The Keogh Review took place because of higher than expected mortality rates. We have completed a review of our clinical leadership structures and are implementing the changes. Our actions to address the Keogh recommendations have been agreed by the Trust Board. We have continued with junior doctor forums to ensure we can support and learn from junior doctors. We have improved understanding of the Trust's quality objectives, to ensure there is a consistent ownership and approach to quality within all staff groups and across the delivery of care to patients. The Trust Quality Strategy has also been reviewed. We have reviewed Nursing and Medical staffing levels to ensure appropriate levels of clinically experienced staff deliver a consistent level of safe care. We have ended long shift patterns, introduced a new shift pattern for nursing staff and have given ownership of ward rostering to ward managers, who are now supervisory. In addition we are upgrading our electronic roster tool. 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. We have also signed up to the national Speak out Safely campaign to ensure our staff and patients have every opportunity to raise any concerns they may have.

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.

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.

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 our Trust by July 2014.

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

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, and Brendan Brown, Director of Nursing, 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 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, 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 5th December 2013, 9th January 2014 and 6th February 2014 here at Queens Hospital. Updates will be made available at bi-monthly Council of Governors meetings. During August the Trust presented a report on progress to the Health Overview and Scrutiny Committee, and will do so again in December. The Chair will also hold meetings in order to brief local MPs.
- There will be regular updates on NHS Choices and subsequent longer term actions may be included as part of a continuous process of improvement.

Signed by the Chief Executive of the Trust (on behalf of the Board)
## 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  
                          July 2013  
                          Sept 2013 | Healthwatch.  
                          Good Governance Institute. | Actions implemented and awaiting additional outcomes evidence. |
| 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  
                          Sept – Nov 2013  
                          July 2013  
                          July 2013 | Relocation planned Nov 2013  
                          Patients Association.  
                          Healthwatch. |        |
| 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  
                          Sept 2013  
                          Nov 2013 | Health Education West Midlands Deanery. |        |
| 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. | Sept 2013 review  
                          Dec 2013 to Board | Safer Nursing Care Tool Audit. |        |
| Safe working environment and practices. | • 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  
## 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 2013</td>
<td>Trust Chief Executive (C.E.)</td>
<td></td>
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<tr>
<td>Monitor has issued a 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>
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<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>Trust C.E.</td>
<td></td>
</tr>
<tr>
<td>Partnership working with the Good Governance Institute to improve Board governance and communication.</td>
<td>July 2013 to Dec 2013</td>
<td>Trust C.E.</td>
<td></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></td>
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<tr>
<td>Appointment of Partner Trust and agreement on areas of support.</td>
<td>November 2013</td>
<td>Trust C.E. / Monitor.</td>
<td></td>
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<tr>
<td>Appointment of Improvement Director (by Monitor.)</td>
<td>September 2013</td>
<td>Monitor.</td>
<td></td>
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<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>Sept 2013 to July 2014</td>
<td>Trust Chair.</td>
<td></td>
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<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></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>Sept 2013 to July 2014</td>
<td>Quality Surveillance Group.</td>
<td></td>
</tr>
<tr>
<td>Re-inspection.</td>
<td>TBC 2014</td>
<td>CQC.</td>
<td></td>
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