MEETING DATE:	10 January 2013	
AGENDA ITEM NUMBER:	Item 7.3	**NHS**
AUTHOR:	Karen Rhodes	**North Lincolnshire Clinical Commissioning Group**
JOB TITLE:	Senior Officer, Quality & Assurance	
DEPARTMENT:	Quality & Assurance	**REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE/GOVERNING BODY**

SUMMARY HOSPITAL-LEVEL MORTALITY INDICATOR (SHMI) ACTION PLAN

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	The group which is developing the action plan includes membership from NHS North Lincolnshire CCG Committee.
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:

The purpose of this report is to ask the Clinical Commissioning Group Committee to note the work underway to implement a range of action to address the issues raised in the SHMI report. An action group, with membership drawn from NLaG, other local providers and the 3 local CCGs, is meeting regularly to oversee a range of actions. The membership includes senior clinical leaders, senior managers and lay representatives with additional expert support brought in as necessary, e.g. analytics. The group have developed an action plan, which is a working document and hence subject to further revision, a copy of which is attached. The actions fall into 2 main groups, improving processes and changing clinical behaviour.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	√
Reduce unwarranted variations in services	√
Deliver the best outcomes for every patient	√
Improve patient experience	√
Reduce the inequalities gap in North Lincolnshire	√

3. IMPACT ON RISK ASSURANCE FRAMEWORK:

	Yes	√	No	

The actions set out in the attached report will support the mitigation of the risks identified on the risk assurance framework in respect of the SHMI report.

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:	Yes		No	√

5. LEGAL IMPLICATIONS:	Yes		No	√

6. RESOURCE IMPLICATIONS:	Yes		No	√

7. EQUALITY IMPACT ASSESSMENT:	Yes		No	√

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

The group overseeing the work includes lay representation and the local Overview Scrutiny Committee has been fully briefed on an ongoing basis. The initial report which has determined the action plan has been in the public domain since Sept 12

9. RECOMMENDATIONS:

The CCG is asked to: -
- Receive and note the attached Action Plan

System action plan v5.7

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
	OUTCOME 1 **IMPROVING PATIENT EXPERIENCE**					
Joint work with commissioners and providers on unplanned care, LTC, Dementia etc. on patient experience. Co-production of patient pathways through appropriate engagement methods for each CCG.	NL-complete the work using experience led commissioning on EOL & LTC and agree forward programme across additional pathways for 13/14	Caroline Briggs	31.03.13	Model of Care agreed by NL CCG, for discussion 13.12.12 workshop re sustainable services	A	Ensure improved patient experience is a key outcome of all SSP themes.
	NEL – each triangle to define and agree priorities for 13/14	Peter Melton	13.12.12		A	
	Triangles to meet with Peter Melton to agree priorities for the primary care quality strategy	Peter Melton	NEL CoM to consider draft priorities 5.12.12		A	

System action plan v5.7

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
Embed the family and friends test in the hospital CQUINs scheme	F & F test in hosp CQUINs	Caroline Briggs & Helen Kenyon	Ensure measures are in 2013/14 contracts	Discussion initiated with CSU to ensure FFT CQUIN in contracts for 13/14	A	
	Agree draft CQUINs	Zena R & Karen Rhodes	Dec 2012		A	
	Contract discussions	HK/CB	Jan 2013		A	
	Agreed & in contracts	HK/CB	Feb 2013		A	
Develop appropriate measures established for other providers	Develop other measures for H&EY	Jane Ellerton	January 2013		A	
	NEL – develop measurable outcomes in the triangle objectives on patient experience	Helen Kenyon	NEL – in triangle objectives for 13/14 by May 2013		A	
	Goole -	Hilary Gledhill			G	

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	OUTCOME 2 EVIDENCE BASED PRACTICE					
Evidence regarding best practice continually evolves and emerges, often nationally such as through publications from organisation such as the National Institute for Health and Clinical Excellence (NICE). Clinical practice within the Trust therefore needs to change and evolve to adopt best practice and this requires individual and groups of clinicians – clinical champions - to identify, adopt and disseminate best practice. These individuals would form part of the Quality Network.	Board support for development of Quality Network	Board	August 12	Completed	G	
	Develop Quality Network	J Daws, C Hunt, S Mainprize	October 12 & ongoing	Work ongoing	G	

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	OUTCOME 3 **RIGHT STAFFING LEVELS**					
Having the right staffing levels is not just about numbers, it is also about the skills and skill mix of the clinical teams, the leadership skills of the team leaders, the case mix of patients they are responsible for and the robustness of staffing arrangements. It is also important that levels are right seven days a week if the excess mortality seen at weekends is to be reduced.	Determine the correct staffing levels, particularly at weekends using external validation tools where available such as Safer Nursing Care Tool (SNCT), Birthrate Plus	K Dunderdale E Scott	Ongoing	First assessments completed. SNCT results will be available January 2013 for Medicine Group	A	
	Implement e-rostering governance tool to enable real time monitoring of staffing levels	K Dunderdale	November 2012	HealthAssure commissioned to develop. Demonstration given to QPEC of a draft version	A	
	Implement 7 day working	P Wisher	Tbc after consultation	Work commenced	A	
	Provide regular report to the Board on actual staffing levels	K Dunderdale	Presented Nov 12 and ongoing.	Reports presented each month	G	
	OUTCOME 4 **DETERIORATING PATIENT**					
Review existing CQUIN scheme for deteriorating patients and seek agreement by all parties to amend in year to addresses key issues	Proposed revision - roll into next rear 2013/14 CQUIN scheme	Helen Kenyon	Update to mortality action group by November 19 on agreement reached	NL & NEL agree process with CSU to develop 13/14 CQUINS	A	
	Develop and agree an appropriate scheme for 13/14	Zena Robertson/Karen Rhodes for 13/14 scheme	28.02.13	NEL & NL discussion via contract lead Further discussion in development of CQUINs for	A	

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
				13/14		
	Agree draft CQUINs		Dec 2012	Lynn Poucher (CSU) to arrange a meeting for N , NEL and ERY re in year development of framework ready to start new CQUIN 1/4/13	A	
	Contract discussions		Jan 2013		A	
	Agreed & in contracts		Feb 2013		A	
	OUTCOME 5 **BETTER CARE OF THE DETERIORATING PATIENT**					
The analysis of the data undertaken by THL in relation to patient risk categories and to weekend mortality, the observations and advice of the THL team and the experience from elsewhere all point to the need to improve the care of the deteriorating patient. There are two principle strands to this work. First, patient observations need to be made in a timely fashion that reflects the clinical needs of the patient, these observations need to be recorded in a clear format, and they need to be assessed in a	Deteriorating Patient Group (DPG) to be established to oversee all work in this area	K Dunderdale	August 12	Completed	G	
	Bedside documentation to be reviewed and revised	K Dunderdale /DPG	October 12, & ongoing	Commenced. Nursing Documentation Steering Group set up and working with clinical portal WebV team. Nursing admission and patient at risk tools updated	G	
	National Early Warning System to be introduced	K Dunderdale /DPG	November 12	Implemented and to be audited March 2013	G	
	Audit of cardiac arrests to be undertaken, encompassing care up to 48 hours prior to arrest	S Heath/ M Hockey	October 12	Audit underway and first cases reviewed	G	
	Preventable factors identified and actions to reduce agreed	S Heath/ M Hockey /DPG	December 12	To start once audit results available	A	

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
systematic manner. Secondly, cardiac arrests need to be reduced as they can represent the ultimate failure to react to a deteriorating patient.	Target for reduction of cardiac arrests to be agreed with the Board	E Scott	December 12	Audit results required	R	
	Establish the use of SBAR as the communications gold standard throughout the Trust	S Mainprize	March 13	Underway in some clinical areas. SBAR awareness sessions undertaken, more planned. Pathologists ensuring junior medical staff use SBAR. Nursing handover tool in draft form which uses SBAR.	A	
OUTCOME 6 REDUCING HARM						
Developing a patient safety culture across the system	Primary care – roll out incident reporting in primary care. Work jointly with providers to share learning across the system.	Paul Twomey Karen Rhodes Zena Robertson Hilary Gledhill	31.01.13	NL developed written guidance on incident reporting, approved by the CCG Quality group and discussions with LAT awaited before circulation and implementation. Systems already in place for NEL.	A A	
	Review guidance on reporting & agree with LAT NL CCG finalise intranet site re	Karen Rhodes and Zena Robertson James Tindall	30.1.13 31.12.12		A A	

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
	concerns and issues LAT to advise on method for shared learning across patch	Paul Twomey	30.1.13		A	
	Commissioners to work with LAT to understand the model of delivering primary care quality for the future & identify system for sharing learning	Peter Melton Margaret Sanderson	31.01.13	Discussion took place at meeting on 19th November to define the next steps	A	
	Develop a briefing note to ensure GPs and primary care providers understand their role and contribution to reducing the SHMI to be signed off by clinical leads in CCGs and shared with NLaG MD	James Tindall	Comms briefing to be developed by 31.12.12 To be agreed by SHMI Steering group Jan 2013		G A	
	Development of primary care quality strategy & implementation plan for each CCG	Peter Melton Margaret Sanderson	March 2013	NEL holding weekly meetings to develop primary care strategy	A	

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
	Output from Sustainable Services meeting in December to feed into discussions with the LAT		Jan 2013	NL meeting on 15 November to discuss	G	
	Penalties to be added to contracts for never events for 2013	Helen Kenyon	Penalties in acute contract for 2013/14 Feb 2013	Raised requirement with HK commissioning lead to include in commissioning intentions. To include incremental penalties to encourage learning across organisation.	A	
	Agree content, trajectories and £ value	Karen Rhodes/Zena Robertson	January 2013		A	
	Draft penalties to be agreed in NL Engine Room	Karen Rhodes	29.11.12		G	
	Forwarded to contract team for inclusion in contract discussion	Karen Rhodes/Zena Robertson	Jan 2013		A	
Reducing patient harm requires both the proactive actions that reduce the risk of harm and reactive actions that review and learn	Implement NHS safety thermometer throughout the Trust	K Dunderdale / Quality network	August 2012	Implemented	G	
	Reduce delays throughout patient journey	A Smithson /P Wisher	Ongoing	Ongoing	A	

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
from harm (or potential harm) that has occurred. It also requires triangulation, ie identifying those areas where concerns arise through more than one source.	Root cause analysis of SUIs and near misses	W Booth	Ongoing	Well established process	A	
	Implement WHO Surgical Checklist		A Smithson	Completed. Further briefing sessions run both in DPoW and SGH	G	
	OUTCOME 7 **LEARNING FROM BENCHMARKING AND OTHERS**					
Request analysis from YPHO	Explore option of using PHO data. Task PH and Info leads to decide if sufficient information is available locally.	PH/Info group	September 2012	Discussions with PH and Information leads suggest information already available from PH.	G	Benchmarking information to feed into SSP for future configuration.

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
Better and more regular data to monitor access to primary care	Robust analysis of case-mix presenting to NLaG and comparison with peer group DGHs	PH/Info group	Commence discussions with LAT January 13	Information proposal to be taken to Nov 19th meeting and Information lead to attend meeting	G	
Monitoring of referrals and consistency from primary care to reduce variation	Debate with LAT to address variation and consistency	Cathy Kennedy Karen Rhodes Paul Twomey	January 2013		A	
	Info/PH leads to present output at Dec SHMI Steering Group	PH/Info group	December 2012		A	
	Indentify Variation	PH/Info group	February 2013		A	
	Develop Plan to address variation	R JF & PM	March 2013		A	
OUTCOME 8 **REDUCING BED OCCUPANCY**						
There is robust evidence that bed occupancy levels above 85% have an adverse impact on patient care.	Minimise delays in patient discharge regardless of bed pressures	A Smithson/ CDs	Ongoing	Process in place Extensive bed reconfiguration in DPoW to Improve access and patient flows underway	G	

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
This is in part due to additional pressures on staffing levels, in part due to multiple patient moves and in part due to difficulties in cleaning thoroughly between patients. Much of the action required to reduce occupancy levels needs to be taken by commissioners and primary care, but there is also an important Trust role in ensuring that occupancy levels are kept as low as possible.	Maintain bed occupancy rates at or below 85% for all wards at midnight 95% of days	A Smithson/ CDs	Introduce monitoring by October 12		A	
OUTCOME 9						
LEARNING FROM PREVIOUS EXPERIENCE						
Focussed review of the case note of patients who have died and when the use of the trigger tool identifies a possible issue will enable trends to be identified, causes for	Notes of all patients who have died to be reviewed using the trigger tool	L Blow/ coding team	Ongoing	Already implemented	G	
	All clinicians to be involved in review of case notes flagged for review by the trigger	E Scott/K Dunderdale	Ongoing	All consultants now involved. Trigger tool and audit form agreed. Nurses identified to review notes	G	

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
concern to be identified and addressed. This learning needs to be disseminated throughout the organisation along with the lessons from SUIs and near misses in a way that ensures practice changes.	tool. Nurses to be part of the case note review. To establish nursing trigger tool and audit tool					
	Trigger tool and case note review trends, and specific cases to be discussed at Morbidity and Mortality meetings	E Scott/CDs	Ongoing	Surgical M&M well established, commencing in medicine	A	
	Better dissemination of lessons learnt from SUIs and M&M meetings	W Booth/ E Scott	Review of mechanisms for disseminating lessons learnt being reviewed – update to November Trust Governance Committee. Each group has also now confirmed the process for M&M meetings and how this information feeds in to the central mortality work	Ongoing	G	
OUTCOME 10 **IMPROVING PATIENT FLOWS THROUGH THE HOSPITAL**						
Ward to ward transfers are sometimes essential for high quality care – for example a patient who	Review general medicine patterns of service delivery	E Scott	November 2012	Interviews completed, conclusions being linked into work being undertaken in medicine.	G	
	Monitor non clinical	A Smithson	October 2012	Real time audit now being	G	

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
become unexpectedly more unwell may require transfer to intensive care, a patient found to have an infectious condition requires nursing in a single cubicle. But such transfers are distressing for patients and disrupt continuity of care. They are therefore to be avoided where possible and may impact upon mortality. The THL analysis showed that patients in DPoW who are subject to ward moves are more likely to do die than those who are not. This picture is not repeated in SGH; the reasons for this are not clear, but what is clear is that most of these transfers are driven by the pressures within general medical service.	patient moves			undertaken		

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	OUTCOME 11 **IMPROVING PATIENT PATHWAY**					
Commission models for end of life care which deliver consistent outcomes across Northern Lincolnshire and Goole communities	EOL groups to recommend outcomes and define model of care	Helen Kenyon Caroline Briggs Hilary Gledhill	Groups tasked by end of October 12 Recommendation on outcomes and model for 13/14 contracts Comms Plan by 31.12.12		A	Understand impact of models and implications for home and community theme and integration of care themes of the new model and expected outcomes and the information system

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
Develop compliance monitoring system for use of LCP and Gold standards framework	Comms plan to support Model & expected outcomes to be added into provider contracts	Caroline Briggs Helen Kenyon Supported by Lisa Revell	Baseline report on compliance monitoring end of November 12 Update report March 13 to mortality action group	NL - complete NEL - standards developed - monitoring not yet worked up	G A	
Develop integrated information system based on EOL registers	Establish baseline position and develop action plans to demonstrate robust monitoring in place across health system	Caroline Briggs Helen Kenyon supported by Lisa Revell	Update and recommendation on integrated information system by March 2013		A	
	Implementation of integrated information system		October 2013		A	
NEL to ensure work already underway is completed and implemented to reduce delayed discharges	NEL unscheduled care management group to oversee project to reduce delayed discharges	Helen Kenyon	Unscheduled care issues to be resolved by March 2013 Progress report to mortality action group in December 2013		A G	

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
	OUTCOME 12 **IMPROVING THE WHOLE PATIENT PATHWAY**					
Whilst the focus of this paper is the issues facing and actions required from NLAG, it needs to be recognised that this is a whole community issue and as such, requires actions from all organisations. These will need to be led by the commissioning organisations, but with the full participation and support of the Trust. These include improving end of life care, developing a safety culture in primary care, reducing delayed transfers of care and addressing variations in mortality rates between GP practices.						

System action plan v5.7

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
	OUTCOME 13 **IMPROVING THE QUALITY OF DATA, CODING AND INFORMATION**					
	OUTCOME 14 **IMPROVED DOCUMENTATION**					
Good documentation is an essential component of good patient care. This means that notes have to be available when they are needed, they have to be in good order so that information can be located rapidly and clinical entries need to be thorough yet concise, appropriate and legible. Information also needs to be recorded in a way that enables the coding team to code accurately and comprehensively. The introduction of electronic patient	Clinicians to use note finding team when records not available	CDs	Ongoing Started		A	
	Audit of non availability of notes	K Wilson	November 12	Not yet started	R	
	Standards of documentation to be set for all medical and nursing teams and expand the use of care bundles	E Scott/CDs/K Dunderdale	November 12	Underway & will be ongoing	A	
	Use of co-morbidities form to be monitored within performance dashboard	J Daws	October 12	Implemented	G	
	CDs to tackle teams not using co-morbidities form	CDs	October 12	Information not yet available	R	
	Co-morbidity form to be incorporated onto Web-v	P Wisher	November 12	Agreement reached on incorporation	G	

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
records is a great opportunity and there needs to be a careful process of ensuring that the electronic system is designed to meet all the needs of the different clinical and administrative teams. Equally, it must also be recognised that implementation of electronic records will take time and steps must be taken in the interim to improve the quality and availability of medical records.						
	OUTCOME 15 IMPROVED CODING					
Better medical records will undoubtedly improve coding, but there still needs to be a good working relationship between the coding and clinical teams, with direct clinician involvement in the coding process. This will help clinician	All clinicians involved in coding sign off	E Scott/CDs	Ongoing	Started	G	
	"Query" diagnoses reduced	CDs/L Blow	Ongoing	Started. Coding for "impression" changed, coding of "R" codes reducing as coders increasingly searching for clinical information. Review of missed co-morbidities underway	G	
	Visit exemplar sites	L Blow	November 12	Not yet started	R	

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
and coder understanding of the coding rules and improve the quality of information as a consequence. However we also need to learn from other organisations to see if the way that we interpret the coding rules can be improved.						
	OUTCOME 16 **IMPROVING OUTCOMES**					
Utilise (Paul Twomey's) analysis already undertaken to inform action plan (Mortality Analysis & Paul's report + 3 appendices - Cathy Palmer e-mail refers)	Analysis to be reviewed and action plan updated Task PH/Information group (Martin Rabetts) to develop further recommendations on actions	Zena Robertson Karen Rhodes	31.01.13		A	

System action plan v5.7

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
Commissioners to draw up an out of hospital action plan	Plan to be developed after quality summit in October	Zena Robertson Karen Rhodes	31.12.12	NL have a meeting on 15th November to discuss	A	Consider the out of hospital action plan for SSP configuration
	Stage 1 develop model of out of hospital care	PM & MS	31.01.13	NEL have weekly meeting through November and December to develop model	A	
	Stage 2 development of a primary care quality strategy	Cathy K & KR	28.02.13	All deaths in GP practices to be reviewed as per Peters discussions. PM and RJF to ensure all practices participate	A	
Explore mechanisms for monitoring deaths out of hospital in real time	To be developed linking into the new coroner system	Peter Melton Robert JF	Initial scoping on real time monitoring by April 13		A	
Commissioners to set clear quality outcomes for providers	Outcomes to be put into provider contracts with associated incentives and penalties for 13/14	Helen Kenyon/Caroline Briggs/ Alex Seale	31.01.13		A	
	CSU to review and identify pertinent elements for inclusion within commissioning Intentions from the NHS Quality outcomes	Caroline Briggs & Helen Kenyon	31.12.12		R	

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
	framework for 13/14 contract					

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
	OUTCOME 17 **IMPROVE OUTCOME BASED INFORMATION**					
There is a wealth of information available, but it is not always easily accessible or interpretable. A mortality information product needs to be designed, refined and further refined so that a wide range of people have easy access to the information they need, without repeated one off requests to the information team. There is also a need for more immediate information. The SHMI is by the nature of its design always between 6 and 18 months out of date, and the RAMI also several months out of date. Whilst these indices are more meaningful as they are standardised, they can and should be	Revise mortality related information products	J Daws/ S Hearn	November 12	Started. Format changed on feedback received.	G	
	Publish monthly crude mortality rates	S Hearn /J Howden	September 12	Completed	G	

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
complemented by the publication of monthly crude mortality rates.						
OUTCOME 18 **BETTER ANALYSIS OF AVAILABLE DATA**						
The analysis undertaken by THL demonstrated that more learning could be gleaned from the available information. Resource has been identified to undertake further analysis; it will be important to monitor the extent to which this analysis can be undertaken by existing staff and the extent to which this will need to be brought in. In particular, there needs to be a much better understanding of the reasons for the higher than expected mortality rates for	Further analysis of trends over time and differences between sites	S Hearn	October 12	Started	G	
	Further analysis of patient risk groups	S Hearn	November 12	Analysis undertaken in several areas including weekend mortality.	G	
	Review of analytical resource	E Scott/ J Howden	Ongoing	Initial review completed, but will be ongoing	A	

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patients with a lower risk of dying as reported by THL.						
OUTCOME 19 **RAISING THE PROFILE OF ACTION TO REDUCE MORTALITY**						
Mortality is obviously an important element of quality of care. However, in order to give proper focus to mortality related issues without distracting form the patient experience issues, a monthly report will go to the Quality and Patient Experience Committee and to the Board to report on progress in reducing the SHMI and RAMI.	Present monthly mortality report to QPEC and the Board	E Scott	September 12	Completed and ongoing	G	
PUTCOME 20 **DEVELOPING A QUALITY CULTURE**						
With any cultural change, visible and effective Board leadership is essential.	Board workshop to review mortality action plan	Board members	August 12	Completed	G	
	Ensure proper consideration is given to mortality by the	QPEC membership	September 12	Completed and ongoing. QPEC meeting dates reviewed to facilitate due diligence	G	

Report Action	Detailed action	Lead	Timescale	Progress update	RAG	Sustainable services impact
	QPEC					

NEXT STEPS	
The Executive Team have recognised the size of the task facing the Trust if it is to reduce its mortality ratios to below those of its peers. Accordingly, a dedicated team has been identified to support the Medical Director. This team will have as its first task a review of all the actions identified in this paper and the Transforming Health paper so that all actions necessary can be taken.	

Report Action	Detailed action	Lead Director	Timescale		Progress update	RAG	Sustainable services impact
OUTCOME 21 **STAFFING CAPACITY AND CAPABILITY**							
Develop the capacity for undertaking implementation phase of mortality action plan	Establish additional commissioner capacity to deliver the required pace and assurance on improvement & implementation	Zena Robertson Karen Rhodes Hilary Gledhill	Capacity identified by 19th November		Secured additional resources	G	
	Additional information & analytical capacity		November 2012		Ad hoc Info & Public Health Group established	G	
OUTCOME 22 **CULTURE AND OD CHANGE**							
Joint meetings developed in NL and at practice level in NEL	Commissioners to ensure that respective provider networks are established and TOR agreed	Cathy Kennedy Allison Cooke	31.12.12		NEL primary care network established ToR required.	G	
Commissioner and provider clinical forward programme to be developed	Provider networks to be established and TOR written at NL/NEL & Goole Forward programme to be established	Margaret Sanderson Peter Melton & Liz Scott	To be agreed by January 2013		Provider network ToR as per LS discussions	A	

	OUTCOME 23 IMPROVING PUBLIC CONFIDENCE						
Report to go to SSP CSG Retain SHMI steering group to oversee improvement	Report to September CSG Revise membership & TOR	Sue Rogerson	Completed			G	Sue Rogerson SSP Director now part of the SHMI group
Implementation of SHMI action plan and trajectory for improvement within appropriate timescales	Develop and monitor system wide action plan	Peter Melton	Completed			G	
	Commissioners to oversee and assure timely implementation of the system action plan		On-going Action plan to be completed & trajectory achieved by end October 2013			A	