FT Keogh Plans

Burton Hospitals NHS Foundation Trust

May 2014

<table>
<thead>
<tr>
<th>KEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivered</td>
</tr>
<tr>
<td>On Track to deliver</td>
</tr>
<tr>
<td>Some issues – narrative disclosure</td>
</tr>
<tr>
<td>Not on track to deliver</td>
</tr>
</tbody>
</table>
Burton - Our improvement plan & our progress

What are we doing?

- The Keogh Review took place because of higher than expected mortality rates.
- The review made 6 urgent recommendations in July 2013 which, if implemented, would improve the quality of our services to patients through the delivery of consistently safe and effective care.
- Since the Keogh Review:
  - We have strengthened our focus on quality and patient experience at board level. We have engaged with stakeholders to better understand how we can use feedback from patients and their families to influence care delivery
  - We have promoted a culture of Board leadership which has increased the visibility of Board members so that staff can raise issues of concern directly with them.
  - We have strengthened our Medical leadership structure by creating and appointing two Associate Medical Directors. These roles provide additional support to the Medical Director with a particular focus on patient safety and clinical effectiveness.
  - The Trust has enhanced its Junior Doctor Forum to include the presence of executives and senior nursing staff to ensure any concerns raised are addressed swiftly.
  - We have strengthened our corporate and clinical governance arrangements at a strategic level by creating a Director of Governance post that has been recruited to on an interim basis.
  - We have reviewed our management of incidents and will be launching a new policy and process through staff engagement events and training in June.
  - We have introduced a performance management framework that is supported by a suite of performance metrics, including quality metrics, to support ‘real time’ performance monitoring against our strategic objectives. This will incorporate the key performance indicators we have used to monitor the actions recommended by the Keogh review team in 2013 together with those in our Quality Strategy and annual Quality Account.
  - We have relaunched the Trust’s Quality Strategy, to ensure there is a consistent understanding and ownership of quality within all staff groups and across the delivery of care to patients.
  - We have recruited additional nursing staff and reviewed nursing staffing levels to ensure appropriate levels of clinically experienced staff deliver a consistent level of safe care
  - We have reviewed our medical staffing model to strengthen support to junior doctors, enhance Consultant cover in emergency care and provide further medical cover to Community Hospitals.
  - Prior to the Keogh review, the Trust had plans to invest in a new Acute Assessment Centre to enhance the patient pathway through the Emergency Care Service. Changes implemented have resulted in patients being seen in an appropriate and more timely manner in the Emergency Department, resulting in improved patient experience and enabling the Trust to achieve the A&E 4-hour standard consistently since May 2013. In turn, this has enabled the Trust to protect elective bed capacity to improve and sustain its 18-week performance since July 2013.
  - We have continued to focus on having the Patient Story as a standing agenda item at Board meetings to help ensure the patient voice is heard and remains central to Board discussions.
  - We continue to see improvements in its Friends and Family Test Score.
  - We have introduced a new shift pattern for nursing staff and released our ward managers to work in a supervisory capacity.
  - We have introduced regular ward assessments and unannounced checks to ensure we have robust safety checking mechanisms in place to support the delivery of a safe clinical service to patients.
  - The Trust was inspected by the Chief Inspector of Hospitals on 23, 24 & 25 April 2014. The Trust expects a report and outcome from the inspection within 4 – 6 weeks. In the meantime the Trust is addressing the matters raised during the visit.
  - This ‘plan & progress’ document shows our plan for making these improvements and demonstrates how we’re progressing against the plan. This document 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](http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx).
  - Whilst we take forward our plans to address the Keogh recommendations, the Trust is in ‘special measures’. More information about special measures can be found at [http://www.monitor-nhsft.gov.uk/about-your-local-nhs-foundation-trust/regulatory-action/nhs-foundation-trusts-special-measures-or-un](http://www.monitor-nhsft.gov.uk/about-your-local-nhs-foundation-trust/regulatory-action/nhs-foundation-trusts-special-measures-or-un). A decision on whether the Trust can exit the special measures process will be made following the outcome of the CQC inspection.
  - Summary action plans are short-term improvements on immediate issues and we envisage the Trust improvement plans going beyond Keogh deadline dates to ensure readiness when the Chief Inspector of Hospitals, Prof Sir Mike Richards, inspects the Trust. Once the actions identified here have been completed, the Trust will set out a longer-term plan to maintain progress and ensure that they lead to measurable improvements in the quality and safety of care for patients.
  - Oversight and improvement arrangements have been put in place to support the changes that are required.
Burton - Our improvement plan & our progress

Who is responsible?

- Our actions to address the Keogh recommendations have been agreed by the Trust Board.
- Our Chief Executive, Helen Ashley, is ultimately responsible for implementing actions in this document, supported by the Trust Board. Dr Craig Stenhouse, Medical Director, Brendan Brown, Director of Nursing, and Liz Seale, Interim Director of Governance are leading on the changes to quality and patient care within the Trust.
- The Improvement Director assigned to Burton Hospitals NHS Foundation Trust is Eric Morton, who will be acting on behalf of Monitor and in concert with the relevant Regional team of Monitor to ensure delivery of the improvements and oversee the implementation of the action plan overleaf. Should you require anymore information on this role please contact specialmeasures@monitor.gov.uk
- The Trust is partnered with University Hospitals Birmingham, who will be supporting the Trust more widely in making quality improvements.
- Ultimately, our success in progressing the recommendations of the Keogh plan was assessed by an NHS England Keogh Review Team, who undertook a follow-up visit to the Trust on 31 January 2014 and the Chief Inspector of Hospitals who inspected the Trust in April and early May 2014. The NHS England Team gave significant recognition of the work undertaken and the improvements made since the original Keogh visit and that there is still further work to do to complete the actions required by July 2014.
- If you have any questions about how we're doing, please contact Helen Ashley (01283 511511, Ext 5944,) or at communications@burtonft.nhs.uk.

How we will communicate our progress to you

- We will update this progress report every month whilst we are in special measures.
- We will continue to hold a Board meeting in public every month where we will update our local community on the progress we are making. The dates of these meetings are on 5 June 2014 and 3 July 2014 here at Queens Hospital. Updates will also be made available at bi-monthly Council of Governors meetings.
- In addition updates on our progress will be shared with Overview and Scrutiny Committees (OSCs), Health and Wellbeing Board local MPs.
- This update report will be submitted to the Board on the 5 June 2014.
- There will be regular updates on NHS Choices and subsequent longer term actions may be included as part of a continuous process of improvement.

Chris Wood
Signed by the Chairman of the Trust (on behalf of the Board)

Helen Ashley
Signed by the Chief Executive of the Trust
## Burton - Our improvement plan

<table>
<thead>
<tr>
<th>Summary of Keogh Concerns</th>
<th>Summary of Urgent Actions Required</th>
<th>Agreed Timescale</th>
<th>External Support/Assurance</th>
<th>Progress</th>
</tr>
</thead>
</table>
| Board communications.     | • Complete Trust action plan including triangulation approach.  
                              • Increase Trust Board visibility through the following actions:  
                                - Implementation of the 'Board to Ward' programme  
                                - Consideration of relocation of the Executive team to the main hospital site.  
                                • Updating of the Quality Strategy in conjunction with staff consultation and engagement, putting the patient at the heart of everything the Trust does through three key objectives:  
                                  1. Consistent Patient Safety  
                                  2. Consistent Effectiveness  
                                  3. A positive Patient Experience. | • July 2013  
                              • July 2013 | Engaging Communities Staffordshire (Healthwatch)  
                              Good Governance Institute | Actions complete. Executive Team meeting with staff groups to review the Quality Strategy. |
| Staff communications and complaints processes. | • The Trust executive team to attend ward and departmental meetings.  
                                              • The Trust should consider the physical location of the complaints team and PAL’s and the support infrastructure associated with complaints.  
                                              • The Trust should undertake a root and branch review of the complaints system. This should encompass hardwiring of clinical ownership of complaints and executive team involvement.  
                                              • The Trust should engage strategically with Healthwatch to understand better how it can communicate with and listen to patients.  
                                              • The Trust should engage with multidisciplinary teams, moving away from ‘staff groups’. | • July 2013  
                                          • July 2013  
                                          • September 2013 | Patients’ Association. Engaging Communities Staffordshire (Healthwatch) | Actions from the Complaints process review are being implemented. Engaging Communities Staffordshire (Healthwatch) will report during June on the work commissioned to undertake a patient experience review of the Acute Assessment Centre, the Treatment Centre and the Outpatient Department. The new Complaints Manager is taking forward a programme of improvement work during Q1 of 2014/15. |
| Junior Doctors support and training. | • The Trust should develop a tactical approach to ensure that junior doctors are appropriately supported within the Trust. This could include building junior doctor support into middle grade job planning to offer an attractive career development package. This may not be universal across all specialities.  
                                          • The Trust should consider its strategic options to support of junior doctors as well as the development of new roles.  
                                          • The Trust should ensure that other arrangements are put in place to ensure issues are properly escalated upwards. This may include asking consultants to stay on site and should be factored into job planning. | • July 2013  
                                          • September 2013  
                                          • November 2013 | Health Education West Midlands Deanery | Deanery visit completed – with positive feedback. Action Plan submitted to HEWM for areas requiring improvement. Review of medical job planning with respect to senior support for escalation of issues and junior doctor support complete. |
<table>
<thead>
<tr>
<th>Summary of Keogh Concerns</th>
<th>Summary of Urgent Actions Required</th>
<th>Agreed Timescale</th>
<th>External Support/Assurance</th>
<th>Progress</th>
</tr>
</thead>
</table>
| Nursing and medical staffing levels and skill mix. | • The Director of Nursing should review the levels of nurse staffing and take an action plan to the Trust Board. | • September 2013 review  
• December 2013 to Board | Safer Nursing Care Tool Audit. | Audit tool discussed at Trust Board Nov’13. Trust have committed to continue with collation of audit data through to March 2014 to confirm actions have been effective. The outcome of this audit will be reported at Trust Board in June 2014. The NHS England review visit 31 January 2014 confirmed they were assured that this action was complete. |
| Safe working environment and practises. | • The Trust has already ended long shift patterns and made alternative arrangements at ward level.  
• The Trust has put in place arrangements to ensure that Ward Managers become supervisory and have greater ownership of the roster process.  
• The Clinical Commissioning Group has led an assurance programme to confirm that this has already taken place.  
• The Trust is currently in consultation with nursing staff re introducing a new shift pattern. | • July 2013  
• July 2013  
• July 2013  
| Equipment checking | • The Trust should implement a robust checking process including unannounced spot checks to ensure that safety equipment is appropriately checked.  
• The Clinical Commissioning Group will also factor this into their programme of announced and unannounced visits. | • July 2013  
• July 2013 | Clinical Commissioning Group | Externally assessed by CCG/LAT in addition to the Trust's own clinical governance processes. Recent feedback provides assurance that this action is complete with new ways of working embedded. |
### Burton - How we’re checking that our improvement plan is working

<table>
<thead>
<tr>
<th>Oversight and improvement action</th>
<th>Timescale</th>
<th>Action owner</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>External Board governance and quality governance review to look at how the trust is performing, provide assurance it is operating effectively and identify further opportunities for improvement. Recommendations being taken forward by the trust.</td>
<td>Delivery December 2013 Review March/April 2014</td>
<td>Trust Chief Executive (C.E.)</td>
<td>Trust Internal Auditors (KPMG) have completed a review of the Trust’s progress against the Deloitte’s Quality Governance Framework recommendations and this has been reported to the Trust Audit Committee and the Governance, Risk &amp; Assurance Committee. The work being led by the Interim Director of Governance already underway takes account of the areas reported as not fully assured. The Trust will commission a further full review against Monitor’s Quality Governance Framework by July 2014.</td>
</tr>
<tr>
<td>Monitor has issued an additional licence condition allowing it to make leadership changes if improvements aren’t made at the Trust within the agreed timescales.</td>
<td>Implemented</td>
<td>Trust/Monitor.</td>
<td></td>
</tr>
<tr>
<td>Monitor has issued additional enforcement undertakings to the Trust in relation to the implementation of the Keogh action plan.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oversight and improvement action</td>
<td>Timescale</td>
<td>Action owner</td>
<td>Progress</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Partnership working with the Good Governance Institute to improve Board governance and communication.</td>
<td>July 2013 to December 2013</td>
<td>Trust C.E.</td>
<td>A reframed GGI Risk Report and project plan was presented at Trust Board 6 March 2014 by the Interim Director of Governance. The Board and Audit Committee receive regular progress updates. Additional resource has been put in place to strengthen the Trust’s risk management arrangements. A new Board Assurance Framework, reflecting the Trust’s refreshed strategic objectives has been in place since March 2014.</td>
</tr>
<tr>
<td>The Trust will increase in the short term increase its Executive and Project Manager support to ensure the delivery of all actions within the plan.</td>
<td>November 2013</td>
<td>Trust C.E.</td>
<td>Interim Director of Governance and programme manager in place.</td>
</tr>
<tr>
<td>Appointment of Partner Trust and agreement on areas of support.</td>
<td>November 2013</td>
<td>Trust C.E. / Monitor.</td>
<td>Outline schedule of support agreed with UHB and the work programme is being taken forward.</td>
</tr>
<tr>
<td>Appointment of Improvement Director (by Monitor.)</td>
<td>September 2013</td>
<td>Monitor.</td>
<td>Eric Morton appointed September 2013</td>
</tr>
</tbody>
</table>
Meetings of the Trust Board sub-committee on turnaround, which will review evidence about how the trust action plan is improving our services in line with the Keogh recommendations.

Trust reporting to the public about how our trust is improving via monthly briefings to local media.

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) composed of NHS England Area Team, Clinical Commissioning Groups, Monitor, Trust Development Authority, Care Quality Commission, Local Authority and Healthwatch.

<table>
<thead>
<tr>
<th>Oversight and improvement action</th>
<th>Timescale</th>
<th>Action owner</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings of the Trust Board sub-committee on turnaround, which will review evidence about how the trust action plan is improving our services in line with the Keogh recommendations.</td>
<td>September 2013 to July 2014</td>
<td>Trust Chair.</td>
<td>Monthly meetings in place reviewing exception reports from the Keogh action plan and KPIs on behalf of the Trust Board. During April the Action Plan was subject to a ‘deep dive’ by the Executive Team. The Monitor Improvement Director provided a confirm and challenge role during the discussion at the first of the two sessions. As a result of the ‘deep dive’ there are eight remaining milestones which require further action to complete the original Keogh action. These will be reported to the relevant board sub-committees until their completion.</td>
</tr>
<tr>
<td>Trust reporting to the public about how our trust is improving via monthly briefings to local media.</td>
<td>Monthly</td>
<td>Trust C.E.</td>
<td>Three updates made in public in last month – Trust Board/CoG and OSC</td>
</tr>
<tr>
<td>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) composed of NHS England Area Team, Clinical Commissioning Groups, Monitor, Trust Development Authority, Care Quality Commission, Local Authority and Healthwatch.</td>
<td>September 2013 to July 2014</td>
<td>Quality Surveillance Group.</td>
<td>A re-inspection by NHS England conducted 31st January 2014. In the report received by the Trust there was significant recognition of the work undertaken by the Trust and the improvements made. A summary of these points and those areas requiring further work was reported to the Trust Board on 6 March 2014 and will be subject to monthly monitoring.</td>
</tr>
<tr>
<td>Oversight and improvement action</td>
<td>Timescale</td>
<td>Action owner</td>
<td>Progress</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------</td>
<td>--------------</td>
<td>----------</td>
</tr>
<tr>
<td>Re-inspection. A revisit by Regional Director of Nursing - NHS England and a number of members of the original Keogh team took place on 31 January 2014 to review progress</td>
<td>January 2014</td>
<td>NHS England with member of original Keogh review team.</td>
<td>A re-inspection by NHS England was conducted 31st January 2014. The final report was reported to the public meeting of the trust board.</td>
</tr>
<tr>
<td>Re-inspection. The Chief Inspector of Hospitals has undertaken an inspection during April. Evidence gathering and review of information is still in progress.</td>
<td>April 2014</td>
<td>CQC.</td>
<td>The Trust received a Chief Inspector of Hospitals Visit by the CQC in April /early May 2014. It is anticipated that the Trust will receive the final report towards the end of June 2014.</td>
</tr>
</tbody>
</table>