

Paper for submission to the Board on 3rd October 2013

TITLE:	Keogh Improvement Plan and Progress Update – September 2013		
AUTHOR:	Julie Cotterill Governance Manager	PRESENTER	Paula Clark Chief Executive
CORPORATE OBJECTIVE: SGO1: Quality, safety & service transformation, reputation, SGO2: Patient Experience, SGO5: Staff commitment			
SUMMARY OF KEY ISSUES:			
<p>The Board met with Monitor representatives on 15th August to discuss the Keogh Review and Action Plan and to agree how the Trust would track progress against this. It was agreed that they would track the Trust's progress by receiving a written monthly update from the Trust on the status of agreed actions utilising the standard reporting template being used by trusts that were placed in special measures. Additionally Monitor would arrange a monthly call with members of the Trust's Executive team, shortly after the receipt of the written monthly update, to discuss the Trust's progress to date and any risks to the delivery of future actions.</p> <p>The attached report focuses on the urgent actions discussed at the Risk Summit. The "Improvement Plan & our Progress" describes the issues identified by Keogh, the actions we are taking and how we will keep the public updated on progress. Progress is monitored in accordance with a colour coded key on the front cover where "blue" denotes "delivered".</p> <p>"How we are checking that the Improvement Plan is working" summarises how the Trust is checking that the actions we are taking are being delivered and how the Board is assured that actions have been implemented and quality of service has improved.</p>			
IMPLICATIONS OF PAPER:			
RISK	R		Risk Description:
	Risk Register: Y		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Outcome 1 - Respecting & Involving people Outcome 4 – Care & welfare of people Outcome 7 - Safeguarding Outcome 12 – Requirements relating to workers Outcome 16 – Assessing & monitoring quality of service provision
	NHSLA	N	Details:
	Monitor	Y	Details: Compliance requirements
	Equality Assured	Y	Details: Better health outcomes for all Improved patient access and experience
	Other	Y	Details: Confirmation of action to DoH
ACTION REQUIRED OF BOARD:			
Decision	Approval	Discussion	Other
	Y		
RECOMMENDATIONS FOR THE BOARD			
The Board is requested to receive the report, note the progress against urgent actions and identify any further actions required.			

The Dudley Group NHS Foundation Trust

Keogh Action Plan and Progress

KEY
Delivered
On Track to deliver
Some issues
Narrative - Disclose delays/risks/plan to recover
Not on track to deliver

The Dudley Group NHS Foundation Trust - Our Improvement Plan & our Progress

What are we doing?

- The Keogh review made 39 recommendations, of which 9 were urgent. A Risk Summit, chaired by Paul Watson (Regional Director – Midlands and East, NHS England) was held on 6th June 2013 and focussed on supporting the Trust in addressing the urgent actions identified to improve the quality of care and treatment. The Trust recognised all of the recommendations and has ensured that related actions are being addressed by the Trust to improve the quality of services provided to patients.
- Specifically, the Keogh review said that the Trust needed to:
 - Review current nursing and staffing levels using a nationally recognised tool and action any changes required for improving both the quality and safety of care.
 - Review the staffing levels on two large (72 bedded) wards and take action to split these into separate wards
 - Further embed a culture of learning from incidents, complaints and mortality reviews, including reviewing data more systematically to target improvements.
 - Review the complaints process and the way we respond to patients needs.
 - Fully embed patient safety and quality processes at ward level.
 - Review and simplify the Quality Governance processes and arrangements and communicate these to staff
 - Review the performance information required to obtain complete assurance on quality improvement

The Trust has responded positively to the review process with some urgent issues already addressed and many other actions in progress. The Trust accepted the findings and welcomed the support of risk summit members to increase the pace and focus of improvement. Further support was offered to develop clinical leadership with input from NHS England and the NHS Leadership Academy to embed accountability and ownership for quality improvement in the organisation.

- This “Plan and Progress” document shows our plan for making these improvements and demonstrates how we are progressing. It builds on the “key findings and action plan following risk summit” document which we agreed immediately after the review was published <http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx>.

Who is responsible?

- Our actions to address the Keogh recommendations have been agreed by the Trust Board.
- Our Chief Executive, Paula Clark, is ultimately responsible for implementing actions in this document together with the Executive Directors who provide the executive leadership for quality, patient safety and patient experience.
- Ultimately, our success in implementing the recommendations of the Keogh plan will be assessed by the Chief Inspector of Hospitals who will re-inspect our Trust during 2014.
- If you have any questions about how we’re doing, please contact Paula Clark (01384 321012 or at communications@dgh.nhs.uk)

How we will communicate our progress to you

- We will update this progress report monthly and will continue to hold a monthly Board meeting in public where we will update our local community on the progress we are making.
- We will share our progress with our Governors and stakeholders by providing regular updates and briefings
- We will update our staff by providing regular briefings, through our Trust magazine and via our intranet.

Signed by the Chief Executive of The Trust (on behalf of the Board)

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Paula Clark

The Dudley Group NHS Foundation Trust - Our Improvement Plan

Summary of Keogh Concerns	Summary of Urgent Actions Required	Agreed Timescale	External Support/ Assurance	Progress
1. The Trust's quality governance arrangements are complex and were not embedded consistently below Board level	<ul style="list-style-type: none"> The Trust should review its quality governance arrangements to develop and consider how it can embed these further at directorate and ward level 	November 2013	Deloitte	
2. Systematic learning from incidents, reviews and complaints was not clearly evidenced by the Trust.	<ul style="list-style-type: none"> The Trust should review how it can embed a culture of learning from incidents, RCAs, complaints and mortality reviews, including reviewing data more systematically to target improvements. The Trust should also review its complaints process to ensure that it is fully addressing the Ombudsman's requirements and there is adequate resource to support this. 	September 2013 October 2013	West Midlands Quality Network Clinical Commissioning Group Central Support Unit	
3. The Trust's mortality review process is currently not identifying opportunities for systematic improvement	<ul style="list-style-type: none"> The Trust needs to consider how it will review mortality data more systematically and use this alongside its learning from directorate reviews to target improvement actions more effectively. 	October 2013		
4. The Trust has capacity challenges which its operational management procedures are not addressing fully	<ul style="list-style-type: none"> The Trust's system for bed management, patient flows and discharge need to be urgently reviewed and improved to address operational effectiveness issues and improve patient experience 	October 2013	Emergency Care Intensive Support Team (ECIST) to review processes NHS England	
5. The Board's patient experience strategy needs further development and embedding at ward level.	<ul style="list-style-type: none"> The Trust Board has more work to do to agree a Patient Experience Strategy with clear performance metrics, embed this and demonstrate that it is effectively monitoring performance. 	• Mid July 2013	Healthwatch Clinical Commissioning Group Stakeholder Event	

The Dudley Group NHS Foundation Trust - Our Improvement Plan

Summary of Keogh Concerns	Summary of Urgent Actions Required	Agreed Timescale	External Support/ Assurance	Progress
6. The Trust's nurse staffing levels/skill mix need urgent review along with some other staffing issues identified.	<ul style="list-style-type: none"> •The Trust should review its current staffing levels for nursing and medical staff using a nationally recognised tool; it should then action any changes required for improving both the quality and safety of care. •There is an urgent action identified to make sure that nurse staffing levels are assessed using an evidence based methodology. This should be reviewed in conjunction with the clinical teams to ensure each ward has appropriate nurse staffing levels and the appropriate ratio of registered to unregistered nurses on all wards. •The Trust should review how it can improve engagement in the national staff survey. It should further review staff engagement in theatres, following up the external review undertaken in 2012. 	<ul style="list-style-type: none"> • Sept 2013 	No additional support was required.	
7. A number of the Trust's processes relating to patient safety and quality were not being consistently applied at ward level.	<ul style="list-style-type: none"> •The Trust should review its processes to ensure all equipment and safety checks are undertaken appropriately. 	<ul style="list-style-type: none"> • July 2013 	No additional support was required.	
8. Consistency of pressure ulcer care including prioritisation of patients and access to equipment	<ul style="list-style-type: none"> • The Trust should review its processes to provide appropriate care and equipment for patients that are high priority for pressure ulcer prevention. • The Trust should also audit compliance with its pressure ulcer care bundles. 	<ul style="list-style-type: none"> • July 2013 • July 2013 	No additional support was required.	
9. Theatre Staff engagement.	<ul style="list-style-type: none"> •The Trust has agreed to undertake a follow up review of theatres, specifically around staffing levels and response to an earlier whistle-blowing issue. 	Sept 2013	No additional support was required.	

The Dudley Group NHS Foundation Trust - How we are checking that our improvement plan is working

Oversight and improvement action	Timescale	Action owner	Progress
Independent External Review of Quality Governance arrangements by External Auditors.	Delivery November 2013	Director of Finance	
Monthly progress update report on Keogh actions by Lead Directors to Board.	Monthly	Executive Directors	
Mortality & Morbidity Reports to Clinical Quality Safety and Patient Experience Committee	Monthly	Medical	
Governors holding Board to account on all aspects of quality	November 2013	Governors	
Working with a range of partners, who are providing support on a variety of areas, including mortality levels and service quality. These partners include the Emergency Care Intensive Support Team, AQuA (Advancing Quality Alliance).	From July 2013 onwards	Executive Directors	
Monthly scrutiny by the Clinical Commissioning Group through Clinical Quality Review meetings.	Monthly	Director of Nursing / Medical Director	
Local economy level consideration of whether the trust is delivering its action plan and improvements in quality of services by a Quality Surveillance Group (QSG)	Monthly	Chief Executive	
Update reports to the Dudley Health Scrutiny Committee confirming progress against the Action Plan.	When requested	Director of Nursing	
Trust Reports to the public about how our trust is improving via briefings to local media and monthly public board meetings.	Monthly	Chief Executive	