit progress. Once this is resolved nationally it will be progressed.	Timescales Awaiting national guidance	Progress Awaiting national guidance	Responsible Officer NHS England
14.	Scrutiny Recommendation <i>The panel recommends that the Northern Lincolnshire Health Community Mortality Action Group explore the reasons why the mortality rate outside of hospital is rising, as referenced on page 20, taking appropriate action.</i>			
14.	Action: As noted in point 12 project is underway to address this led by Dr Robert Jaggs-Fowler NL CCG Medical Director. This has started with a review of deaths within 30 days of discharge. Dr Jaggs-Fowler is working closing with the Chief Nurse and Medical Director from NLAG. Dr Jaggs-Fowler is also exploring the use of a Primary Care 'trigger' tool. Dr Jaggs-Fowler also attends the NLAG Mortality Committee to ensure triangulation of action plans, data and communication flows.	Timescales In Progress	Progress On going	Responsible Officer Medical Director NLCCG Medical Director NLAG
15.	Scrutiny Recommendation <i>The panel is unsure whether NLAG have reviewed the reasons for the spike of cardiac arrests on Wednesdays. We recommend that this phenomenon is reviewed with some degree of urgency by clinicians, with appropriate support, with remedial action taken as necessary. The panel further recommends that the on-going and lengthy cardiac arrest audit be prioritised by NLAG.</i>			
15.	Action: A mortality improvement scoping project was undertaken on the back of the THL report which outlined cardiac arrests throughout the Trust. The primary aim of this project was to scope the problem in general terms, not focussing	Timescales In Progress	Progress Ongoing	Responsible Officer Medical Director NLAG

	<p>in isolation on incidence of cardiac arrest on a Wednesday. As a result of this project, a cardiac arrest action plan has been compiled, led on by the Chair of the Trust's Resuscitation Committee. Full data regarding cardiac arrest is also being collected as part of the national audit of cardiac arrests which has also been signed up to by the organisation, so any trends becoming apparent from cardiac arrests occurring within the Trust will be identified and included in the cardiac arrest improvement project action plan. Involvement in this nationally recommended project serves to answer the initially raised concerns that no monitoring system was available for cardiac arrest in the Trust.</p> <p>In terms of the 'spike' of cardiac arrests occurring on a Wednesday, the initial scoping project did investigate this. A 3 month sample of cardiac arrest calls was analysed by day of the week. This highlighted that the most prevalent day for cardiac arrest was different to the THL report and indeed differed from site to site, leading to the conclusion that no trends were discernible from this review as to cardiac arrests being more prevalent according to a day of the week. The national cardiac arrest audit monitoring data will provide the Trust more useful, reliable and timely information on this point.</p>			
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