

Board of Directors Meeting

Report

Subject: KEOGH REVIEW - UPDATE

Date: 29th MAY 2014

Author: SHIRLEY A CLARKE, DEPUTY DIRECTOR OF CORPORATE SERVICES

Lead Director: PAUL O'CONNOR, CHIEF EXECUTIVE

EXECUTIVE SUMMARY

Sir Bruce Keogh, NHS Medical Director undertook a review of the quality of the care and treatment being provided by those hospital trusts in England which had been persistent outliers on mortality statistics. This trust, along with 13 others fell into the scope of the review.

The initial Rapid Response Review took place on 17th and 18th June 2013, and resulted in a report and risk summit which identified 13 urgent actions and 10 high and medium actions.

An assurance review was undertaken by the Keogh panel, 4th December 2013, following review of evidence, the panel agreed whether they were 'assured', 'partly assured' or not assured' that the trust had implemented the actions agreed following the initial RRR

The review assessed the Trusts 23 actions and recorded 6 as 'assured' and 17 as 'partly assured'. No areas were recorded as 'not assured'.

The actions identified from the Assurance Review in December were consolidated with actions from the parallel CQC inspection and the PWC report in respect of quality governance.

Once the all actions have been implemented there will be an audit of the relevant areas to ensure sustainability is achieved and evidenced.

The Executive Director Leads for each of the actions have provided a report on progress and recommend their revised assessment of the position at April 2014 together with a forecast of the date when each action will achieve full assurance.

As part of our Special Measure conditions the Trust was allocated 'buddying' arrangements with other Trusts.

The Trust has agreed buddying arrangements with Newcastle Upon Tyne NHS Foundation Trust. The agreement covers four work streams where the Trust has requested support:

1. Delivery of Integrated Improvement Programme
2. Enhancing relationships with Primary Care to deliver vertically integrated patient pathways
3. Business intelligence and analysis
4. Improved Trust Board Quality Governance process

The Trust has submitted the work plans to Monitor together with a financial breakdown of the support required in order to allow our partner trust access up to £250,000 from Monitor.

RECOMMENDATION

Board members are invited to:

1. To note the progress in respect of each of the Keogh actions and agree the revised trajectories for:
 - a. K3 – Fluid Management
 - b. K8 - Patient Locations and Patient Moves
 - c. K14 - Anesthetists
 - d. K22 – Medicines Management

1. To note the progress with the buddying arrangements.

Relevant Strategic Objectives (please mark in bold)	
Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	
Details of additional risks	n/a
Links to NHS Constitution	Duty of Quality
Financial Implications/Impact	
Legal Implications/Impact	Failure to deliver against the Keogh Actions increases likelihood of continuance of Regulatory enforcement action
Partnership working & Public Engagement Implications/Impact	n/a
Committees/groups where this item has been presented before	n/a

REPORT

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Rapid Response Review

Sir Bruce Keogh, NHS Medical Director undertook a review of the quality of the care and treatment being provided by those hospital trusts in England which had been persistent outliers on mortality statistics. This trust, along with 13 others fell into the scope of the review.

The initial Rapid Response Review took place on 17th and 18th June 2013, and resulted in a report and risk summit which identified 13 urgent actions and 10 high and medium actions.

An assurance review was undertaken by the Keogh panel, 4th December 2013, following review of evidence, the panel agreed whether they were 'assured', 'partly assured' or not assured' that the trust had implemented the actions agreed following the initial RRR

Where it was agreed that the trust had fully implemented an action and the outcomes of that action were apparent, an outcome of 'assured' was recorded. Where there was evidence of progress with implementation, but implementation was not complete, the outcomes were not yet evident or it was too early to tell if the changes were embedded and sustainable, the panel recorded an outcome of 'partly assured'. Where there was no evidence that implementation had started, or significant concerns remained, the panel recorded an outcome of 'not assured'.

The review assessed the Trusts 23 actions and recorded 6 as 'assured' and 17 as 'partly assured'. No areas were recorded as 'not assured'.

The results are listed below together with the Executive Director leads report regarding progress and their recommend revised assessment of the position at April 2014 together with their assessment of when the action will achieve full assurance.

	April Update	Formal Assessment December 2013	Position April 2014	Forecast full assurance	Owner
1	Complaints and support staff	Partly Assured	Partly Assured	June 2014	S Bowler
	No backlog- benchmarking with other trust shows us in a strong performance position				

	<p>Weekly monitoring of performance – following legislation</p> <p>Complaints posters and evidence of divisional ownership</p> <p>May 2014 update</p> <p>Implementation of difficult workforce change continues to progress, consultation ended 21st May 2014. Key posts are to be advertised as soon as consultation completed.</p> <p>Positive informal feedback from CQC inspection will be fully assured in June 2014</p>				
2	Nursing and medical staffing levels and nurse skill mix	Partly Assured	Assured for nursing assuming the investment will take 2 years but monitoring and remedial action are undertaken daily via actions identified.	March 2014	S Bowler
3	Fluid management	Partly Assured	Partly Assured	Original forecast April 2014 Revised forecast July 2014	S Bowler
	<p>All proposed actions implemented.</p> <p>Embedding and sustaining monitored on an ongoing basis</p> <p>A point prevalence audit has been undertaken on 7 wards. The draft report shows significant improvement. Consistency improving but requires further support</p> <p>May 2014 update</p> <p>Appointment of 7 practice development matrons. First role is to drive and sustain care and comfort rounds and accountability handover to improve documentation.</p> <p>Increase emphasis on nutrition nursing matrix results at 21st May 2014 meeting</p>				
4	Strategic Direction	Partly Assured	Assured,	April 2014	Paul O'Connor

5	Newark Hospital strategy, facilities and governance	Assured	Assured	Dec 2013	J Tufnell
6	Board development and development of a quality focus at Board level	Partly Assured	Partly Assured	September 2014	K Rogers
<p>Board development Programme began on 23rd January, facilitated by Foresight Partnership (authors of the Intelligent Board).</p> <p>Following this event a programme of development time out sessions have been included in the annual meeting scheduler and a proposed Board development timeline was included in the March Chairman's Report.</p> <p>Furthermore, Board are alerted to the information included in the QGF submission in March that articulates further activity of the Board in connection with quality focus enabling a reduction in the self-assessed QGF score from 4.0 to 3.5.</p> <p>May 2014 Update Each of the QGF questions have been allocated an exec owner who has developed and agreed actions with a trajectory when a score of 0.0 will be achieved.</p> <p>There will be external evaluation of the Board towards the end of the year.</p>					
7	Ward performance information and organisational learning	Partly Assured	Assured	March 2014	S Bowler
8	Patient locations and patient moves	Partly Assured	Partly assured, relevant actions have taken place however further assurance in relation to this being normal practice is required.	Original forecast May 2014 Revised forecast June 2014	J Tufnell
<p>The risk assessment process for patient moves is being regularly audited. A meeting has taken place with Duty Nurse Managers, Ward Leaders and divisional teams to understand and address issues with ensuring this is embedded in our practice. This is now being robustly monitored with relevant actions taking place where practice is falling short of the requirements.</p> <p>The outlier policy has been reviewed to ensure the definition of an outlier is very clear and consistently understood across the Trust and has been uploaded to the intranet.</p>					

	May 2014 update				
	A further audit is being undertaken at the end of May to ensure the risk assessment process is embedded and consistently utilised at which point the Quality Improvement Group will assess if this action is now fully assured				
9	Handovers	Partly Assured	Assured	March 2014	S Bowler
10	Patient experience	Partly Assured	Assured	March 2014	S Bowler
11	NEWS roll out	Partly Assured	Assured	March 2014	S Bowler
12	Whistleblowing policy	Assured	Assured	Dec 2013	K Fisher
13	Supporting structures and services	Partly Assured			J Tufnell
	Radiology	Partly Assured	Assured	March 2014	
	Clinical Typing	Partly Assured	Assured	March 2014	
	Junior Doctors	Partly Assured	Assured	April 2014	
14	Anesthetists	Partly Assured	Assured	Original forecast Sept 2014 Revised to Fully Assured May 2014	A Haynes
	Project initiated through Elective Programme Board in respect of Pre-operative Assessment, named clinical lead.				

	Current Pre-operative Assessment being reviewed and monitored by Head of Service for Anesthetics				
15	Staff development	Assured	Assured	Dec 2013	K Fisher
16	Communication with patients	Partly Assured	Assured	March 2014	S Bowler
17	Ability to rescue	Partly Assured	Assured	April 2014	A Haynes
18	Maintaining the pace of change	Partly Assured	Assured	March 2014	P O'Connor
19	Governors	Assured	Assured	Dec 2013	K Rogers
20	Organisational learning	Partly Assured	Partly Assured	Sept 2014	A Haynes
	<p>The Trust has initiated new training programmes for clinicians on quality improvement and patient safety.</p> <p>QI training for clinicians and clinical teams forms a cornerstone of the Trust's new service improvement strategy.</p> <p>The strategy includes a comprehensive service improvement capability framework and an extensive deployment plan for embedding quality improvement skills within the clinical workforce, as an integral part of delivering QI projects to support achievement of trust objectives.</p>				
21	A & E	Assured	Assured	Dec 2013	A Haynes
22	Medicines Management	Partly Assured	Assured	Original forecast July 2014 Revised to Fully Assured May 2014	A Haynes
	<p>A number of actions are being progressed:</p> <ul style="list-style-type: none"> • A regular Medicines Safety Bulletin relating themes from incident reporting • "Incident of the Week" presentations at the weekly Grand Round 				

	<ul style="list-style-type: none"> • Better capture of incidents on Datix to give higher quality data • In line with the NHS England Patient Safety Alert on improving Medication Error published last month the trust has a Board level director (the medical director) responsible for incident reporting and learning, has an existing Medicines Safety Group which will take local action and is in the process of creating a job description for a Medication Safety Officer to represent it on the new national network • A pilot of missed doses is underway on wards 23 and 24 with a plan to roll out across the trust • Medicines Management is a theme of the Patient Safety Steering Group which monitors ongoing projects. This has successfully overseen the implementation of alerting for medication on renal impairment on all wards Mon-Fri 9-5 and 7 days a week on EAU 				
23	Infection control	Assured	Assured	Dec 2013	A Haynes

The actions identified from the Assurance Review in December were consolidated with actions from the parallel CQC inspection and the PWC report in respect of quality governance.

There are some areas where the milestones have slipped; these are being addressed through the Quality Improvement Group, weekly meeting where project leads are required to present:

- Progress to date
- Risks/Issues
- Support required
- Evidence of achievement
- Processes used to provide assurance

In order to ensure actions are embedded specific actions in relation to nursing are raised and addressed through the Nursing Care Forum.

Once all of the actions have been implemented there will be an audit of the relevant areas to ensure sustainability is achieved and evidenced.

Buddying Arrangements

As part of our Special Measure conditions the Trust was allocated ‘buddying’ arrangements with other Trusts.

The Trust has agreed buddying arrangements with Newcastle Upon Tyne NHS Foundation Trust. The agreement covers four work streams where the Trust has requested support:

1. Delivery of Integrated Improvement Programme
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Each work stream has an assigned responsible director:

- Work stream 1, Medical Director
- Work stream 2, Director of Strategic Planning and Commercial Development
- Work stream 3, Director of Operations
- Work stream 4, Director of Corporate Services/Company Secretary

The Trust has submitted the work plans to Monitor together with a financial breakdown of the support required in order to allow our partner trust access up to £250,000 from Monitor. A payment schedule is being developed to enable Monitor to release payments to Newcastle on a monthly basis.

The Chairman and Chief Executive visited Newcastle on Friday 28th February and the Memorandum of Understanding was agreed and signed by both parties. The Memorandum of Understanding was submitted to Monitor for approval by Steven May.

A detailed work stream milestone plan and payment schedule has been developed and submitted to Monitor and project leads at Newcastle Upon Tyne NHS Foundation Trust.

Work stream leads have arranged to visit NUTH during June 2014 to share process and agree next steps

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