

Warwickshire Shadow Health and Wellbeing Board

13 November 2012

Mortality Rates in North Warwickshire

Recommendation

The Shadow Health and Well-Being Board is requested to comment on this report.

1.0 Introduction and Background

- 1.1 Warwickshire North CCG were asked to provide a Commissioner update of progress with the Hospital Mortality Rate at the George Eliot Hospital . The nationally agreed measure of mortality is the Summary Hospital Level Mortality Index (SHMI). The Trust have been reporting a higher than expected SHMI rate over the last year, and as such been the subject of scrutiny by the SHA, Arden PCT Cluster and Warwickshire Health Scrutiny Committee.
- 1.2 Warwickshire North CCG will take over the commissioner responsibility from November 2012, as the PCT Cluster agreed delegated authority for managing the contract for services with George Eliot at the end of October 2012.

2.0 The Commissioner Role, in respect of quality and other issues

- 2.1 The commissioner role in this situation is one of lead NHS contractor, performance manager and guardian of high quality care for the population of North Warwickshire, Nuneaton and Bedworth and patients from other areas who use the services at the George Eliot Hospital. The Cluster Medical Director and Director of Nursing, Quality and Engagement from the Cluster have been leading the work to monitor the mortality figures and actions being taken to address the issues, to sustain safe and effective care for patients.
- 2.2 The Warwickshire North CCG Chair (designate) and Accountable Officer (designate) participated in the mortality review led by the PCT in September 2012. Prior to this the Trust had been transparent in sharing the plans and actions to address the issues, with the CCG Chair at internal Trust Mortality meetings, and with the CCG and other health economy clinical leads, at the Partnership Board meeting.
- 2.3 The Arden Cluster Board received a full report on trends in hospital mortality and actions being taken to address safety of patients on 12 September 2012. This was derived from an account provided to the NHS Coventry and NHS Warwickshire Quality, Safety and Governance Committee on 31 July 2012.

2.4 The action plan agreed, focused on action to address four areas for improvement;

1. Quality of care
2. Culture
3. Data/Information
4. External factors.

3.0 Moving Forward

3.1 Moving forward the CCG will have the role as commissioner, performance manager and guardian of high quality care for the local population, aiming to improve health outcomes. In readiness for this the Accountable Officer (designate) chaired the contract clinical quality review meeting with support of the GP Clinical Lead for Commissioning with the Trust in October 2012. At this meeting, the Trust Medical Director provided a full report on the latest actions to address the poor mortality indicators under the four headings above.

3.2 From this review the CCG can confirm that the Medical Director gave assurance that the Trust Board have an appropriate focus on monitoring and making improvements on this critical matter. The Trust have taken a systematic approach to addressing each of the areas of concern across the organisation, this is led by the Medical Director. The Trust have put new structures in place to ensure fast identification of any problems going forward, this includes learning from complaints, incidents, monitoring and reporting key governance metrics at divisional level.

3.3 The CCG also received information on broader quality indicators, namely progress on workforce appraisal rates, being transparent about areas of risk. The Medical Director also provided assurance that the revalidation of acute doctors will be delivered on time.

4.0 CCG soft intelligence

4.1 The CCG Accountable Officer (designate) led engagement events with the public during August and October 2012. The CCG met with the Practice Patient Group Chairs in August and October, and 4 public engagement events have been held in Nuneaton, Bedworth and 2 in Atherstone, to secure public views of the CCGs plans and priorities moving forward. No member of the public or PPG lead raised any concerns about quality at the George Eliot Hospital during any of these events.