FT Keogh Plans

Medway Hospital NHS Foundation Trust

15 December 2013
What are we doing?

The Trust was one of 14 trusts selected for the Keogh Review, due to higher than expected hospital standardised mortality ratio (HSMR). There were 6 recommendations arising from the Keogh review in June 2013 which, when implemented, will improve the quality of our services by ensuring we have the right staff in the right place at the right time, with an organisational focus on patient safety and improving patient experience, to deliver the Trust’s vision of “Better Care Together” and its values: caring, respecting, listening and learning. It will require investment to improve facilities and pathways for a better patient experience, particularly in A&E.

The review recommended the following:

- Pace and clarity of focus at Board level for improving the overall safety and experience of patients, underpinned by an accountability framework and staff training.
- Staffing and skill mix review to ensure safe care and an improved patient experience.
- A redesign of unscheduled care and critical care pathways and facilities, to improve the patient experience and clinical outcomes in critical care and A&E.
- Improved senior clinical assessment and timely investigations, to ensure patients are properly assessed by senior doctors and nurses and are managed appropriately, with escalation of deteriorating patients to senior doctors.
- Galvanising the good work that is already going on in wards and adopting and spreading good practice, to create a culture that welcomes improvement and innovation, facilitated by the Listening into Action methodology, including Big Conversations.
- An improved public reputation, in particular through greater engagement of the membership and in collaboration with local health and social care organisations, working together as a whole system.

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).

This summary plan sets out short and medium term improvements on the issues identified and we envisage the trust improvement plans going beyond Keogh deadline dates to meet the Chief Inspector of Hospitals, Prof Sir Mike Richards, new regime. The Trust is in the process of setting out a longer-term Quality Strategy, to maintain progress and ensure that the actions lead to measurable improvements in the quality and safety of care for patients.

While we take forward our plans to address the Keogh recommendations and special measures, more information about special measures can be found at [http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/Special-measures-FAQs.pdf](http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/Special-measures-FAQs.pdf).

Oversight and improvement arrangements have been put in place to support changes required.

There will be regular updates on NHS Choices and subsequent longer term actions may be included as part of a continuous process of improvement.
Who is responsible?

- Our actions to address the Keogh recommendations have been endorsed by the Trust Board, which is accountable to the Council of Governors for its delivery.
- The Trust Board is accountable to the Council of Governors via the Chairman, Denise Harker. The Executive Directors are accountable to Mark Devlin, Chief Executive and their responsibilities for specific actions are clearly set out in the quality improvement plan.
- Jonathan Guppy has been appointed by Monitor as an Improvement Director and is helping us to implement our actions by offering challenge and undertaking regulatory responsibilities.
- 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 by July 2014.
- If you have any questions about how we’re doing, contact Tracy Rouse, Project Director – Patient Safety (tracy.rouse@medway.nhs.uk), who is responsible to Phil Barnes, Medical Director (medical.director@medway.nhs.uk) or if you want to contact Jonathan Guppy, as an external expert, you can reach Jonathan by email at enquiries@monitor.gov.uk.

How we will communicate our progress to you

- We will update this progress report on the first day of every month while we are in special measures.
- Updates on our progress will be given at our Board meetings, with papers published on our website, and regular members engagement events, which will be held in collaboration with our local health and social care partners. Further dates for members events will be announced in updates of this progress report.
- These events form part of our existing Trust Communications Plan and we will be using the full range of established communications channels to keep our local communities updated on our progress, including: updates in the public section of our Board meetings, updates at our Council of Governors meetings, regular briefings by our Chair to local MPs, regular updates to local Health Overview and Scrutiny Committees from the Chief Executive, regular updates to GPs, progress communicated on our website and intranet and regular communication to our members, such as through the members’ newsletter.

Signed by the Chair of the Trust, Denise Harker (on behalf of the Board)
### Medway Hospital- 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>
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| Need for greater pace and clarity of focus at Board level for improving the overall safety and experience of patients | - Dedicated team to lead delivery of plan.  
- New organisational development framework and management development framework.  
- Monthly updated balanced scorecard reviews.  
- Develop Serious Incidents process.  
- Corporate governance review.  
- New Quality Strategy and Quality Governance Framework self-assessment for presentation to the board by the new Medical Director and Chief Nurse.  
- Complaints related feedback on themes and trends.  
- Service improvement training to deliver the new quality strategy | - July 2013  
- July 2013  
- July 2013  
- July 2013  
- Sept 2013  
- Sept 2013  
- Sept 2013  
- Roll out completed by June 2014 | NHS Improving Quality.  
Mortality Working Party.  
NHS England.  
KPMG reviewing the Quality Governance Framework. | The Trust is benefiting from holding directorate performance review meetings, supported by a balanced scorecard approach.  
50 change champions will be trained as part of the NHS Improving Quality (NHS IQ) service improvement programme commencing in January 2014. |

| Review of staffing and skill mix to ensure safe care and improve the patient experience | - Clinical Training Programme extended to all multidisciplinary team members.  
- Rapid recruitment plan to fill medical, nursing and midwifery vacancies, with monthly reporting.  
- All locum medical staff to receive high quality local induction.  
- Develop action plan to strengthen clinical supervision and training of junior doctors.  
- Develop a Capacity Plan to align workforce with acuity.  
- Explore options with partners and appoint a new director of medical education. | - From Apr 2013  
- From June 2013  
- Commenced  
- Commenced  
- From June 2013  
- Sept 2013 | Health Education Kent Surrey Sussex Leadership Academy.  
Clinical Commissioning Group / NHS England. | The Trust has been successful in its application to be an early adopter of 7 Day Services.  
Our vacancy rate continues to fall – it is currently 6.97% (from 8.7% in June)  
Multi-disciplinary ‘safety huddles’ are being rolled out across the Trust  
Our new Director of Medical Education started in November 13 (a job-share between a local GP and a hospital surgeon). |

| Redesign of unscheduled care and critical care pathways and facilities | - Redesign plan with advice and support from Emergency Care Intensive Support Team.  
- Appoint interim associate director of estates to develop an estates strategy for the Trust.  
- Whole-system partnership working to address demand on emergency pathways.  
- Procure modular capacity for winter 2013. | - Commenced  
- Commenced  
- From June 2013  
Emergency Care Intensive Support Team. | The new Admissions and Discharge Lounge is due to be completed by 13 Dec 2013.  
Dickens ward is now open as an additional ward.  
The refurbishment of the Emergency Department is proposed to commence 06 Jan 14 –and will include redevelopment of Resuscitation and infrastructure.  
The Trust has formed a Clinical & Estates Strategy Group whose immediate area of focus is on assessment unit capacity.  
Additional support has been secured from the Emergency Care Intensive Support Team who are due to visit on 10th Dec and undertake a review of the Acute Medical Pathway review on Jan 16th 2014. |
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| Improved senior clinician assessment and timely investigations | • Review of consultant cover on medical High Dependency Unit and implement consultant ward rounds 7 days a week.  
• Senior decision makers from 8am to midnight everyday ‘at the front door’ in A&E  
• Implementation of Rapid Assessment and Treatment system (STAR).  
• Plan to re-launch an activation protocol for deteriorating patients.  
• Weekly multi-disciplinary mortality review, reported to the Board monthly.  
• Electronic database launched to share learning (Qlikview). | • June 2013  
• Commenced  
• July 2013  
• June 2013  
• July 2013  
• July 2013 | CHKS.  
NHS Improving Quality. | The Trust has been successful in its application to be an early adopter of 7 Day Services. A new Chief of Medicine has been appointed to promote Medicine and Critical Care and implement a review of the acute Medical Pathway.  
Mortality reviews continue. Data base to link to directorate reviews. We are about to commence a review of best practice. |
| Galvanise the good work already going on in wards and adopt and spread good practice | • Develop a Culture and People Experience Plan.  
• Pilot a clinician led quality improvement team and introduce a software platform to share good practice.  
• Beacon site for ‘Listening into Action’ methodology  
• Adoption of NHS Change model. | • From June 2013  
• July 2013  
• Sept 2013  
• Adopt by Mar 2014 | NHS Improving Quality. | The Trust has launched Phase 2 of Listening into Action. Our priorities are now aligned to the Quality Improvement Plan priorities. ‘Crowdicity’ software platform has been named ‘Inspire Medway.’ |
| Improve public reputation | • Board commitment to develop an annual communications and engagement plan.  
• Promote PALs as an effective advocate for patients.  
• Patient electronic feedback app to build on the Friends and Family Test. | • June 2013  
• July 2013  
• Sept 2013 | | Text messaging implemented with measurable improvements.  
External review of PALs and Complaints systems has been undertaken by using external expertise from Cambridge NHS Foundation Trust. Awaiting report. |
## Medway Hospital—How our progress is being monitored and supported

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<th>Oversight and improvement action</th>
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<th>Progress</th>
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<tbody>
<tr>
<td>Trust has sought external assurance on its elevated mortality (working group and peer review) and</td>
<td>Working group commenced Nov 2012</td>
<td>Trust CE/Monitor</td>
<td>The Mortality Working Party is undertaking a formal review of terms of</td>
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<tr>
<td>commissioned assistance from the Emergency Care Intensive Support Team (ECIST).</td>
<td>ECIST Phase 1 May 2012</td>
<td></td>
<td>reference and effectiveness. The Emergency Care Intensive Support Team</td>
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<tr>
<td>Monitor requires the trust to implement a quality improvement plan and to undertake an external</td>
<td>ECIST Phase 2 May 2013</td>
<td>Trust CE/Monitor</td>
<td>continues to support Trust. KPMG have completed their review of the</td>
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<tr>
<td>quality governance review to look at how the trust is performing, provide assurance it is operating</td>
<td>QGAF review: Oct/Nov 2013</td>
<td></td>
<td>quality governance framework.</td>
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<td>effectively and identify further opportunities for improvement.</td>
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<tr>
<td>Changes to leadership will improve governance arrangements and pace of change: New executive</td>
<td>Implementation complete</td>
<td>Trust</td>
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<td>team appointed over the past year—Director of Finance, Director of Strategy &amp; Infrastructure,</td>
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<td>Director of Organisational Development and Communications, Chief Nurse and Medical Director.</td>
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<td>Four new Non Executive Director appointments were formally ratified at the Council of Governor</td>
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<td>meeting in November 2013 and include Mrs Sheena Winning, Caroline Becher, Andrew Burnett and</td>
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<td>Tony Moore.</td>
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<td>Monthly accountability meeting with Monitor to track delivery of action plan.</td>
<td>Aug 2013 to July 2014</td>
<td>Trust CE/Monitor</td>
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<td>Working with a range of partners, who are providing support on a variety of areas, including</td>
<td>On-going from Nov 2012</td>
<td>Trust CE</td>
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<tr>
<td>mortality levels and service quality. These partners include Public Health and the Emergency Care</td>
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<tr>
<td>Intensive Support Team.</td>
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<td>Appointment of Improvement Director</td>
<td>September 2013</td>
<td>Monitor</td>
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<td>Meetings of the Trust Board Quality sub-committee will review evidence about how the Trust’s plan</td>
<td>Sept 2013 to July 2014</td>
<td>Trust Chair</td>
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<td>is improving our services in line with the Keogh recommendations. Updates will be presented at</td>
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<td>each public Board session.</td>
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<td>Trust reporting to the public about how our trust is improving via established stakeholder</td>
<td>Monthly</td>
<td>Trust CE</td>
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<td>meetings and communications channels, as well as at public Board sessions.</td>
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<td>External quality governance review to look at how the trust is performing, provide assurance it is operating effectively and identify further opportunities for improvement.</td>
<td>Sept 2013</td>
<td>Trust CE</td>
<td>KPMG appointed. Verbal feedback was provided to the Trust Board on 28 November 2013. Key findings and actions are to be incorporated into the Trust’s clinical transformation strategy and action plan.</td>
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<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>Sept 2013 to July 2014</td>
<td>Quality Surveillance Group</td>
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<td>Re-inspection.</td>
<td>TBC, by July 2014</td>
<td>CQC</td>
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