

## Board of Directors

**Subject: ASSURANCE OF COMPLETION OF KEOGH ACTIONS**

**Date: 30<sup>TH</sup> OCTOBER 2014**

**Author: KERRY ROGERS, COMPANY SECRETARY, SHIRLEY CLARKE, DEPUTY DIRECTOR OF CORPORATE SERVICES**

**Lead Director: PAUL O'CONNOR, CHIEF EXECUTIVE**

### EXECUTIVE SUMMARY

Monitor wrote to the Trust on 6<sup>th</sup> August 2013 stating the Trust was in breach of its license and fell within the scope of a review of the quality of care and treatment it provided conducted by Professor Sir Bruce Keogh. The key lines of enquiry of the Keogh Review were governance and leadership; clinical and operational effectiveness; patient experience and workforce and safety. The detailed findings of the Keogh Review identify areas of outstanding concerns

Monitor also stated they agreed to accept and the Trust agreed to give undertakings, pursuant to section 106 of the Health and Social Care Act

Subsequently Monitor wrote to the Trust on 14<sup>th</sup> October 2014 requesting '*the Trust to submit details of how assurance has been obtained over the completion of all 23 actions within its Keogh action plan*'. On receipt of the Board of Directors' declaration of fully assured status against all 23 actions Monitor will consider the declaration and determine whether to issue compliance statements to the Trust in order to remove its Enforcement Undertakings

Subsequent to the Keogh Rapid Response Review in June 2013 the Trust has been externally reviewed, in December 2013 the Keogh team carried out an assurance review, assessed the Trusts 23 actions and recorded 6 as 'assured' and 17 as 'partly assured'. No areas were recorded as 'not assured'. In April 2014 the Trust had a CQC inspection which identified progress in a number of areas and made recommendations in respect of areas requiring further action. The CQC also recommended to Monitor the Trust remain in Special Measures for a further 6 months.

The Executive Director Leads for each of the actions have provided a report on progress and recommend their revised assessment of the position together with a forecast of the date when each action will achieve full assurance; this was reported to the Board of Directors in July 2014.

Three actions remained as partly assured when reported to Trust Board in July these are:

- 3 Fluid management – was **self-assessed** as partly assured, which reflected the findings in the CQC report
- 6 Board development and development of a quality focus – with a **self-assessment** trajectory of September for fully assured
- 20 Organisational Learning – with a **self-assessment** trajectory of September for fully assured

The attached report details the original action from the Rapid Response Review, the outcome and any comments/ outstanding actions from the Keogh Assurance Review, the executive lead for each action and the detail of how the executive provided assurance to the Board of progress against that action. The final column provides detail of the sources of assurance received by the Board since April 2014.

**Recommendations**

1. Board are invited to review the attached report and approve the recommendation received from TMB regarding fully assured status against each of the actions based on the information provided and triangulated with previous reports received by the Board and its committees

<b>Relevant Strategic Objectives (please mark in bold)</b>	
<b>Achieve the best patient experience</b>	<b>Achieve financial sustainability</b>
<b>Improve patient safety and provide high quality care</b>	<b>Build successful relationships with external organisations and regulators</b>
<b>Attract, develop and motivate effective teams</b>	

<b>Links to the BAF and Corporate Risk Register</b>	
<b>Details of additional risks</b>	n/a
<b>Links to NHS Constitution</b>	Duty of Quality
<b>Financial Implications/Impact</b>	
<b>Legal Implications/Impact</b>	Failure to deliver against the Keogh Actions increases likelihood of continuance of Regulatory enforcement action
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	n/a
<b>Committees/groups where this item has been presented before</b>	n/a

**REPORT**

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Monitor wrote to the Trust on 6<sup>th</sup> August 2013 stating the Trust was in breach of its license and fell within the scope of a review of the quality of care and treatment it provided conducted by Professor Sir Bruce Keogh. The key lines of enquiry of the Keogh Review were governance and leadership; clinical and operational effectiveness; patient experience and workforce and safety. The detailed findings of the Keogh Review identified areas of outstanding concerns.

Monitor also stated they agreed to accept and the Trust agreed to give the following undertakings, pursuant to section 106 of the Health and Social Care Act.

1. Keogh Review Plan

- 1.1 The Trust will implement effectively all of the actions in the action plan it agrees that it will develop and agree with the Keogh Review team to address all the recommendation and associated action in the Keogh Review ('the Keogh Review Plan) in accordance with timescales specified in the Plan unless otherwise agreed with Monitor.
- 1.2 The Trust will report to Monitor on the implementation of the Keogh Review Plan as required and in particular monthly unless Monitor stipulates otherwise.
- 1.3 The Trust will provide to Monitor, should it so request, assurance on the implementation of the Keogh Review Plan or any part thereof, in such form and at such time as may be specified in the request.

Subsequently Monitor wrote to the Trust on 14<sup>th</sup> October 2014 requesting '*the Trust to submit details of how assurance has been obtained over the completion of all 23 actions within its Keogh action plan*'. On receipt of the Board of Directors' declaration of fully assured status against all 23 actions Monitor will consider the declaration and determine whether to issue compliance statements to the Trust in order to remove its Enforcement Undertakings.

### **Rapid Response Review**

Sir Bruce Keogh, NHS Medical Director undertook a review of the quality of the care and treatment being provided by those hospital trusts in England which had been persistent outliers on mortality statistics. This trust, along with 13 others fell into the scope of the review.

The initial Rapid Response Review took place on 17<sup>th</sup> and 18th June 2013, and resulted in a report and risk summit which identified 13 urgent actions and 10 high and medium actions.

**External Assurance – Keogh Assurance Review**

An assurance review was undertaken by the Keogh panel, 4<sup>th</sup> December 2013, following review of evidence, the panel agreed whether they were ‘assured’, ‘partly assured’ or not assured’ that the trust had implemented the actions agreed following the initial RRR

Where it was agreed that the trust had fully implemented an action and the outcomes of that action were apparent, an outcome of ‘assured’ was recorded. Where there was evidence of progress with implementation, but implementation was not complete, the outcomes were not yet evident or it was too early to tell if the changes were embedded and sustainable, the panel recorded an outcome of ‘partly assured’. Where there was no evidence that implementation had started, or significant concerns remained, the panel recorded an outcome of ‘not assured’.

The review assessed the Trust’s 23 actions and recorded 6 as ‘assured’ and 17 as ‘partly assured’. No areas were recorded as ‘not assured’.

**External Assurance – CQC Inspection**

The CQC inspection of the Trust in April 2014 and subsequent report, July 2014 recommended the Trust remain in special measures for a further 6 months. There were a great many positives that emanated from the CQC inspection, however what is important is that TMB also reflects on the reasons for which the Trust was not in a position to be removed from Special Measures and determines if on balance any of the CQC findings themselves affect a fully assured status against any of the Keogh improvement actions. It should also be recognized that whilst thematically, areas of concern identified by the CQC are consistent at a functional level with areas identified by Keogh, the **specifics** of the detailed concerns are relevant. TMB are only being asked to determine if they have sufficient assurance actions have been completed to address the explicitly stated concerns of Keogh so only if the CQC is deemed to have found the same issues unaddressed by the Trust, would TMB need to determine if the assurance status was affected.

**Internal Executive Self-assessments of progress**

The board has received monthly progress reports against each of the 23 actions identified in the Keogh review, each action was allocated an Executive Director lead who self-assessed and provided evidence regarding when each individual action would be fully assured.

The attached report details the original action from the Rapid Response Review, the outcome and any comments/ outstanding actions from the Keogh Assurance Review, the executive lead for each action and the detail of how the executive provided assurance to the Board of progress against that action. The final column provides detail of the sources of assurance received by the Board since April 2014.

The table below is a summary of the attachment, the shaded actions are those assessed as fully assured in the assurance review undertaken in December 2013. The table below indicates that 3 actions remained as partly assured when reported to Trust Board in July these are:

- 3 Fluid management – was **self-assessed** as partly assured, which reflected the findings in the CQC report
- 6 Board development and development of a quality focus – with a **self-assessment** trajectory of September for fully assured

20 Organisational Learning – with a **self-assessment** trajectory of September for fully assured

	<b>Keogh Action</b>	<b>Formal Assessment December 2013</b>	<b>Date self-assessed as fully assured</b>	<b>Self-Assessment Reported to TB July 2014</b>	<b>Executive Owner</b>
1	Complaints and support staff	Partly Assured	July	Assured	Executive Director of Nursing
2	Nursing and medical staffing levels and nurse skill mix	Partly Assured	March	Assured for nursing assuming the investment will take 2 years but monitoring and remedial action are undertaken daily via actions identified	Executive Director of Nursing
3	Fluid management	Partly Assured		Partly Assured	Executive Director of Nursing
4	Strategic Direction	Partly Assured	April	Assured	CEO
5	Newark Hospital strategy, facilities and governance	Assured			Director of Operations
6	Board development and development of a quality focus	Partly Assured	September	Partly Assured	Director of Corporate Services
7	Ward performance information and organisational learning	Partly Assured	March	Assured	Executive Medical Director
8	Patient locations and patient moves	Partly Assured	July	Assured	Director of Operations
9	Handovers	Partly Assured	March	Assured	Executive Director of Nursing
10	Patient experience	Partly Assured	March	Assured	Executive Director of Nursing
11	NEWS roll out	Partly Assured	March	Assured	Executive

					Director of Nursing
12	Whistleblowing policy	Assured			Executive Director of HR
13	Supporting structures and services				
13.1	Radiology	Partly Assured	March	Assured	Director of Operations
13.2	Clinical Typing	Partly Assured	March	Assured	
13.3	Junior Doctors	Partly Assured	April	Assured	
14	Anesthetists	Partly Assured	May	Assured	Executive Medical Director
15	Staff development	Assured			Executive Director of HR
16	Communication with patients	Partly Assured	March	Assured	Executive Director of Nursing
17	Ability to rescue	Partly Assured	April	Assured	Executive Medical Director
18	Maintaining the pace of change	Partly Assured	March	Assured	CEO
19	Governors	Assured			Director of Corporate Services
20	Organisational Learning	Partly Assured	September	Partly Assured	Executive Medical Director
21	A & E	Assured			Executive Medical Director
22	Medicines Management	Partly Assured	May	Assured	Executive Medical Director
23	Infection control	Assured			Executive Medical Director

### **Recommendations**

1. Board are invited to review the attached report and approve the recommendation received from TMB regarding fully assured status against each of the actions based on the information provided and triangulated with previous reports received by the Board and its committees