


MEETING DATE:	13 September 2012	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE
AGENDA ITEM NUMBER:	Item 7.1	
AUTHOR:	Presented by Allison Cooke	
JOB TITLE: DEPARTMENT:	Chief Officer (Designate) Clinical Commissioning Group	

A REVIEW OF NORTHERN LINCOLNSHIRE AND GOOLE HOSPITALS TRUST MORTALITY PERFORMANCE

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	SHMI Steering Group CCG Committee Quality Group
FREEDOM OF INFORMATION:	FOI releasable The full report will be releasable under FOI following the meeting Public

1. PURPOSE OF THE REPORT:	
<p>The CCG Committee received a presentation detailing the key findings of this review on 14 June 2012 from Stephen Ramsden (Author) and the final report was received at a subsequent meeting.</p> <p>The Steering Group has now produced a response to the recommendations within the report. This response together with an Executive Summary and full recommendations are being published today.</p> <p>The full report will be available from both CCG's following the meeting.</p>	
2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT: <i>(will be populated following agreement with Council of Members)</i>	

3. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes	X	No	
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Hospital mortality is included in the CCG risk register and the recommendations within this report and response plus action plan will provide assurance and reduce the risk identified at NLAG. It will form part of the Trust Legacy documentation.

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	X
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5. LEGAL IMPLICATIONS:

Yes	X	No	
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The review supports the CCG/PCT legal duty of quality and duty to involve patients and the public.

6. RESOURCE IMPLICATIONS:

Yes	X	No	
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The recommendations and resulting action plan may have future resource implications for NLAG - both staffing and financial.

7. EQUALITY IMPACT ASSESSMENT:

Yes		No	X
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8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes	X	No	
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Patient experience is a key aspect of the review report and focus groups of service users were undertaken by the review team to gather this information. The Steering Group are planning to provide feedback to those involved.

9. RECOMMENDATIONS:

The CCG is asked to: -

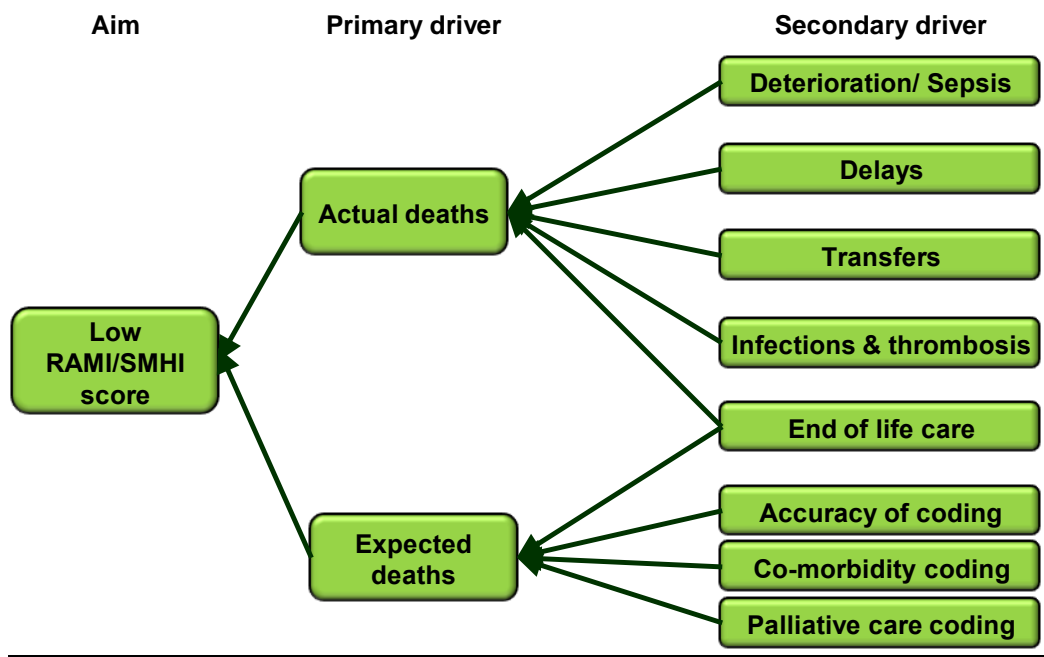
- Receive the Executive Summary, recommendations and Steering Group response
- Support the development of a more detailed action plan and confirm how often it wishes to receive updates for assurance

Executive Summary

This Report is Phase One (a diagnostic phase) of an independent Review of the high Summary Hospital Level Mortality Indicator (SHMI) rates at Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG). The SHMI was introduced by the Department of Health in Oct 2011 and NLAG's rating of 115 was one of the highest in the country among hospital trusts. A high SHMI should be seen as a smoke alarm prompting further investigation of the causes of high death rates, not necessarily an absolute measure.

The Review was undertaken by Transforming Health Ltd, led by Stephen Ramsden, a former NHS CEO and Director of the national Patient Safety First campaign, and the Review team included three other national experts. It was commissioned jointly by two Clinical Commissioning Groups (CCGs) – North Lincolnshire CCG and North East Lincolnshire CCG who, together with the Trust Medical Director, the Medical Director of the Humber cluster and a lay representative from Accord have formed a SHMI Steering Group to oversee this work. All members are keen to reinforce that the high SHMI should be seen as an issue requiring collective effort from the whole healthcare system in Northern Lincolnshire in order to improve the situation. Phase One of the Review was undertaken between March and June 2012. The Review team have been struck by the high complexity of the healthcare system(s) in Northern Lincolnshire which results in there not being a single Trust perspective or single Commissioner's perspective as the two district general hospitals (DGHs) are largely independent, one mainly serving one CCG's area and the other mainly serving the other CCG area.

This investigation process sought to establish what the causes of the high SHMI are. There is not one simple explanation, nor is there a magic bullet to resolve it. This driver diagram illustrates what factors are contributing to the high mortality rates and where the attention should be focussed and prioritised in future. There may be other secondary drivers but those shown are a good start.



The Trust use another mortality indicator, known as the risk adjusted mortality index(RAMI) and a reduction in this rate seen during 2011 has probably arisen from the technical factors involved in counting the **Expected deaths** such as improvements in the coding system by which deaths and hospital patient episodes are recorded. However there has also been a slight reduction in the number of **actual deaths** over this time. Although there is clearly more to do on coding and improving the quality of case notes, more attention now needs to be paid to understanding the clinical factors and this is starting to happen. Ensuring patients receive the correct and full care package applicable to them will be a good place to start. Finally, we should remember that RAMI and SHMI are both relative measures so NLAG's rates will be compared with every trust in the country and many Trusts are accelerating their own improvements in both coding and clinical practice, making it imperative that NLAG's efforts also gather momentum to avoid falling behind.

Perceptions (mainly raised by clinicians) that the high SHMI is being influenced by end of life care (patients being "admitted to die") or a more demanding case mix from primary care do not seem to be borne out by our analysis, though further work on the case mix presenting to hospital staff should be undertaken.

We examined the secondary drivers behind the **Actual deaths** in some detail and, in particular concentrated on end of life care across the whole system and on the Trust's implementation of the deteriorating patient intervention (a specific intervention to reduce in-hospital cardiac arrest and mortality rate through earlier recognition of the deteriorating patient, introduced by the National Institute for Clinical Excellence and the National Patient Safety Agency in 2007 and promoted by the national Patient safety First campaign).

End of life care is fragmented, possibly borne out of the system complexities we described earlier. There is also variation and lack of consistency across GP practices and Trust clinical teams in complying with the nationally recognised end of life care models, Liverpool care pathways and the Gold standards framework. Recent audits have shown reasonably good compliance but there needs to be a more integrated way of tracking compliance in all sectors and as a whole system.

Our conclusion is that the work on the deteriorating patient is some way behind other Trusts and should be re-launched and made into a more formal project with accountability for action clearly identified. The Review team raised a concern about nurse staffing levels on the days we visited the wards, though the Trust has provided details demonstrating that staff on duty on those days were in accordance with establishment (the planned and funded level of staffing), which NLAG have also had verified as safe. We emphasise that our perception was gained from a sample of four wards visited, but it was also raised by a number of different stakeholders in the interviews undertaken during the Review. We believe it warrants further investigation in Phase 2 and a regular report on actual staff on duty, not just establishments.

We held meetings with service users who made both positive and negative comments about local health services. They reinforced concerns about nurse staffing levels, responsiveness and communications with patients and relatives.

We interviewed clinicians in both Primary and Secondary care to hear their perceptions. This also reinforced some of the issues around the complexity of the Northern Lincolnshire health care system and the sustainability of two fully fledged, largely independent DGHs as well as the smaller hospital at Goole. It has been recognised nationally that DGHs require more senior clinician input, including out of hours, to improve the quality and safety of patient care. NLAG has two DGHs plus Goole Hospital and is therefore having to duplicate that investment in additional senior clinicians, which is potentially inflationary at a time of financial constraints. NLAG has started to highlight a number of shortcomings in clinical practice that may be contributing to actual deaths, and urgent attention is required to improve the reliability of compliance with care packages and nationally recognised best practice. i.e. ensuring that processes that have been introduced to improve care are reliably implemented on all patients, all of the time.

As independent reviewers we have concluded that up until the exceptionally high SHMI published in October 2011 NLAG were NOT giving mortality a high enough priority, perhaps because they did not feel they were a significant national outlier. Reaction was initially slow at senior level and largely focused on the technical issues but has now started to accelerate and the work of the Mortality Task Group in particular seems much more focussed and has achieved some clinical leadership buy in. We quality assured the Trust's response to the high SHMI using the Commissioner checklist from the Public Health Observatory which informed this conclusion.

The Commissioners (North East Lincolnshire and North Lincolnshire) jointly agreed that an independent review should be undertaken as they did not feel that the Trust Action Plan gave sufficient assurance to them and they also wanted to see this as a whole health and social care issue for review and joint resolution. However, because of the transition to CCGs and the need to align two Commissioners' needs, it was a further 6 months before the Review was commissioned.

Several key people from both Commissioners and NLAG have remarked on an improvement in relations and apparent acceptance that by working together in a joint way this is likely to be more productive towards the improvements necessary. All parties should consider the retention of the SHMI Steering group as a continuing Coordinating body and reminder of the joint ownership required.

The Report makes 40 Recommendations and the Review team will discuss with the SHMI group how it may help in the implementation of some of these Recommendations in Phase Two, the Implementation phase.

The Review team would like to thank all organisations and all the staff and service users we interviewed for their cooperation and spirit of openness and a desire to see the Review as a constructive stimulus to further improvement.

Northern Lincolnshire Health Community Mortality Action Group Response to Summary Hospital Mortality Indicator Report (SHMI) Sept 2012

Recommendations	Lead organisation	Action already taken	Action to be taken & by whom	Timescales
1. Create a new mortality action plan with the benefit of a driver diagram and the outcome of this phase 1 review	Northern Lincolnshire and Goole Hospitals Foundation Trust (NLAG) This relates to an internal action plan within NLAG	First draft to NLAG Board August 12 Other briefings undertaken internally	To Clinical Commissioning Groups (CCG's) for information Confirm Board reporting on action plan	Aug 12 then on-going
2. Ensure there is clarity on how end of life care is being planned, organised and delivered and communicate this through executive summary documents/ position statements and use of regular news sheets or bulletins by the various leads	CCG's (with NLAG support) East Riding CCG to work with NLAG re. Goole patients	Reporting already on progress against the End of Life (EOL) action plans Palliative and End of Life Care Partnership Boards operational in North Lincolnshire and North East Lincolnshire (N and NEL) Local work programmes developed. Progress of work programme available through minutes, development of quarterly newsletter	Commission models for EOL care which deliver consistent outcomes across Northern Lincolnshire and Goole communities and ensure communicated effectively EOL leads in N, NEL & Goole to take forward through relevant planning groups & ensure regular bulletins and reports Ensure issues are picked up through Sustainable Services Review service redesign work	By end Oct 12 then on-going
3. Monitor the use and compliance with both the Gold Standards Framework and the Liverpool Care Pathway in all organisations with an integrated information system. This is key to delivery of preferred place of care and anticipatory	CCG's	Monitoring already in place through Commissioning for Quality and Innovation (CQUIN) indicator, Quality Outcome Framework performance reporting and shared through EOL Partnership Boards. Integrated information system solutions currently being trialled in NEL	End of Life leads in both N, NEL & Goole to take forward through relevant planning groups Establish baseline position and develop action plans to demonstrate robust monitoring in place across the health system Continue to develop integrated information systems based on	Baseline report by Nov 12 Update report March 13

Recommendations	Lead organisation	Action already taken	Action to be taken & by whom	Timescales
elements			locality EOL registers across primary & secondary care and share details of system development across Northern Lincolnshire Ensure issues are picked up through Sustainable Services Review service redesign work	
4. There should be a re-launch of the focus on 'failure to rescue' across the Trust, marked by the creation of a formal Trust wide Steering Group to re-launch and oversee the Deteriorating patient intervention.	NLAG	CQUIN indicator in place but under review Documentation identified as an issue – Quality Matron leading a review of nursing documentation which will feed into a newly established Deteriorating Patient Group.	Implementation of National Early Warning System (NEWS) to be overseen by Deteriorating Patient Group. Group established with first meeting 5 th September To include a complete overhaul of all paperwork, including bedside documentation. Need to ensure all documentation work links together Work with commissioners to ensure appropriate assurance provided via contract monitoring and at strategic level Ensure robust senior clinical decision making within medical and nursing teams and effective communication in place	Re-launch Sept 12 Implementation By December 2012
5. A clear Trust goal should be set and agreed by the Board, to reduce the number of in-patient cardiac arrests.	NLAG	Taken to Clinical Forum 23 rd August 2012	To be discussed at and agreed by Quality and Patient Experience Committee (QPEC). Need to ensure	By December 2012

Recommendations	Lead organisation	Action already taken	Action to be taken & by whom	Timescales
Numbers of cardiac arrests should be tracked on a run chart to show progress over time.			clinician/Clinical Director engagement Review will need to consider outreach nurse establishment and working protocols Board approval of goal	
6. All in-patient cardiac arrests should be reported as a patient safety incident and the care preceding each arrest audited to answer the 7 questions detailed in Patient Safety First toolkit	NLAG	Quality Report now includes reporting on number of cardiac arrests on a monthly basis	All cardiac arrests to be audited and reported as safety incidents, if indicated, following the audit, with reporting on bimonthly basis to the Deteriorating Patient Group. Work with commissioners to ensure appropriate assurance provided via contract monitoring and at strategic level	On-going
7. The role and emphasis of the work of the resuscitation team should be reviewed to try to ensure culture, training and focus is on recognition of and response to deterioration, rather than recognition of and response to cardiac arrest.	NLAG	Included within remit of the Deteriorating Patient Group Root Cause Analysis (RCA) tool for cardiac arrests currently being developed and piloted during Sept & Oct 12	To be addressed by the Deteriorating Patient Group RCA's to be reviewed by Chief Nurse	December 2012
8. Bedside documentation should be reviewed (in particular fluid and observation monitoring	NLAG	Fundamental review of Nursing documentation is being undertaken, led by a Quality Matron, across the	Audit required to monitor improvements SBAR needs reinvigorating. Deteriorating Patient Group to	December 2012

Recommendations	Lead organisation	Action already taken	Action to be taken & by whom	Timescales
<p>requires improvement) and sample documentation should be audited monthly using the Getting the Basics Right Audit tool.</p>		<p>hospitals to improve timely, appropriate clinical entries Introduction of electronic patient records to ensure needs of clinical and admin teams are met. Standards of documentation reviewed to ensure evidence based practice Implementation of a Fluid Management Bundle Review of processes and systems to evidence clear escalation using Situation Background Assessment Recommendation (SBAR) and is taught on the ALERT course</p>	<p>oversee</p>	
<p>9. More work to raise awareness and use of the sepsis six should be undertaken.</p>	<p>NLAG</p>	<p>Work has started on Sepsis which has now become a focused piece of work on pneumonia and compliance with British Thoracic Society guidelines The intervention was designed with a threefold purpose – (1) improve staff adherence/aide memoir, (2) improve documentation & (3) provide auditable data to determine if practice had improved as a result of change.</p>	<p>If the intervention proves successful and raises performance and compliance, this will be rolled out to the other sites within the Trust and a similar proactive intervention can be developed for other common conditions, including but not limited to Sepsis</p>	<p>March 2013</p>

Recommendations	Lead organisation	Action already taken	Action to be taken & by whom	Timescales
10. Nurse staffing levels should be urgently reviewed to ensure that they are sufficient to ensure patient safety on every shift. The Board should receive regular safe staffing reports	NLAG	Each ward area has implemented staffing establishments agreed as part of rostering. Acuity and dependency tool currently being embedded to inform monthly Red, Amber, Green reports reviewed by senior teams to ensure safe staffing. Operation centres daily review of wards and staffing levels to ensure escalation and flexibility	Trust Board will receive patient safety Key Performance Indicator(KPI) information in the Quality Report Governance system (Health Assure) being approached to integrate rostering KPI's and report in monthly quality report received by the Trust Board Need to agree commissioner assurance requirements	Jan 13
11. Analyse and use the data collected much more effectively to inform decisions on where to improve	NLAG		To be implemented as soon as possible Chief Nurse, Medical Director and Director of Operations to meet with Head of Information and agree use and format of information presented	September 2012
12. Review and implement recommendations from National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Report, 'Time to Intervene?', published June 1 st 2012	NLAG		Senior Resuscitation Officer meeting with Governance and Medical Directors and other key stakeholders at end of August 12 to discuss implementation of the Strategic Health Authority 'Do Not Attempt Resuscitation' (DNAR) project. This multiagency project aims to improve the safety and transparency of DNAR management across the region	March 2013

Recommendations	Lead organisation	Action already taken	Action to be taken & by whom	Timescales
			NCEPODs 'Time to Intervene?' report will be discussed as part of this.	
13. Reporting to the Board on patient experience as an equal part of Quality report	NLAG	Draft Patient Experience (PE) strategy and delivery plan developed. Captured as part of menu-card survey and nursing dashboard. Quarterly focus piece for QPEC and Trust Board in Quality Report. PE Group report by exception. Staff satisfaction captured as part of Quality Matron work programme	Identify clinical link to PE Group. Communication training and Patient Stories.	Sept 12
14. Training and development for key staff on patient experience – learning set approach	NLAG	Developing a programme for Governors	To be led by the Director of Clinical and Quality Assurance	March 2013
15. Commissioners and providers working together on patients experience across pathways	CCG's & NLAG	Experience Led Commissioning (ELC) work on EoL and LTC in NL already contributing to this	Link 14 & 15 through joint work with commissioners and providers on unplanned care, LTC, dementia etc. Ensure included in Sustainable Services Review service redesign work	On-going
16. Patient stories and a variety of methodologies, not just asking patients while they are in hospital	NLAG	Benchmarking using In-Patient survey, Out-patient survey, Cancer Patient Experience Survey. Enter & View surveys.	Ensure Family and Friends test implemented	Nov 12

Recommendations	Lead organisation	Action already taken	Action to be taken & by whom	Timescales
		Quality Matron real time surveys Work stream of the PE Group – Real-time data capture. Patient stories used in Nursing newsletter, hospital radio. Local patient stories for training purposes.		
17.Information and involvement of patients in treatment options and initiatives such as Shared Decision Making	NLAG	As above	Undertake review to ensure collective understanding of level of shared decision making and systems in place Develop action plan to address gaps	March 13
18.From data to action and improvement e.g. use of experienced based design at the point of care delivery	NLAG	NLAG are Participating in Experience Led Commissioning project in NL NL & ER CCG's are commissioning data sources from Commissioning Support Unit and NEL are building on current in house arrangements	Ensure evidence shows that patient experience has influenced both care delivery and commissioning Ensure further development of community representative's in NEL triangles and East Riding localities	March 13
19.Staff spending time with patients, good relationships and privacy and dignity are as important to patients as waiting times, food etc. Data should be collected on both these	NLAG	Productive ward has been implemented and the role of a Quality Matron is to ensure sustainability	To be brought together as part of the Real time data capture workstream. Other NHS Improvement initiatives to be implemented (15 step Challenge)	On-going December 2012

Recommendations	Lead organisation	Action already taken	Action to be taken & by whom	Timescales
aspects of care				
20.Role of Foundation Trust Governors as part of specific improvement initiatives.	NLAG	Work underway on strengthening the training and development of Governors to take on their expanded role in light of Health & Social Care Act	Review of Board sub-committees needs to consider involvement of Governors as part of their scrutiny role	March 2013
21.Cultural change- this will take considerable time and initiatives and responsibilities need to be sustained over time.	NLAG		Organisational Development Strategy under review which will ensure patient safety culture embedded Patient safety needs to be key aspect of Sustainable Services Review service redesign work	March 2013
22.The CCGs and NLAG should jointly create some additional opportunities for Primary and Secondary care clinicians to come together both formally and informally to build relationships. Work on pathways, communications, education, service strategy and more can be important areas for joint working. NEL CCG may consider incorporation of secondary care clinicians in their	CCG's & NLAG	Joint meetings between GP's and Hospital Specialists have been held in NL (stroke focus for June meeting; next one looking at ophthalmology and telehealth) Also held with a number of practices in NEL	Provider networks being established Development of a forward programme of joint meetings. Dates established and Terms of Reference written	By end Dec 12

Recommendations	Lead organisation	Action already taken	Action to be taken & by whom	Timescales
"Triangles" of leadership.				
23.CCGs need to continue the work of creating a patient safety culture in Primary care to encourage incident reporting and jointly with NLAG to share learning cross system.	CCG's & National Commissioning Board Local Area Team (NCB LAT)	Training programme for all practices delivered in NEL Systems already in place for primary care to raise patient safety concerns re. NLAG and vice versa in NL and NEL NL CCG developing intranet facility to support this	Will be National Commissioning Board (NCB) role in future To be addressed via the Humber Cluster led quality summit	By End of Oct 12
24.NEL CCG should support NLAG in seeking resolution to the whole system issues that manifest in Diana Princess of Whales Hospital (DPOW) bed pressures, especially around social care support to reduce delayed discharges.	NEL CCG	The NEL Unscheduled Care Management Group, chaired by the CCG, has been established to resolve the whole system issues that are resulting in DPOW bed pressures Delayed transfers of care are a particular focus of this group with significant progress being made in terms of understanding the issues/data across the providers & taking ownership collectively of the issue.	Ensure work already underway completed and implemented	On-going
25.NLAG to urgently review the Intensive Therapy Unit (ITU) access issues (some Trusts have demonstrated large reductions in ITU length of stay through proper	NLAG		Action plan to be drawn up by ITU lead consultants and Clinical Director's in anaesthetics.	November 2012

Recommendations	Lead organisation	Action already taken	Action to be taken & by whom	Timescales
implementation of care bundles, weaning guidelines, daily goals etc.).				
26.The Mortality Task Group to build into its action planning, the clinical practice improvements needed and arising from the work of the 5 Specialty specific groups. Then the Trust to build these improvements into performance accountability arrangements throughout the trust.	NLAG		Updated strategy paper being taken to August 12 meeting of QPEC Mortality action team to develop detailed action plan and reporting mechanisms.	September 2012
27.The Board to require a regular (monthly) Safe staffing report that monitors actual nurse staffing , highlighting the number of times shifts fall below safe staffing levels.	NLAG		Use of Health Assure to integrate with healthroster Hub concept to bring together rostering, workforce analysis and recruitment Productive Ward reports to illustrate how nursing time is being released to care Patient safety KPIs to be reported monthly via quality report Already underway led by Chief Nurse	August 2012

Recommendations	Lead organisation	Action already taken	Action to be taken & by whom	Timescales
28. The South Humber Sustainable Services Review to receive this Report to contribute to its work and to reinforce the need to improve clinical quality through the reorganisation of acute services.	CCG's & NLAG		Programme lead to ensure full report received by Clinical Stakeholder Board (CSB) and reconsider membership in light of this report to ensure quality leads are involved and able to contribute	Sept 12
29. The Commissioners should ask the Public Health Observatory to collate a more robust analysis of the case mix presenting to NLAG. From the analysis above there would appear to be nothing unusual in the case mix that any other busy District General Hospital is managing.	CCG's		Request made to Yorkshire Public Health Observatory for analysis Report received and appropriate actions agreed	By end Sept 12 TBA with by YPHO
30. Better and more regular data to monitor access to primary care would be useful.	CCG's		Open debate with NCB Local Area Team re. monitoring once established	Starting Jan 13
31. The NLAG Board to review if there is clear enough ambition for reducing mortality rates, over what period of time.	NLAG	This has been discussed at QPEC, and a clear and challenging target endorsed by the Board	Share targets with commissioners	Sept 12

Recommendations	Lead organisation	Action already taken	Action to be taken & by whom	Timescales
32. Use a Driver diagram, similar to the one illustrated in the Transforming Health report to prioritise and integrate the different contributions including from Deteriorating patients, ITU etc.	NLAG	Trust Board held a workshop in August 12 using driver diagram to develop internal action plan	Internal action plan to be received by Northern Lincolnshire Health Community Mortality Action Group' (NLHCMAG) for assurance	Sept 12
33. Create an Organisational Development plan that focuses on the Improvement approach needed from Board to Ward building on the work of the Clinical Quality Improvement Course. Prioritise the Board Development plan (for Quality) pulling together its role, accountability, reporting requirements, ambition, approach etc.	NLAG		Being developed by Director of Organisational Development and Workforce	March 13
34. Revise the Mortality Action Plan, based on a new Driver diagram, actions from this Review and clearly prioritising action. Trust Board to sign off and monitor.	NLAG	The Mortality Action Plan is reviewed and updated at every meeting of the Mortality Task Group, with the process being overseen by QPEC The mortality action plan is shared via the PCT Quality Contract Group Earlier drafts have been	Mortality Task Group to review the recommendations of this report and ensure all actions are identified, with lead individuals and timescales	September 2012

Recommendations	Lead organisation	Action already taken	Action to be taken & by whom	Timescales
		shared with Care Quality Commission Compliance Team		
35.Ensure General managers etc. are all involved as appropriate in the Clinical Quality improvement agenda and build into Performance appraisal/ objective setting and performance management arrangements	NLAG	Medicine GMs added to membership of mortality group.	Need to ensure monitoring of all actions and ensure accountabilities are clear for both General Manager's (GM'S) and Clinical Director's	August 2012
36.Complete CQUIN scheme for 2012/13 with input from this Review	CCG's & NLAG	Scheme re. deteriorating patient already in place for 12/13	Review existing scheme and seek agreement by all parties to amend in year ensuring addresses the key issues Develop and agree appropriate scheme for 13/14	By end Oct 12 By end March 13
37.Commissioners to draw up an Out of Hospital Action Plan to help reduce NLAG SHMI	CCG's		To be addressed via Humber Cluster led quality summit	By end Oct12
38.Commissioners to organise an initial analysis and on-going work on out of hospital deaths to incorporate into this Action Plan	CCG's	Initial analysis already undertaken by Humber Cluster	Use analysis already undertaken to inform action plan Explore mechanisms to collate real-time data on out of hospital deaths	Jan 13 Initial scoping by April 13

Recommendations	Lead organisation	Action already taken	Action to be taken & by whom	Timescales
39.Retain the SHMI Steering group to oversee the joint Action Plans and intervene as necessary.	CCG's & NLAG	Terms of reference and membership reviewed Now retitled 'Northern Lincolnshire Health Community Mortality Action Group' (NLHCMAG)	Action plan monitored monthly	On-going
40.Determine additional support needed for Phase 2.	CCG's & NLAG	NLHCMAG drafted initial proposals for phase 2	Finalise phase 2 scope Commission phase 2 project if appropriate	By end of Dec 12 By end Feb 13