



Outcome and Response to the Keogh Review at BTUH

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Introduction

On 6th February 2013 the Prime Minister asked Professor Sir Bruce Keogh, NHS England Medical Director, to review the quality of the care and treatment being provided by those hospital trusts in England that have been persistent outliers on mortality statistics.

Key Principles of the review

- Patient and Public participation
- Listening to the views of staff
- Openness and transparency
- Co-operation between organisations



Review Findings

- *Overarching message*
- *Summary of areas for urgent action*

Overarching message

there was nothing contained within the report that the Trust was not already aware of and had actions in progress

The Trust was commended for its full engagement in the process and its subsequent response

Summary of areas for urgent action

1. Ensure a common understanding of what action is required to improve quality
2. Consistent approach to reduce the risk of infections
3. Poor patient flow management
4. Improve Board understanding of patient experiences and trust response to issues
5. Nursing and medical staffing levels and skill mix.
6. Management of temporary staffing.

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Trust response

- *Risk Summit*
- *Submissions from the Trust*

At Risk Summit:

The presentation giving overview of actions being taken for:

- Governance and Leadership
- Clinical and Operational Effectiveness
- Patient Experience
- Workforce and Safety

Describing how these work streams feed into the Turnaround Plan required to assure Monitor as one of the license to practice conditions (which includes the re-structuring of Governance arrangements)

Risk Summit action plan

Agreement of actions for the recommendations stated as urgent

Trust has submitted:

- an overarching report on how it intends to address quality of care issues
- a 'signposting action plan' against the recommendations of the Keogh Review – the Trust already had plans in place to address the issues raised within the Keogh Review, so this document signposts the Keogh Panel to where the work is already underway, rather than creating another stand alone action plan
- communication plan for quality and safety

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Monitoring Accountabilities

- *Accountabilities for Monitor and CCG*
- *Special Measures*
- *CCG working in partnership with Monitor*
- *Mechanisms for reporting*
- *Progress reports*

Accountabilities for Monitor and CCG

- Monitor is accountable for overseeing progress against the action plans.
- The CCG is accountable for monitoring the quality of services under their contract with providers, securing quality improvement and satisfying themselves that appropriate action is being taken to address the quality concerns raised by the Keogh review

Special Measures

- Still to be confirmed (believed to be so on 19th Sept):
 - Allocation of an Oversight Director (possibly 4-5 days a month) purpose to advise the Trust on their approach and progression
 - Monthly public reporting (with Press Conference)
 - Visit by Hospital Inspection team (Jan – July 2014)

Monitor is clear lead for monitoring

- Locally agreed joint monitoring process
 - CCG weekly unannounced visits used to 'test' progress
- CCG to have all data and information shared

Mechanisms for reporting

- Delivered via PMO at BTUH within framework agreed by Monitor
- Output from PMO (*progress reports*) shared with CCG and partners
- Monitor to report to Quality Surveillance Group

Mechanisms for reporting

CCG process

- Progress formally monitored through extended Clinical Quality Review Group (Oversight Director appointed by Monitor)
- CQRG to report to Quality and Governance Committee, through to CCG Board
- (adherence to Keogh recommendations (including ambitions) incorporated into commissioning intentions).

Progress reports

The Trust will be held to account for delivery of action plans by Monitor

Progress reports will be shared with *(this list will be confirmed once the requirements of the DH are known (expected date 19th Sept))*:

- commissioners to enable them to assure themselves that actions are being completed, support system wide solutions where these are needed and hold Trusts to account for the quality standards achieved for patients through the contract
- Local Education and Training Board
- Quality Surveillance Group
- CQC
- Local Authorities
- Patient Domain reports