

FT Keogh Plans

Medway NHS Foundation Trust

August 2014

KEY
Delivered
On Track to deliver
Some issues – narrative disclosure
Not on track to deliver

Medway - Our improvement plan & our progress

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, listening, learning and respecting. 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>.
- 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 ensure that when the Chief Inspector of Hospitals' Team inspects the trust, that it is prepared for the new style CQC inspection. The Trust is in the process of developing a longer-term Quality Strategy (Transforming Medway), 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, the Trust is in 'special measures'. More information about special measures can be found at <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.

Medway - Our improvement plan & our progress

Who is responsible?

- Our actions to address the Keogh recommendations have been agreed by the Trust Board
- Our Acting Chief Executive/Medical Director, Phillip Barnes is ultimately responsible for implementing actions in this document. Another key board members is Steve Hams, Chief Nurse, and together they provide the executive leadership for quality, patient safety and patient experience. Our Interim Chairman is Christopher Langley
- 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 re-inspected our Trust on the 23rd, 24th, 25th of April. A report will be issued in due course
- If you have any questions about how we're doing, contact the Medical Director by email at 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. The next planned members events are: Think AKI! Improving Acute Kidney Injury Care – this will take place on the 6th August at 6.30pm in the Postgraduate Building, an Update on ED improvement plans - 21 August at 6.30pm and The Annual Members' Meeting will be taking place on 18 September 2014 at 6.30pm in the restaurant.
- 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.

Christopher Langley, Chairman

Phillip Barnes, Acting Chief Executive and Medical Director

Medway - Our improvement plan (1)

Summary of Keogh Concerns	Summary of Urgent Actions Required	Agreed Timescale	External Support/ Assurance	Progress
Need for greater pace and clarity of focus at Board level for improving the overall safety and experience of patients	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> July 2013 July 2013 July 2013 July 2013 Sept 2013 Sept 2013 Sept 2013 Roll out completed by June 2014 	<p>NHS Improving Quality.</p> <p>Mortality Working Party, NHS England.</p> <p>External management consultant to review Quality Governance Framework self-assessment.</p>	<p>ON TRACK TO DELIVER</p> <ul style="list-style-type: none"> Complete – team in place and significant progress made in delivering the plan. Complete – frameworks in place and aligned to appraisals. Complete – monthly reviews in place to challenge and improve performance, including quality metrics. Complete – process and training plan in place. External RCA training completed. Newly trained staff are now undertaking SI investigations. There will be improved emphasis on human factors and rigor in identification of root cause. A grand round is being held in June 2014 Completed 24/09/13. Complete – approved by Board and action plan being implemented. Transforming Medway approved by Board on 7/1/14 Completed – quarterly reports provided to Board. Completed – 40 members of staff currently undertaking the training. Projects that they are undertaking include: reducing dispensing errors, working with the community to ensure appropriate admission and discharge of frail elderly patients, aligning clinical audit to quality improvements.
Review of staffing and skill mix to ensure safe care and improve the patient experience	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> From Apr 2013 From June 2013 Commenced Commenced From June 2013 Sept 2013 	<p>Health Education Kent Surrey Sussex Leadership Academy. Clinical Commissioning Group / NHS England.</p>	<p>ON TRACK TO DELIVER</p> <ul style="list-style-type: none"> Ongoing: Successfully appointed a Deputy Director of Multi professional Education. Her role will include developing multidisciplinary clinical training programmes on safety critical processes. Completed - Vacancy factor from 8.7% to 6.34%. Process is now embedded Complete and audit underway Complete College tutor and two deputies have been appointed by the Deanery. Weekly teaching has been moved at trainees request to rotate daily through the year. Monthly half day M&M and audit meetings have commenced. This is now business as usual and being monitored by the local academic board A draft 5 year workforce planning model report has been developed and presented to the Trust for consideration. On completion of this extensive review, Dr Pat Oakley presented the Trust's draft Strategic Workforce Plan on 7th May 2014. Complete – GP and Consultant appointed to job share role.

Medway - Our improvement plan (2)

Summary of Keogh Concerns	Summary of Urgent Actions Required	Agreed Timescale	External Support/ Assurance	Progress
Redesign of unscheduled care and critical care pathways and facilities	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Commenced Commenced From June 2013 Sept 2013 	Clinical Commissioning Group / NHS England. Emergency Care Intensive Support Team.	<p>SOME ISSUES</p> <p>Ongoing – plan being implemented. Continued work with ECIST to rework acute medical services and establish an new emergency pathway.</p> <ul style="list-style-type: none"> Ongoing – Estates strategy in development. This involves a full redesign and extension of our current emergency department and the development of a larger emergency assessment unit. Ongoing – Whole system working remains complex. A system wide Urgent Care Board has been established to improve care. The Trust is fully engaged in whole health economy working looking at long term solutions Complete – POD procured to enable reconfiguration of emergency services.
Improved senior clinician assessment and timely investigations	<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> June 2013 Commenced July 2013 June 2013 July 2013 July 2013 	CHKS. NHS Improving Quality.	<p>DELIVERED</p> <ul style="list-style-type: none"> Complete – Consultant ward rounds have been implemented 7 days a week. Complete – Implemented. Complete – STAR in place to enable a competent, initial assessment leading to a defined care plan and a timely admission decision Complete – Standardised protocol launched deteriorating patients, with use monitored via staff objectives. Complete – In line with best practice we are starting a new mortality review process using the Global trigger Tool (GTT) in March 14 Complete – database developed. Further work underway to strengthen processes to share and respond to learning.
Galvanise the good work already going on in wards and adopt and spread good practice	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> From June 2013 July 2013 Sept 2013 Adopt by Mar 2014 	NHS Improving Quality.	<p>DELIVERED</p> <ul style="list-style-type: none"> Complete – plan in place and currently being implemented to embed a culture consistent with the Trust's values and vision. Complete – team in place. Social media platform launched to enable staff to share good practice, innovate and problem solve. Complete – signed up to second phase which is linked to improvement plan priorities. Complete – Board event in September to develop the capability of individuals in service improvement techniques.

DRAFT

Medway - Our improvement plan (3)

Summary of Keogh Concerns	Summary of Urgent Actions Required	Agreed Timescale	External Support/ Assurance	Progress
<p>Improve methods and frequency of engaging with the public in order to improve public reputation</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • June 2013 • July 2013 • Sept 2013 		<p>ON TRACK TO DELIVER</p> <ul style="list-style-type: none"> •Complete – Approved by Board in Sept 13 and team strengthened in 2013. Further work underway to ensure engagement for emerging initiatives. •Complete– Actions identified from peer review, including improvements to the website and information leaflets. •On track – Friends and Family test response rate have improved although our scores are still in the bottom quintile of comparable medium sized NHS Trusts. •Despite delivery of this plan, recent events have inevitably resulted in no improvement in public reputation. A clear focus on improving performance will improve our public reputation. •During 2013/14 the communications team has expanded and appointed experienced senior resource.

Medway – How our progress is being monitored and supported

Oversight and improvement action	Timescale	Action owner	Progress
Trust has sought external assurance on its elevated mortality (working group and peer review) and commissioned assistance from the Emergency Care Intensive Support Team (ECIST).	Working group commenced Nov 2012 ECIST Phase 1 May 2012 ECIST Phase 2 May 2013	Trust CE/Monitor	ON TRACK TO DELIVER ECIST continue to support Trust.
Changes to leadership will improve governance arrangements and pace of change: New executive team appointed since September 2012 – Director of Finance, Director of Strategy & Infrastructure, Director of Organisational Development and Communications, Chief Nurse and Medical Director. Four new Non Executive Director appointments were formally ratified at the Council of Governor meeting in November 2013 and include Mrs Shena Winning, Caroline Becher, Andrew Burnett and Tony Moore. In February 2014 a new interim Director of Operations, Chairman and Chief Executive were appointed	Implemented	Trust	DELIVERED
Monthly accountability meeting with Monitor to track delivery of action plan.	Aug 2013 to July 2014	Trust CE/Monitor	ON TRACK TO DELIVER
Working with a range of partners, who are providing support on a variety of areas, including mortality levels and service quality. These partners include Public Health and the Emergency Care Intensive Support Team.	On-going from Nov 2012	Trust CE	ON TRACK TO DELIVER
Appointment of Improvement Director	September 2013	Monitor	ON TRACK TO DELIVER
Meetings of the Trust Board Quality sub-committee will review evidence about how the Trust's plan is improving our services in line with the Keogh recommendations. Updates will be presented at each public Board session.	Sept 2013 to July 2014	Trust Chair	ON TRACK TO DELIVER
Trust reporting to the public about how our trust is improving via established stakeholder meetings and communications channels, as well as at public Board sessions.	Monthly	Trust CE	ON TRACK TO DELIVER
Monitor requires the trust to implement a quality improvement plan and to undertake an external quality governance review to look at how the trust is performing, provide assurance it is operating effectively and identify further opportunities for improvement.	Sept 2013	Trust/Monitor	SOME ISSUES KPMG appointed. Review complete and action plan developed.
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.	Sept 2013 to July 2014	Quality Surveillance Group	ON TRACK TO DELIVER