

Agenda Item:

Board of Directors Meeting

Report

Subject: Keogh Review - Update

Date: 27th March 2014

Author: SHIRLEY A CLARKE, HEAD OF PROGRAMME MANAGEMENT

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 March 2014.

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. Agree the Executive Director lead recommended revised assessment against the Keogh actions
2. To note the progress with our buddying agreement.

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

Board of Directors

Meeting

Subject: Keogh Review - Update

Date: 27th March 2014

Author: SHIRLEY A CLARKE, HEAD OF PROGRAMME MANAGEMENT

Lead Director: PAUL O'CONNOR, CHIEF EXECUTIVE

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 March 2014

	March Update	Formal Assessment December 2013	Position March 2014	Owner
1	Complaints and support staff	Partly Assured	Partly Assured	S Bowler
	Regular reports to Trust Board and TMB with evidence of trends, themes and learning			

	<p>Patient experience report every quarter to Trust Board with performance measures</p> <p>Visit to Barnsley – who requested our support</p> <p>No backlog- benchmarking with other trust shows us in a strong performance position</p> <p>Weekly monitoring of performance – following legislation</p> <p>Complaints posters and evidence of division ownership</p> <p>Reduction in number of complaints (Number of complaints received February 2013=73, Number of complaints received February 2014=33)</p> <p>Good evidence of greater ownership in divisions</p> <ul style="list-style-type: none"> • Increase in local resolution meetings • New practice of visiting complainants in their homes <p>Implementation of difficult workforce change underway but sustained engagement of division during this period</p> <p>Good feedback from MP’s regarding quality, response times and engagement</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.	S Bowler
	<p>The Trust Board has agreed to an investment of £4million in nursing – plan has commenced – presented to Trust Board, with progress report given.</p> <p>New establishments have been shared with ward sisters and individual plans for enacting discussed.</p> <p>The additional Registered nurse on night duty for each ward has been sustained and feedback from ward sisters is that this has made a demonstrable difference to perceptions of safety.</p> <p>In post figures show that we have more nurses than 1 year ago – previous board reports from HR Director</p> <p>Overseas recruitment has been implemented.</p> <p>Daily staffing numbers are on public display through Communication Boards</p> <p>Ward Staffing numbers are collated and responded to (formally) three times a day via email-</p>			

	actions to gaps are recorded and checked at bed meetings			
	Care and comfort, accountability and leadership rounds in place across all inpatient areas.			
3	Fluid management	Partly Assured	Partly Assured until audit completed but many actions in place to support full assurance once audit completed	S Bowler
	<p>Service evaluation undertaken (237 case notes) Evidence of:</p> <ul style="list-style-type: none"> ▪ 74% of patients using hydration tool ▪ Number of patients on hydration charts for whom it was appropriate was 97% ▪ Number of patients on a fluid balance chart for whom it was appropriate was 84% ▪ Number of patients on NO monitoring for whom it was appropriate was 82% <p>Fluid hydration is now included within mandatory training – 1 hour – 400 to date have received training</p> <p>One to one training has taken place as well as cascade training, which supplements above numbers</p> <p>A training video has been produced.</p> <p>Nursing metrics are scoring high</p> <p>A further point prevalence audit is planned within week commencing 4th April 2014.</p> <p>Protected meal times, red trays and red jugs well established</p> <p>National hydration and nutrition week embraced</p>			
4	Strategic Direction	Partly Assured	Partly Assured , will be fully assured once the annual plan is signed off by board and submitted to Monitor	Paul O'Connor
	'Plan on a Page' to be approved at Trust Board meeting in March 2014			

	<p>Trust signed up to County-wide 'Better+Together' programme bringing Health and Social Care together across Nottinghamshire</p> <p>First 5 project for 'Better+Together' agreed as:</p> <ul style="list-style-type: none"> • Integrated Community Teams (PRISM) rollout • Intermediate Care Design • Care Planning in Care Homes • Transfer to Asses • Elective Referral Gateways <p>End of Newark Strategy Implementation Planning Phase on target for end of March 2014</p> <p>Divisions working with Director of Strategy & Commercial Development to articulate strategic direction for submission to Monitor April 2014</p> <p>Trust Chief Executive and Director of Strategy & Commercial Development joined with County Council and other partners in visit and collective assessment of Spanish Integrated Care model, to assist further 'Better+Together' development.</p> <p>Supporting strategies agreed by Trust Board include:</p> <ul style="list-style-type: none"> • Quality Strategy Phase 1 • IT Strategy • Estates Strategy Phase 1 • Workforce and Organisational Development Strategy • Patient Experience Strategy • Service Improvement Strategy <p>Newark Surgery future to be formally signed off by the Trust Board on 27th March 2014</p>			
5	Newark Hospital strategy, facilities and governance	Assured	Assured	J Tufnell
<p>Outstanding action is the surgical review implementation. Plan to communicate the decision on 4 April following comprehensive discussions with main GP providers.</p>				
6	Board development and development of a quality focus at Board level	Partly Assured	Partly Assured	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 is 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 etc.</p> <p>Following the NED confirm and challenge event in February, members of the Board met to debate enhancements to Board reporting, and further focus in direct connection with the BAF (risk to quality) and CQC (quality performance at ward to board) will be the dedication a Board Development session on 3rd April.</p> <p>Board are invited to agree what is required beyond the approval of a defined development</p>				

	plan and timeline, and the continuing priority focus on Quality both at Board meeting and by Board members during department visits etc, in order to assign a fully assured status to this action.			
7	Ward performance information and organisational learning	Partly Assured	Assured	S Bowler
	<p>Visited Norwich and Norfolk</p> <p>Ward assurance / performance matrix well established and used across the Trust</p> <p>Feedback to non execs at confirm and challenge – “ one of the best tools to be developed this year”</p> <p>Director of Nursing meets with Matrons for whole day every month to assess each ward performance – supported by specialist nurses to pick up themes and provide support. Used as opportunity for learning and sharing</p> <p>Used the tool to celebrate consistent performance across our wards – celebration certificates being prepared- opportunity for learning and sharing</p> <p>Tool discussed at Clinical Governance Committee and operational governance forums – used as a tool for further deep dives e.g. falls</p> <p>Displayed in all ward sisters offices</p> <p>Divisional and service line governance information greatly improved and strengthened – evidenced through confirm and challenge</p> <p>Patient safety steering group chaired by medical director</p>			
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.	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.</p> <p>The outlier policy has been reviewed to ensure the definition of an outlier is very clear and consistently understood across</p>			

9	Handovers	Partly Assured	Assured	S Bowler
	<p>Nurse in charge aware of all patients – clear messages and checked at ward sister forums</p> <p>Handovers reviewed on every ward – some have moved to taped handover and then patient specific handover at the bedside</p> <p>Handover included within Care and Comfort rounds</p> <p>Daily leadership rounds being undertaken on wards</p> <p>Accountability handover implemented – standardising process to support embedding</p> <p>Handover times increased within nursing establishment proposal</p>			
10	Patient experience	Partly Assured	Assured	S Bowler
	<p>Patient experience strategy agreed by board – evidence of wide engagement</p> <p>Launch event with patients 25th March 2014</p>			
11	NEWS roll out	Partly Assured	Assured	S Bowler
	<p>NEWS implemented across the whole Trust.</p> <p>Policy updated and implemented</p> <p>Nursing metrics demonstrating high compliance and accuracy with all measures > 90% - reported to Trust Board – undertaken by independent assessors</p>			
12	Whistleblowing policy	Assured	Assured	K Fisher
	<p>We have completely rewritten the Raising Concerns - Whistleblowing Policy and this has been approved by the board.</p> <p>The designated officers as identified within the policy have recently completed a workshop with Public Concern at Work in order to define their responsibilities within the policy and help develop their understanding of dealing with concerns raised.</p> <p>The communication of the policy will also take place during the Quality for All launch.</p> <p>Priorities now include the development of Raising Your Concerns page on the intranet and implementing an extensive communication plan.</p>			
13	Supporting structures and services	Partly Assured		J Tufnell
	Radiology	Partly	Assured	

		Assured		
	The radiology reporting backlog was cleared by 31 July 2013 and reporting has been sustained at a maximum 1 week turnaround since this date. The outsourcing arrangement has been extended to a second provider to provide full business continuity.			
	Clinical Typing	Partly Assured	Assured	
	The clinical typing backlog was cleared by 31 July 2013 and has been sustained at 10 working days since this date.			
	Junior Doctors	Partly Assured	Partly assured – awaiting triangulation of information.	
	<p>The team on 4 December identified concerns from Junior doctors that they felt under pressure.</p> <p>It is known that admitted patient numbers are not increasing however the acuity of patients is. Actions undertaken – CEO and Chairman more accessible to Junior doctors, positive LETB visit.</p> <p>Further work being undertaken to triangulate, survey information with establishment review and on-call information but acknowledging that views were not remaining consistent between rotations.</p>			
14	Anesthetists	Partly Assured	Partly Assured	A Haynes
	<p>Project initiated through Elective Programme Board in respect of Pre-operative Assessment, named clinical lead.</p> <p>Current Pre-operative Assessment being reviewed and monitored by Head of Service for Anesthetics</p>			
15	Staff development	Assured	Assured	K Fisher
	<p>The focus on completion of appraisal rates continues despite a slight decrease in the last two months (currently 75%).</p> <p>This significant improvement is also reflected in the recently received NHS staff survey results.</p> <p>Priorities now include gaining assurance about the quality of appraisals completed and revising appraisal documentation to reflect the Quality for All values</p>			
16	Communication with patients	Partly Assured	Assured	S Bowler
	<p>Communication Boards publicly displayed – sharing with other trusts and DoH</p> <p>New badges for nurses on trial and then organisation roll out for all staff</p>			

	<p>Information displays at all ward entrances to tell public who nurses are – pictures of uniforms</p> <p>New complaints poster with ward sisters photo at front entrance of each ward</p> <p>High privacy and dignity scores on nursing metrics undertaken by independent assessors</p> <p>Registered nurses in NHS colour uniform to assist identification</p> <p>Complaints response times within legislation – performance comparable with many other trusts</p>			
17	Ability to rescue	Partly Assured	Partly Assured	A Haynes
	<p>Recent audit showed 88% of DNAR signed by consultants</p> <p>DNAR policy being revised</p>			
18	Maintaining the pace of change	Partly Assured	Assured	P O'Connor
	<p>Trust induction has been overhauled; all new starters are met personally by the Chief Executive on first day.</p> <p>Quality for All launched on 20th March 2014 to establish how all staff are recruited, inducted, trained and developed to deliver Trust objectives.</p> <p>Trust values standards and behaviours incorporated into Trust induction post Quality for All launch, by end of March 2014.</p> <p>Systematic post-induction reflective exercise in place for all new staff from beginning of 2014 with Chief Executive.</p> <p>All Trust Board positions substantive since February 2014</p> <p>Board Development programme presented by Chairman and agreed by Trust Board</p> <p>Trust Board being presented written self-assessment of Board Governance Assurance Framework, at level 3.5. If agreed by Board at its 27th March 2014 meeting, will achieve Monitors Board and Quality Governance required level.</p> <p>Chief Executive held induction and subsequent collective reflective meetings with all F1 and F2 junior doctors from 2013 intakes, and will continue in 2014 and beyond</p> <p>Programme of systematic CQC KLOE type ward visits by all executive and non-executive directors as part of pre CQC Board self-assessment process.</p> <p>Negotiations began with Monitor for additional support to enable capacity for change to be maintained.</p> <p>Transformation agenda agreed and incorporated within new Medical Director responsibilities</p> <p>County wide 'Better+Together' programme agreed to bring Health and Social Care together</p>			

	over future years throughout Nottinghamshire			
19	Governors	Assured	Assured	K Rogers
	<p>Since January Session 1 & 2 of the governor development programme has been delivered with very positive feedback.</p> <p>The Governor forum continues to strengthen the ability of the governors to drive their agenda and the relationships with the governors are improving as a result</p>			
20	Organisational learning	Partly Assured	Partly Assured	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	A Haynes
22	Medicines Management	Partly Assured	Partly Assured	A Haynes
	<p>Increased staffing levels on EAU to ensure the DHx are done in a more timely fashion. This means the information is there for when the Dr reviews the patient</p> <p>Funding agreed to train 3 more Pharmacists as prescribers</p> <p>Working with Pfizer to develop a campaign that will form part of the improvement to ensure accurate completion of medication charts. To launch this in the Trust's patient safety week</p>			
23	Infection control	Assured	Assured	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
2. Enhancing relationships with Primary Care to deliver vertically integrated patient pathways
3. Business intelligence and analysis
4. Improved Trust Board Quality Governance process

Each work stream has an assigned responsible director:

- Work streams 1 and 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 programme milestone plan for the initial stages of the work streams has been developed and submitted to Monitor.

The responsible directors will make contact with their respective counterparts at Newcastle to agree specific actions to progress the work streams and will report progress to the Executive team on a regular basis.

RECOMMENDATION

Board members are invited to:

1. Agree the Executive Director lead recommended revised assessment against the Keogh actions
2. To note the progress with our buddying agreement.

