

Agenda Item:

Board of Directors Meeting

Report

Subject: Keogh Review - Update

Date: 27th February 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.

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. Review the milestones plans and agree the appropriate actions are being taken to ensure 'fully assured' status is achieved in the agreed timescale

2. To note the buddying agreement work plans, which have been agreed by our partner trust and submitted to Monitor for approval, these enable Newcastle Upon Tyne Hospitals NHS Foundation Trust to access up to £250,000 financial support as defined in the attached financial breakdown.

| 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

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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:

| | |
|------------------------------------------------------------------------|----------------|
| 1. Complaints and support staff | Partly Assured |
| 2. Nursing and medical staffing levels and nurse skill mix | Partly Assured |
| 3. Fluid management | Partly Assured |
| 4. Strategic Direction | Partly Assured |
| 5. Newark Hospital strategy, facilities and governance | ASSURED |
| 6. Board development and development of a quality focus at Board level | Partly Assured |
| 7. Ward performance information and organizational learning | Partly Assured |
| 8. Patient locations and patient moves | Partly Assured |
| 9. Handovers | Partly Assured |
| 10. Patient experience | Partly Assured |
| 11. NEWS roll out | Partly Assured |
| 12. Whistleblowing policy | ASSURED |
| 13. Supporting structures and services | Partly Assured |
| 14. Anesthetists | Partly Assured |

| | |
|------------------------------------|----------------|
| 15. Staff development | ASSURED |
| 16. Communication with patients | Partly Assured |
| 17. Ability to rescue | Partly Assured |
| 18. Maintaining the pace of change | Partly Assured |
| 19. Governors | ASSURED |
| 20. Organisational learning | Partly Assured |
| 21. A & E | ASSURED |
| 22. Medicines Management | Partly Assured |
| 23. Infection control | 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.

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.

The attached milestone plan details the actions against a timeline which need to be implemented and sustained in order to ensure those areas previously recorded as partly assured improve to fully assured.

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 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.

The Chairman and Chief Executive are visiting Newcastle on Friday 28th February in order to develop the relationship and agree next steps.

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 meeting 17th March 2014.

RECOMMENDATION

Board members are invited to:

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[Insert name of Buddy Trust]

Date prepared:

If possible, please complete the 'forecast' section of the schedules below to reflect estimated costs that the Buddy Trust will seek reimbursement for. Please use subsequent w

| Buddy Arrangement Support | Spend Type | 1 [Area] | | | | Revised full-year | |
|--------------------------------------------------|-------------|--------------------|------------|---------------|--------------------|-------------------|----------|
| | | Band | Daily Rate | Forecast days | Forecast cost | Actual (YTD) | forecast |
| Resource type: e.g. Band 7 or medical equivalent | | | £ | | £ | | |
| Workstream 1 | | | | | | | |
| Associate Medical Director | Substantive | Associate Director | 654.00 | 20 | £13,080.00 | | |
| Interim Deputy Director Busines & Development | Temporary | 8d | 400.00 | 40 | £16,000.00 | | |
| Support staff | Substantive | 8b | 277.00 | 70 | £19,390.00 | | |
| Support staff | Substantive | 8a | 232.00 | 85 | £19,720.00 | | |
| Support staff | Substantive | 7 | 191.00 | 85 | £16,235.00 | | |
| Workstream 1 | | | | TOTAL | £84,425.00 | | |
| Workstream 2 | | | | | | | |
| Executive Director Business Development | Substantive | Executive Director | 553.00 | 20 | £11,060.00 | | |
| Clinical Director | Substantive | Clinical Director | 562.00 | 20 | £11,240.00 | | |
| Support Staff | Substantive | 8c | 333.00 | 40 | £13,320.00 | | |
| Workstream 2 | | | | TOTAL | £35,620.00 | | |
| Workstream 3 | | | | | | | |
| Assistant Director of Performance & Contracting | Substantive | 8d | 400.00 | 15 | £6,000.00 | | |
| Director of Quality & Effectiveness | Substantive | 8d | 400.00 | 15 | £6,000.00 | | |
| Support Staff | Substantive | 8c | 333.00 | 20 | £6,660.00 | | |
| Support staff | Substantive | 8b | 277.00 | 60 | £16,620.00 | | |
| Support staff | Substantive | 8a | 232.00 | 60 | £13,920.00 | | |
| Support staff | Substantive | 7 | 191.00 | 60 | £11,460.00 | | |
| Workstream 3 | | | | | £60,660.00 | | |
| Workstream 4 | | | | | | | |
| Trust Secretary | Substantive | 8d | 400.00 | 15 | £6,000.00 | | |
| Director of Quality & Effectiveness | Substantive | 9 | 487.00 | 10 | £4,870.00 | | |
| Support Staff | Substantive | 8b | 277.00 | 30 | £8,310.00 | | |
| Workstream 4 | | | | | £19,180.00 | | |
| Disbursements: e.g. travel, room hire | | | | - | | | |
| Assume 15% of direct costs | | | | - | £29,982.75 | | |
| Total | | | | 665 | £229,867.75 | 0 | 0 |

calculated at mid point of the scale (including on costs) of the assumed scale & taken into account annual leave (6.6 weeks) therefore using an average working week of 45.453 per annum

| CQC Domain | QGF Question No. | QGF Question | Owner | PWC Report Dec 2013 | Keogh | CQC | Priority | Evidence No | Committee /group where action will be progressed | Milestone Description | Dec-13 | | Jan-14 | | | | Feb-14 | | | | Mar-14 | | | | Apr-14 | | | | May-14 | | | | Jun-14 | | | | Jul-14 | | | | |
|------------------|------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------|--------|-------|----------|-------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | | | | | | | | | | | 26-Dec-13 | 30-Dec-13 | 06-Jan-14 | 13-Jan-14 | 20-Jan-14 | 24-Jan-14 | 03-Feb-14 | 10-Feb-14 | 17-Feb-14 | 24-Feb-14 | 03-Mar-14 | 10-Mar-14 | 17-Mar-14 | 24-Mar-14 | 31-Mar-14 | 07-Apr-14 | 14-Apr-14 | 21-Apr-14 | 28-Apr-14 | 05-May-14 | 12-May-14 | 19-May-14 | 26-May-14 | 02-Jun-14 | 09-Jun-14 | 16-Jun-14 | 23-Jun-14 | 30-Jun-14 | 07-Jul-14 | 14-Jul-14 | 21-Jul-14 |
| Is it Safe? | 1b | Is the Board Sufficiently aware of potential risks to quality? | Director of Operations | | K5 | | | Q120 | TB | Royal college of Surgeons response to be discussed at December Trust Board meeting - 19th December 2013 | OC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Safe? | 1b | Is the Board Sufficiently aware of potential risks to quality? | Head of Communications | | K5 | | | Q121 | Divisional Management Boards | Newark Staff Engagement - to be agreed with Newark Hospital Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Safe? | 1b | Is the Board Sufficiently aware of potential risks to quality? | Director of Operations | | K5 | | | Q122 | TB (private) | Trust to confirm the surgical procedures that will continue to be undertaken on the Newark site (NB this action should move to partly assured if list is not confirmed, or is inappropriate/not in line with review | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Safe? | 1b | Is the Board Sufficiently aware of potential risks to quality? | Medical Director | | K7 | | | Q123 | Divisional Management Boards | Ensure Mortality reviews are consistent across directorates | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Safe? | 1b | Is the Board Sufficiently aware of potential risks to quality? | Director of Nursing and Quality | | K7 | | | Q124 | Patient Safety group | Implement patient safety programme | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Safe? | 1b | Is the Board Sufficiently aware of potential risks to quality? | Director of Nursing and Quality | | K8 | | | Q125 | Quality Improvement Group | Risk Assess all patients prior to move or transfer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Safe? | 1b | Is the Board Sufficiently aware of potential risks to quality? | Director of Operations | | K8 | | | Q126 | Quality Improvement Group | Include number of bed moves and outlier trends analysis in quality report to TB 19.12.13 | OC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Safe? | 1b | Is the Board Sufficiently aware of potential risks to quality? | Director of Nursing and Quality | | K8 | | | Q127 | Quality Improvement Group | Ensure risk assessment process is utilised out of hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Safe? | 1b | Is the Board Sufficiently aware of potential risks to quality? | Medical Director | | K8 | | | Q128 | Quality Improvement Group | Ensure Consultant cover on Cardiology and day case ward | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Safe? | 1b | Is the Board Sufficiently aware of potential risks to quality? | Director of Nursing and Quality | | K8 | | | Q129 | Quality Improvement Group | Review Risk Assessment form to include named lead consultants for each patient. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Safe? | 1b | Is the Board Sufficiently aware of potential risks to quality? | Director of Nursing and Quality | | K8 | | | Q130 | Quality Improvement Group | Ensure all front line staff aware of and utilise risk assessment form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Safe? | 1b | Is the Board Sufficiently aware of potential risks to quality? | Director of Operations | | K13 | CQC1 | | Q135 | Quality Improvement Group | External review to scope the current radiology service and staffing requirements. Monthly monitoring of current radiology systems | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Safe? | 1b | Is the Board Sufficiently aware of potential risks to quality? | Medical Director | | K13 | | | Q136 | Quality Improvement Group | Review concerns of Junior doctors regarding frustrations with referrals to radiology | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Safe? | 1b | Is the Board Sufficiently aware of potential risks to quality? | Divisional Teams led by Divisional Matron | | K17 | CQC9 | | Q137 | Divisional Management Boards | Ensure all emergency equipment including resuscitation equipment checked and records updated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Safe? | 1b | Is the Board Sufficiently aware of potential risks to quality? | Divisional Teams led by Divisional Matron | | | CQC14 | | Q138 | Divisional Management Boards | Review cleaning check lists for gaps in records and address. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Effective? | 3a | Are there clear roles and accountabilities in relation to quality governance? | Director of Nursing and Quality | | 5.1.4a | | High | Q139 | Clinical Quality & Governance | Finalise roles and responsibilities in GSU in terms of provision of information and governance support to ensure that Divisional, Service Management and the GSU team are all clear on accountability for governance activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Effective? | 3a | Are there clear roles and accountabilities in relation to quality governance? | Director of Nursing and Quality | | 5.1.4b | | High | Q140 | Clinical Quality & Governance | Revise the agenda for Divisional governance meetings to ensure that updates from each Service regarding risks and governance activities are more prominent and form an essential element of each Divisional governance meeting. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Effective? | 3a | Are there clear roles and accountabilities in relation to quality governance? | Director of Nursing and Quality | | K9 | | | Q141 | Quality Improvement Group | Review handover times - consider increasing from 30 minutes to 45 minutes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Effective? | 3a | Are there clear roles and accountabilities in relation to quality governance? | Director of Nursing and Quality | | K9 | | | Q142 | Quality Improvement Group | Handover Sheets - consider retaining patient-specific information in individual patients notes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Effective? | 3a | Are there clear roles and accountabilities in relation to quality governance? | Medical Director | | K14 | | | Q143 | Quality Improvement Group | Implement named lead for Day surgery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Effective? | 3b | Are there clearly defined, well understood processes for escalating and resolving issues and managing performance? | Director of Corporate Services | | K6 | | | Q144 | TMB | Ensure Trust governance arrangements are fully aligned to the board. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Effective? | 3b | Are there clearly defined, well understood processes for escalating and resolving issues and managing performance? | Director of Corporate Services | | K6 | | | Q145 | TMB | Ensure sub-committee reports to Board have been discussed at the relevant sub-committee prior to submission to Trust Board | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Effective? | 3b | Are there clearly defined, well understood processes for escalating and resolving issues and managing performance? | Director of Nursing and Quality | | K9 | | | Q146 | Clinical Quality & Governance | Increase Junior Staff training on PAS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Effective? | 3b | Are there clearly defined, well understood processes for escalating and resolving issues and managing performance? | Medical Director | | K11 | | | Q147 | TB | Regular reporting pertaining to NEWS will be submitted to the Trust Board on a quarterly basis commencing March 2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it Effective? | 3b | Are there clearly defined, well understood processes for escalating and resolving issues and managing performance? | Director of Nursing and Quality/Medical Director | | K11 | | | Q148 | Quality Improvement Group | Review implementation of NEWS on surgical wards - to include fluid management | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Special Measures Program
Appendix 1: Buddy Work Plan

| Summary of information | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|
| Buddy Trust The Newcastle Upon Tyne NHS Foundation Trust | | Special Measures Trust Sherwood Forest Hospitals NHS Foundation Trust | | Date buddy arrangement commenced February 2014 |
| Senior Responsible Officer Sir Leonard Fenwick | | Senior Responsible Officer Mr Paul O'Connor | | |
| Summary of Detailed Plan | | | | |
| Summary of Areas of support | | | | |
| It is envisaged the relationship with our partner trust will be long term, over the next 2 to 3 years with early support focussed on assisting us through the lifting of special measures. The fully developed workplans will be weighted to reflect this. | | | | |
| Area of support | Reference to Action Plan | Responsible Officer Assigned | First phase Completion date | Cost per area of support |
| | | | | £- |
| Delivery of Integrated Improvement Programme | Links to risk summit actions 4, 5 | Director of Strategic Planning and Commercial Development | 1 July 2014 | £84,425.00 |
| Enhancing relationships with Primary Care to deliver vertically integrated patient pathways | Links to risk summit action 4, 5 and 6 | Director of Strategic Planning and Commercial Development | 1 July 2014 | £35,620.00 |
| Business intelligence and analysis, | Links to risk summit actions 4, 5 | Director of Operations | 1 July 2014 | £60,660.00 |
| Improved Trust Board Quality Governance process | Links to risk summit action 6 | Director of Corporate Services/Company Secretary | 31 March 2014 | £19,180.00 |
| Disbursements assumed at 15% | | | | £29,982.75 |
| TOTAL COST: | | | | £229,867.75 |

| Signatures | | |
|------------------------------------------------------|-------------------------------------------|-----------|
| Senior Responsible Officer at Special Measures Trust | Senior Responsible Officer at Buddy Trust | Monitor |
| Signature | Signature | Signature |
| Name | Name | Name |
| Date | Date | Date |

Special Measures Program
Appendix 1: Buddy Work Plan

Area of Support One: Delivery of Integrated Improvement Programme

| Areas of Support: Detailed Plan | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------|--------------------------------------|
| Area of support | | | |
| Delivery of Integrated Improvement Programme | | | |
| Nature of support | | | |
| <p>The Risk Summit actions detailed:</p> <ul style="list-style-type: none"> 4.A need for a clear strategic direction 5.Concern over the strategy, facilities and governance at Newark Hospital <p>To address these actions the Trust has developed an Integrated Improvement Programme through engagement with a wide range of staff.</p> <p>Newcastle Upon Tyne NHS Foundation Trust has implemented a significant Improvement Programme. We would implement, where appropriate, learning and best practice identified from this programme, in order to ensure our own Integrated Improvement Programme delivered sustainable transformational change across the organisation.</p> <p>Shadowing opportunities for our key staff to learn by seeing, how processes and procedures work on the ground.</p> <p>Mentoring of senior managers and clinicians, in order to support and encourage, maximising skills to deliver change.</p> | | | |
| Cost | | | |
| £84,425.00 Plus 15% disbursement costs | | | |
| Objectives and progress measures | | | |
| <p><u>Objective:</u></p> <p>Delivery of Integrated Improvement Programme through the implementation of lessons learned and identification of best practice enhancing current programme management process.</p> <p><u>Progress measures:</u></p> <p>Regular meetings and visits between the two trusts to share and learn from best practice</p> | | | |
| Key Performance Indicators | | | |
| Outcome | First phase Timeline for delivery | Measure | Responsible Officer |
| Improved Patient Quality and Safety | June 2014 | Monthly and Quarterly Patient Quality and Safety Report to Trust Board | Medical Director/Director of Nursing |
| Increased efficiency | June 2014 | Delivery of Cost Improvement Plan | Chief Financial Officer |
| Improved friends and family score | June 2014 | Friends and Family test | Medical Director/Director of Nursing |
| Improved staff survey results | June 2014 | Staff survey results | Director of HR |

Special Measures Program
Appendix 1: Buddy Work Plan

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------|----------------|
| Reduction in sickness levels | June 2014 | Staff sickness rates - monthly | Director of HR |
| Reporting and monitoring responsibilities | | | |
| <p>We will jointly produce a summary progress report which will be submitted to the, Special Measures PMO monthly. This report will be signed off by the Improvement Director prior to submission.</p> <p>The report will update progress with shared learning, outcomes and measures in respect of KPI's, identify and mitigate risks whilst also sharing good news stories.</p> | | | |
| Signatures | | | |
| Senior Responsible Officer at Special Measures Trust | Senior Responsible Officer at Buddy Trust | Monitor | |
| Signature | Signature | Signature | |
| Name | Name | Name | |
| Date | Date | Date | |

Special Measures Program
Appendix 1: Buddy Work Plan

Area of Support Two: Enhancing relationships with Primary Care to deliver vertically integrated patient pathways

| Areas of Support: Detailed Plan | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------|
| Area of support | | | |
| Enhancing relationships with Primary Care to deliver vertically integrated patient pathways | | | |
| Nature of support | | | |
| <p>The Risk Summit actions detailed:</p> <ul style="list-style-type: none"> 4. Need for a clear strategic direction 5. Concern over the strategy, facilities and governance at Newark Hospital 6. Great focus on quality at board level. <p>To address these concerns and to deliver the Trusts vision of an Integrated Care Organisation the Trust must foster robust relationships within Primary Care to enable development of vertically integrated patient pathways.</p> <p>Newcastle upon Tyne NHS Foundation Trust has developed a significant vertical integration programme with its Primary Care partners and we would benefit from the learning and application of processes, in order to work with its Primary Care partners to deliver seamless vertically integrated patient pathways.</p> <p>Appropriate representatives from Newcastle upon Tyne NHS FT to visit and work with the Trust and its Primary Care partners.</p> | | | |
| Cost | | | |
| £35,620.00 plus 15% disbursement costs | | | |
| Objectives and progress measures | | | |
| <p><u>Objective:</u></p> <p>Robust, mutually beneficial relationships across secondary and primary care.</p> <p><u>Progress Measures:</u></p> <p>Joint meetings between the two Trusts and local primary care representatives, to share and learn from best practice.</p> <p>Development of vertically integrated patient pathway programme of change.</p> | | | |
| Key Performance Indicators | | | |
| Outcome | First Phase Timeline for delivery | Measure | Responsible Officer |
| Vertically integrated patient pathways | June 2014 | Number of patient pathways which have been vertically integrated reported to programme board | Director of Operations |

Special Measures Program
Appendix 1: Buddy Work Plan

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------|
| Improved relationship between secondary and primary care | June 2014 | Development of seamless patient pathways programme. | Director of Strategic Planning and Commercial Development |
| Reporting and monitoring responsibilities | | | |
| <p>We will jointly produce a summary progress report which will be submitted to the, Special Measures PMO monthly. This report will be signed off by the Improvement Director prior to submission.</p> <p>The report will update progress with shared learning, outcomes and measures in respect of KPI's, identify and mitigate risks whilst also sharing good news stories.</p> | | | |
| Signatures | | | |
| Senior Responsible Officer at Special Measures Trust | Senior Responsible Officer at Buddy Trust | Monitor | |
| Signature | Signature | Signature | |
| Name | Name | Name | |
| Date | Date | Date | |

Special Measures Program
Appendix 1: Buddy Work Plan

Area of Support Two: Business intelligence and analysis,

| Areas of Support: Detailed Plan | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------|-----------------------------------------------------------|
| Area of support | | | |
| Business intelligence and analysis, | | | |
| Nature of support | | | |
| <p>The Risk Summit actions detailed:</p> <ul style="list-style-type: none"> 4. Need for a clear strategic direction 5. Concern over the strategy, facilities and governance at Newark Hospital <p>To address these the Trust needs to identify opportunities and threats within the national, regional and local health economy to enable it to develop its strategic direction for the next 5 years.</p> <p>The Trust will adopt, where appropriate, the methodology used by Newcastle Upon Tyne NHS FT, to develop robust business intelligence and analysis processes to support divisional and strategic business plans.</p> <p>Business Intelligence staff from Newcastle upon Tyne NHS FT to share methodologies with us– by providing shadowing opportunities and through visiting and working with our own Business Intelligence staff.</p> | | | |
| Cost | | | |
| £60,660.00 plus 15% disbursement costs | | | |
| Objectives and progress measures | | | |
| <p><u>Objective:</u></p> <p>Robust business intelligence and analysis function</p> <p><u>Progress Measures:</u></p> <p>Regular reports regarding potential threats and opportunities as identified through business intelligence model.</p> <p>Horizon scan reports indicating impact of future national, regional and local changes in service provision.</p> | | | |
| Key Performance Indicators | | | |
| Outcome | First Phase Timeline for delivery | Measure | Responsible Officer |
| Comprehensive Business Plans | June 2014 | Robust Annual Plan submission to Monitor | Director of Strategic Planning and Commercial Development |
| Market resilient services | June 2014 | Delivery of capacity and financial plan. | Director of Operations/Chief Financial Officer |
| Reporting and monitoring responsibilities | | | |
| | | | |

Special Measures Program

Appendix 1: Buddy Work Plan

We will jointly produce a summary progress report which will be submitted to the, Special Measures PMO monthly. This report will be signed off by the Improvement Director prior to submission.

The report will update progress with shared learning, outcomes and measures in respect of KPI's, identify and mitigate risks whilst also sharing good news stories.

Signatures

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|-----------------------------------------------------------------|------------------------------------------------------|----------------|
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| Name | Name | Name |
| Date | Date | Date |

Special Measures Program
Appendix 1: Buddy Work Plan

Area of Support Two: Improved Trust Board Quality Governance process

| Areas of Support: Detailed Plan | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------|--------------------------------------------------|
| Area of support | | | |
| Improved Trust Board Quality Governance process, | | | |
| Nature of support | | | |
| <p>The Risk Summit Actions detailed:</p> <p style="padding-left: 40px;">6. Greater focus on quality at Board level</p> <p>To address this action the board must develop a robust process to deliver against Monitors Quality Governance Framework.</p> <p>At the end of October 2013 the Trust Board declared its self-assessment score against the Quality Governance Framework at 3.9, below the threshold of 4 required by Monitor. Subsequently PWC provided external validation of the Trusts Board and Quality Governance and reported a score of 4 in January 2014.</p> <p>The Trusts own self-assessment and the PWC external validation report identifies areas for improvement in order to reduce the QGF score to below 4 as required by Monitor.</p> <p>In order to ensure improvement in the areas identified the Trust is holding a number of Confirm and Challenge events throughout 2014, the first one being 13th February 2014, in order to achieve a reduction in the Trusts QGF against trajectory.</p> <p>These events comprise of a panel of Non-Executive Directors seeking assurance from the Trust on the robustness of internal processes to deliver and sustain the improvements required.</p> <p>These Confirm and Challenge events would be enhanced by inclusion on the panels of appropriate representation from Newcastle upon Tyne NHS FT.</p> | | | |
| Cost | | | |
| £19,180.00 plus 15% disbursement costs | | | |
| Objectives and progress measures | | | |
| <p><u>Objective:</u></p> <p>Reductions in QGF score, through improved Board Quality Governance.</p> <p><u>Progress Measures:</u></p> <p>Joint confirm and challenge events with representatives from Newcastle upon Tyne NHS FT.</p> <p>Monthly reports to Trust Board detailing reduction in QGF score and trajectory for further reduction.</p> | | | |
| Key Performance Indicators | | | |
| Outcome | First Phase Timeline for delivery | Measure | Responsible Officer |
| Improved Board Quality Governance | March 2014 | Reduced QGF Score | Director of Corporate Services/Company Secretary |
| | | | |

Special Measures Program
Appendix 1: Buddy Work Plan

Reporting and monitoring responsibilities

We will jointly produce a summary progress report which will be submitted to the, Special Measures PMO monthly. This report will be signed off by the Improvement Director prior to submission.

The report will update progress with shared learning, outcomes and measures in respect of KPI's, identify and mitigate risks whilst also sharing good news stories.

Signatures

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|-------------------------------------------------------------|--------------------------------------------------|----------------|
| Signature | Signature | Signature |
| Name | Name | Name |
| Date | Date | Date |