

Agenda Item:

Board of Directors Meeting

Report

Subject: Keogh Review - Update

Date: 27th February 2014

Author: SHIRLEY A CLARKE, HEAD OF PROGRAMME MANAGEMENT

Lead Director: PAUL O'CONNOR, CHIEF EXECUTIVE

EXECUTIVE SUMMARY

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 17th and 18th June 2013, and resulted in a report and risk summit which identified 13 urgent actions and 10 high and medium actions.

An assurance review was undertaken by the Keogh panel, 4th 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

The review assessed the Trusts 23 actions and recorded 6 as 'assured' and 17 as 'partly assured'. No areas were recorded as 'not assured'.

The actions identified from the Assurance Review in December were consolidated with actions from the parallel CQC inspection and the PWC report in respect of quality governance.

Once the all actions have been implemented there will be an audit of the relevant areas to ensure sustainability is achieved and evidenced.

As part of our Special Measure conditions the Trust was allocated 'buddying' arrangements with other Trusts.

The Trust has agreed buddying arrangements with Newcastle Upon Tyne NHS Foundation Trust. The agreement covers four work streams where the Trust has requested support:

- 1. Delivery of Integrated Improvement Programme
- 2. Enhancing relationships with Primary Care to deliver vertically integrated patient pathways
- 3. Business intelligence and analysis
- 4. Improved Trust Board Quality Governance process

The Trust has submitted the work plans to Monitor together with a financial breakdown of the support required in order to allow our partner trust access up to £250,000 from Monitor.

RECOMMENDATION

Board members are invited to:

1. Review the milestones plans and agree the appropriate actions are being taken to ensure 'fully assured' status is achieved in the agreed timescale



2. To note the buddying agreement work plans, which have been agreed by our partner trust and submitted to Monitor for approval, these enable Newcastle Upon Tyne Hospitals NHS Foundation Trust to access up to £250,000 financial support as defined in the attached financial breakdown.

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

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



REPORT

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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 and outcome of 'not assured'.

The review assessed the Trusts 23 actions and recorded 6 as 'assured' and 17 as 'partly assured'. No areas were recorded as 'not assured'. The results are listed below:

1.	Complaints and support staff	Partly Assured
2.	Nursing and medical staffing levels and nurse skill mix	Partly Assured
3.	Fluid management	Partly Assured
4.	Strategic Direction	Partly Assured
5.	Newark Hospital strategy, facilities and governance	ASSURED
6.	Board development and development of a quality focus	
	at Board level	Partly Assured
7.	Ward performance information and organizational learning	Partly Assured
8.	Patient locations and patient moves	Partly Assured
9.	Handovers	Partly Assured
10	. Patient experience	Partly Assured
11	NEWS roll out	Partly Assured
12	. Whistleblowing policy	ASSURED
13	. Supporting structures and services	Partly Assured
14	Anesthetists	Partly Assured



15. Staff developmentASSURED16. Communication with patientsPartly Assured17. Ability to rescuePartly Assured18. Maintaining the pace of changePartly Assured19. GovernorsASSURED

19. Governors ASSURED
20. Organisational learning Partly Assured
21. A & E ASSURED
22. Medicines Management Partly Assured

23. Infection control ASSURED

The actions identified from the Assurance Review in December were consolidated with actions from the parallel CQC inspection and the PWC report in respect of quality governance.

There are some areas where the milestones have slipped; these are being addressed through the Quality Improvement Group, weekly meeting where project leads are required to present:

- Progress to date
- Risks/Issues
- Support required
- Evidence of achievement
- Processes used to provide assurance

In order to ensure actions are embedded specific actions in relation to nursing are raised and addressed through the Nursing Care Forum.

The attached milestone plan details the actions against a timeline which need to be implemented and sustained in order to ensure those areas previously recorded as partly assured improve to fully assured.

Once all of the actions have been implemented there will be an audit of the relevant areas to ensure sustainability is achieved and evidenced.

Buddying Arrangements

As part of our Special Measure conditions the Trust was allocated 'buddying' arrangements with other Trusts.

The Trust has agreed buddying arrangements with Newcastle Upon Tyne NHS Foundation Trust. The agreement covers four work streams where the Trust has requested support:

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Each work stream has an assigned responsible director:

- Work streams 1 and 2, Director of Strategic Planning and Commercial Development
- Work stream 3, Director of Operations
- Work stream 4, Director of Corporate Services/Company Secretary



The Trust has submitted the work plans to Monitor together with a financial breakdown of the support required in order to allow our partner trust access up to £250,000 from Monitor.

The Chairman and Chief Executive are visiting Newcastle on Friday 28th February in order to develop the relationship and agree next steps.

The responsible directors will make contact with their respective counterparts at Newcastle to agree specific actions to progress the work steams and will report progress to the Executive team meeting 17th March 2014.

RECOMMENDATION

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[Insert name of Buddy Trust]

Date prepared:

If possible, please complete the 'forecast' section of the schedules below to reflect estimated costs that the Buddy Trust will seek reimbursement for. Please use subsequent w

					1 [Area]		
Buddy Arrangement Support	Spend Type	Band	Daily Rate	Forecast days	Forecast cost	Actual (YTD)	Revised full-year forecast
Resource type: e.g. Band 7 or medical equivalent			£		£		
Workstream 1							
Associate Medical Director	Substantive	Associate Director	654.00	20	£13,080.00		
Interim Deputy Director Busines & Development	Temporary	8d	400.00	40	£16,000.00		
Support staff	Substantive	8b	277.00	70	£19,390.00		
Support staff	Substantive	8a	232.00	85	£19,720.00		
Support staff	Substantive	7	191.00	85	£16,235.00		
Workstream 1				TOTAL	£84,425.00		
Workstream 2							
		Executive					
Executive Director Business Development	Substantive	Director	553.00	20	£11,060.00		
		Clinical					
Clinical Director	Substantive	Director	562.00	20	£11,240.00		
Support Staff	Substantive	8c	333.00	40	£13,320.00		
Workstream 2				TOTAL	£35,620.00		
Workstream 3							
Assistant Director of Performance & Contracting	Substantive	8d	400.00	15	£6,000.00		
Director of Quality & Effectiveness	Substantive	8d	400.00	15	£6,000.00		
Support Staff	Substantive	8c	333.00	20	£6,660.00		
Support staff	Substantive	8b	277.00	60	£16,620.00		
Support staff	Substantive	8a	232.00	60	£13,920.00		
Support staff	Substantive	7	191.00	60	£11,460.00		
Workstream 3					£60,660.00		
Workstream 4			-	1			
Trust Secretary	Substantive	8d	400.00	15	£6,000.00		
Director of Quality & Effectiveness	Substantive	9	487.00	10	£4,870.00		
Support Staff	Substantive	8b	277.00	30	£8,310.00		
Workstream 4					£19,180.00		
Disbursements: e.g. travel, room hire				_			
Assume 15% of direct costs				-	£29,982.75		
				665	5220 057 ==		0
Fotal State				665	£229,867.75	0	0

calculated at mid point of the scale (including on costs) of the assumed scale & taken into account annual leave (6.6 weeks) therefore using an average working week of 45.453 per annum

Please document all key project milestones and the weeks they fall due. Using the key below, update milestones to show progress against plan.

CONSOLIDATED ACTION PLAN

24/02/2014

JNSOLIDATED ACTION PLAN

Original milestone due date, not yet due. This is the starting position for all milestones

Original milestone, completed on time

Original milestone, target date for completion missed

Revised milestone, not yet due. This is used if a milestone has been re-scheduled Revised milestone, completed on or before revised due date

Revised milestone, revised target date for completion missed

Sort apacited		24/02/2014	j							Due																					0 0
																		0	0 0	0	0 (0	0 (0 0	0	0 0	0	0 0	0	0 0	0 0
										Variance) -7																	
										Cumulative Variance				8 -15																	
										This week included in reporting?	Υ	ΥΥ	Υ	ΥΥ	Y	Y	Υ														
	0.			PwC Report Dec 2013	Keogh	cqc				Milestone Description	Dec-1	3	Jan-14			Feb-14		М	ar-14			Apr-14		Ma	/-14		Ju	un-14		Jul-	14
CQC Domain	QGF Question N	QGF Question	Owner	PWC Ref No	Keogh Ref No	CQC Ref No	Priority	Evidence No	Committee /group where action will be progressed	The date which the milestone is to be completed in (week commending)	16-Dec-13	50-Dec-13	13-Jan-14	24-Jan-14	03-Feb-14	17-Feb-14	24-Feb-14 03-Mar-14	10-Mar-14	17-Mar-14 24-Mar-14	31-Mar-14	07-Apr-14	21-Apr-14	28-Apr-14	05-May-14	19-May-14	26-May-14 02-Jun-14	09-Jun-14	16-Jun-14 23-Jun-14	30-Jun-14	07-Jul-14 14-Jul-14	21-Jul-14 28-Jul-14
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Corporate Services	5.1.1			Medium(3)	QI1	ТМВ	To support the Development of Divisional and Service Management, the Trust should consider pairing them with NEDs and Executives with experience of chairing committee meetings in order to provide coaching on how to chair meetings effectively											0										
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Nursing and Quality	5.1.9			High	QI2	Divisional Management Boards	Further development of risk registers is required to ensure they are effective tools for recording and discussing risks at Divisional governance meetings. The ECM risk register is a good practice example which can be used as a basis for how the Divisional risk registers should be completed							0														
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Nursing and Quality	5.2.2.5a			High	QI3	ТМВ	Provide risk management training to Specialties and Divisional management in line with the Trust's plan, covering how to assess and moderate risks and how to document these on risk registers							0														
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Nursing and Quality	5.2.2.5b			High	QI4	Audit & Assurance Committee	Finalise the Trust wide corporate risk register and present to the Risk Assurance Committee for regular review								C)												
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Nursing and Quality / Medical Director			CQC3		QI5	Divisional Management Boards	Continue to strengthen Divisional clinical governance activities and sustain the risk management training programme to ensure a risk management culture is embedded across the Trust							0														
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Nursing and Quality / Medical Director	5.2.5.18			Medium(3)	QI6	Divisional Management Boards	The Trust should implement a monitoring process for CIPs that includes early warning KPIs for potential impacts on quality of care. Divisional management should be responsible for reviewing the quality impact of [5] in their Divisions. Consider reporting KPIs within Divisional dashboards											0										
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Nursing and Quality		К2			QI7	ТВ	Agreement of Nursing establishment - Trust Board 28th March 2014									0												
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Divisonal Teams led by DCD		К2	CQC7		QI8	Divisional Management Boards	Improve communication with 'all staff group' and more junior staff regarding service developments and recruitment strategies							0														
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Medical Director		K2			Q19	Divisional Management Boards	Review pressure on F1 and F2 doctors							0														
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Nursing and Quality		К2			QI10	Divisional Management Boards	Review limited use of advance nurse practitioners (ANPs)							0														
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Nursing and Quality / Medical Director		K2			Ql11	Divisional Management Boards	Explore options and opportunities to increase recruiting of medical and nursing staff.																					
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of HR		K2			QI12	OD & Workforce	Improve recruitment process to reduce delays										•											
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Nursing and Quality		K2			QI13	Nursing forum	Review and improve consistency of preceptorship across the Trust.					0																
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Nursing and Quality		К3			Ql14	Nursing forum	Update Nursing Care Forum regarding importance of protected mealtimes					0																
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Medical Director		К3			QI15		The importance of protected mealtime to be discussed at consultant engagement event 18th November 2013																					
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Nursing and Quality		К3			QI16	Quality Improvement Group	Review and improve fluid balance chart process to ensure patients receiving sufficient fluids		OM)												
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Nursing and Quality		К3			QI17	Quality Improvement Group	Review fluid balance chart to include easy view of 24 hour period		OM)												
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Nursing and Quality		К3			Q118	Quality Improvement Group	Review implementation of fluid balance charts on surgical wards		ОМ																			
																		• • • • • • • • • • • • • • • • • • •													

	No.			PwC Report Dec 2013	Keogh	CQC				Milestone Description	Dec-13		Jan-14	1		Feb-14			Mar-	14		Apr-14			May-14	1		Jun-	14		Jul	14	
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Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Operations		K5			QI20	ТВ	Royal college of Surgeons response to be discussed at December Trust Board meeting - 19th December 2013	oc																						
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Head of Communications		К5			QI21	Divisional Management Boards	Newark Staff Engagement - to be agreed with Newark Hospital Manager							0																
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Operations		K5			QI22	TB (private)	Trust to confirm the surgical procedures that will continue to be undertaken on the Newark site (NB this action should move to partly assured if list is not confirmed, or is inappropriate/not in line with review				ос																			
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Medical Director		K7			Q123	Divisional Management Boards	Ensure Mortality reviews are consistent across directorates							0																
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Nursing and Quality		К7			QI24	Patient Safety group	Implement patient safety programme							0																
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Nursing and Quality		К8			QI25	Quality Improvement Group	Risk Assess all patients prior to move or transfer			ОМ			ОМ																	
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Operations		К8			Q126	Quality Improvement Group	Include number of bed moves and outlier trends analysis in quality report to TB 19.12.13	oc																						
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Nursing and Quality		К8			Q127	Quality Improvement Group	Ensure risk assessment process is utilised out of hours			ОМ			ОМ		R															
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Medical Director		К8			Q128	Quality Improvement Group	Ensure Consultant cover on Cardiology and day case ward						oc																	
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Nursing and Quality		К8			Q129	Quality Improvement Group	Review Risk Assessment form to include named lead consultants for each patient.			ОМ			RM																	
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Nursing and Quality		К8			Q130	Quality Improvement Group	Ensure all front line staff aware of and utilise risk assessment form			ОМ			ОМ		R															
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Director of Operations		K13	CQC1		QI35	Quality Improvement Group	External review to scope the current radiology service and staffing requirements. Monthly monitoring of current radiology systems				0																			
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Medical Director		K13			Q136	Quality Improvement Group	Review concerns of Junior doctors regarding frustrations with referrals to radiology				0																			
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Divisional Teams led by Divisional Matron		K17	CQC9		QI37	Divisional Management Boards	Ensure all emergency equipment including resuscitation equipment checked and records updated							0																
Is it Safe?	1b	Is the Board Sufficiently aware of potential risks to quality?	Divisional Teams led by Divisional Matron			CQC14		QI38	Divisional Management Boards	Review cleaning check lists for gaps in records and address.							0																
Is it Effective?	3a	Are there clear roles and accountabilities in relation to quality governance?	Director of Nursing and Quality	5.1.4a			High	QI39		Finalise roles and responsibilities in GSU in terms of provision of information and governance support to ensure that Divisional, Service Management and the GSU team are all clear on accountability for governance activities								0															
Is it Effective?	3a	Are there clear roles and accountabilities in relation to quality governance?	Director of Nursing and Quality	5.1.4b			High	QI40	Governance	Revise the agenda for Divisional governance meetings to ensure that updates from each Service regarding risks and governance activities are more prominent and form an essential element of each Divisional governance meeting.								0															
Is it Effective?	3a	Are there clear roles and accountabilities in relation to quality governance?	Director of Nursing and Quality		К9			QI41	Quality Improvement Group	Review handover times - consider increasing from 30 minutes to 45 minutes				ОС						0													
Is it Effective?	За	Are there clear roles and accountabilities in relation to quality governance?	Director of Nursing and Quality		К9			QI42	Quality Improvement Group	Handover Sheets -consider retaining patient-specific information in individual patients notes				ос						0													
Is it Effective?	3a	Are there clear roles and accountabilities in relation to quality governance?	Medical Director		K14			QI43	Quality Improvement Group	Implement named lead for Day surgery						0																	
Is it Effective?	3b	Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?	Director of Corporate Services		К6			Q144	TMB	Ensure Trust governance arrangements are fully aligned to the board.							0																
Is it Effective?	3b	Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?	Director of Corporate Services		К6			QI45	ТМВ	Ensure sub-committee reports to Board have been discussed at the relevant sub-committee prior to submission to Trust Board							0																
Is it Effective?	3b	Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?	Director of Nursing and Quality		К9			Q146	Clinical Quality & Governance	Increase Junior Staff training on PAS								0															
Is it Effective?	3b	Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?	Medical Director		K11			Q147	ТВ	Regular reporting pertaining to NEWS will be submitted to the Trust Board on a quarterly basis commencing March 2014										0													
Is it Effective?	3b	Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?	Director of Nursing and Quality /Medical Director		K11			Q148	Quality Improvement Group	Review implementation of NEWS on surgical wards - to include fluid management						0																	2

	۷٥.			PwC Report Dec 2013	t Keogh	cqc				Milestone Description	Dec-13		Jan-14		F	b-14		Mar-:	14		Apr-1	1	N	lay-14		Jur	1-14		Jul-1	4
QC Domain	QGF Question	QGF Question	Owner	PWC Ref No	Keogh Rei No	f CQC Ref No	Priority		Committee /group where action will be progressed	The date which the milestone is to be completed in (week commencing)	16-Dec-13	06-Jan-14	13-Jan-14 20-Jan-14	24-Jan-14	03-Feb-14 10-Feb-14	17-Feb-14	03-Mar-14	10-Mar-14 17-Mar-14	24-Mar-14	31-Mar-14 07-Apr-14	14-Apr-14	21-Apr-14 28-Apr-14	05-May-14 12-May-14	19-May-14	26-May-14 02-Jun-14	09-Jun-14	16-Jun-14 23-Jun-14	30-Jun-14 07-Jul-14	14-Jul-14	21-Jul-14
it Effective?	3b	Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?	Director of Nursing and Quality /Medical Director		K11			QI49	Quality Improvement Group	Ensure evidence of the nursing or medical actions taken in response to NEWS triggers is clearly recorded in patient notes					0															
t Effective?	3b	Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?	Director of Nursing and Quality /Medical Director		K11			QI50	Quality Improvement Group	Review number NEWS triggers Out of Hours - through review and resetting of triggers in-hours					O															
Effective?	3b	Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?	Director of Nursing and Quality		K17			QI51	Quality Improvement Group	Business case for resuscitation trolleys to replace resuscitation boxes to be presented - after presented to CDG						0														
Effective?	3b	Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?	Director of Nursing and Quality /Medical Director		K13 (K22)			QI52	Quality Improvement Group	Ensure accurate completion of medication charts						0														
Effective?	3b	Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?	Director of Nursing and Quality /Medical Director	ı	K8 (K22)			QI53	Quality Improvement Group	Improve TTO process to reduce delays						0														
Effective?	4a	Is appropriate quality information being analysed and challenged?	Director of Nursing and Quality	5.2.4 - 13, 14, 15			Medium(3)	QI54		Develop a Divisional and Service quality and performance dashboard aligned to the Ward Assurance toll and the Board quality report as appropriate. The Trust is already setting up a working group to consider this							0													
Effective?	4a	Is appropriate quality information being analysed and challenged?	Director of Operations		К8			QI55	Quality Improvement Group	Further analysis of bed base.				0																
Effective?	4a	Is appropriate quality information being analysed and challenged?	Director of Nursing and Quality /Medical Director		K11			QI56	Quality Improvement Group	Extend audit of NEWS to include medical actions, including any escalation or resetting of triggers and night-time activity.					0															
: Effective?	4b	Is the board assured of the robustness of the quality information?	Director of Operations	5.1.2			High	QI57	Clinical Quality & Governance	Obtain assurance over the accuracy, validity and completeness of data reported in the ward assurance dashboard and the Board quality and patient experience reports. Consider requesting internal audit to conduct a data quality audit for the ward assurance dashboard and the Board quality and patient experience reports.							0													
Effective?	4b	Is the board assured of the robustness of the quality information?	Medical Director	5.1.3			High	QI58		Establish progress against the clinical audit plan for 2013/14 as an immediate priority. Re-establish an Executive led Clinical Audit Committee to provide oversight and control of clinical audit and any actions resulting from clinical audits.							0													
Effective?	4c	Is quality information being used effectively?	Director of Nursing and Quality	5.1.7	К7		Medium(6)	QI59	Clinical Quality & Governance	The Trust should consider further development of the ward dashboard to include trend information and triangulation of key indicators							0											0		
Effective?	4c	Is quality information being used effectively?	Medical Director	5.2.6.22			Medium(6)	Q160	Clinical Quality & Governance	Ensure that the 2014/15 clinical audit plan is aligned to the Trusts three quality priorities							0											0		
Effective?	4c	Is quality information being used effectively?	Director of Nursing and Quality		K2b			QI61	ТВ	Evidence of the benefit of Intentional rounding (Care and Comfort rounds) and leadership rounds to be included in the Patient Quality and Safety Report presented to Trust Board 19.12.13	oc																			
Effective?	4c	Is quality information being used effectively?	Director of Nursing and Quality Director of		K2b			Q162	Nursing Forum	Review nursing metrics and care and comfort rounds and report to nursing care forum by end December 2013	Ů						-													
Effective?	4c	Is quality information being used effectively?	Nursing and Quality		К7а			Q163		Cause and effect data from the Ward Performance matrix to be submitted to CGQC monthly - From November 2013							0													┙
Caring?	3с	Does the board actively engage patients, staff and other key stakeholder on quality?	Director of Nursing and Quality	5.1.5a			Medium(3)	Q164		Conduct further analysis of trends and lessons to be learned from incidents, complaints and other quality issues							0													
Caring?	3с	Does the board actively engage patients, staff and other key stakeholder on quality?	Director of Nursing and Quality	5.1.5b			Medium(3)	Q165	Clinical Quality & Governance	The Trust should also consider analysing the PALS concerns included in the quarterly patient experience report to provide further insight into patient experience							0													
Caring?	3с	Does the board actively engage patients, staff and other key stakeholder on quality?	Director of Nursing and Quality		K1			Q166	Quality Improvement Group	Feedback on redesigned complaints process to Trust Board 19th December 2013	OC																			
t Caring?	3с	Does the board actively engage patients, staff and other key stakeholder on quality?	Director of Nursing and Quality		K1			Q167	ТВ	Themes and learning being fed back to departments to be included in quarterly report to Trust Board				oc																
it Caring?	3с	Does the board actively engage patients, staff and other key stakeholder on quality?	Director of Nursing and Quality		K1			Q168	Quality Improvement Group	Redesigned complaints function ready for workforce change to begin in Mid January				oc																Ī

	No.			PwC Report Dec 2013	Keogh	cqc				Milestone Description	Dec-13		Jan-14			Feb-1	4						4	N						Jul-	
(C Domain	QGF Question	QGF Question	Owner	PWC Ref No	Keogh Ref No	CQC Ref No	Priority	Evidence No	Committee /group where action will be progressed	The date which the milestone is to be completed in (week commencing)	16-Dec-13	06-Jan-14	13-Jan-14	20-Jan-14 24-Jan-14	03-Feb-14	10-Feb-14	17-Feb-14 24-Feb-14	03-Mar-14	10-Mar-14 17-Mar-14	24-Mar-14	31-Mar-14 07-Apr-14	14-Apr-14	21-Apr-14 28-Apr-14	05-May-14	19-May-14	26-May-14	09-Jun-14	16-Jun-14 23-Jun-14	30-Jun-14	14-Jul-14	21-101-14
Caring?	3с	Does the board actively engage patients, staff and other key stakeholder on quality?	Director of Nursing and Quality		K1	CQC10		Q169	Quality Improvement Group	Complaints policy being rewritten to align with the revised complaints process and workforce restructure														0							
Caring?	3с	Does the board actively engage patients, staff and other key stakeholder on quality?	Director of Nursing and Quality		K1	CQC11		Q170	Quality Improvement Group	Relaunch complaints and PAL5 process - once new process and policy implemented														0							
Caring?	3с	Does the board actively engage patients, staff and other key stakeholder on quality?	Director of Nursing and Quality		K1	CQC12		Q!71	Quality Improvement Group	Ensure wards/departments respond to PALS monthly reporting process						o															
Caring?	3с	Does the board actively engage patients, staff and other key stakeholder on quality?	Director of Nursing and Quality		K1	CQC13		Q172	Quality Improvement Group	Patient Information Packs to be on each bedside						O															
responsive to peoples eds?	2b	Does the board promote a quality- focussed culture throughout the Trust?	Director of Corporate Services	5.1.6	K19		Medium(3)	Q173	TMB	In line with the Trust's current plan, training should be provided to governors to enable them to provide appropriate challenge and support in their role.							0														
responsive to peoples ds?	2b	Does the board promote a quality- focussed culture throughout the Trust?	Medical Director		K6f			Q174	Divisional Management Boards	Ensure work on mortality is reflected through all directorates and divisions							o														Ш
responsive to peoples ds?	2b	Does the board promote a quality- focussed culture throughout the Trust?	Director of Nursing and Quality		K7			Q175	Quality Improvement Group	Include Ward Comms board in patient induction process - In order to communicate how to interpret the data							0														
responsive to peoples ds?	2b	Does the board promote a quality- focussed culture throughout the Trust?	Director of Nursing and Quality		K7			Q176	Quality Improvement Group	Include ward comms boards in communication strategy so inpatients are aware of their existence prior to and during admission							0													Ш	
responsive to peoples ds?	2b	Does the board promote a quality- focussed culture throughout the Trust?	Director of Nursing and Quality		K7			Q177	Quality Improvement Group	3 months assessment of ward comms board to be presented at Clinical Governance Committee March 2014										°											\bigsqcup
responsive to peoples ds?	2b	Does the board promote a quality- focussed culture throughout the Trust?	Nursing and Quality		K7	CQC8		Q178	Quality Improvement Group	Ward level communication in respect of 'Knowing how we are doing boards' to be embedded across the Trust							0														Ш
esponsive to peoples s?	2b	Does the board promote a quality- focussed culture throughout the Trust?	Director of Nursing and Quality		K10	CQC4		Q179	ТВ	Patient experience and engagement strategy to be presented to Trust Board in January 2014				oc																Ш	
responsive to peoples is?	2b	Does the board promote a quality- focussed culture throughout the Trust?	Director of Nursing and Quality		K10 b			QI80	Quality Improvement Group	Staff to wear name badges and clearly communicate to patients who their consultant is. When consultants are changed the reasons for the change to be communicated to patients							0														1
responsive to peoples ds?	2b	Does the board promote a quality- focussed culture throughout the Trust?	Director of Nursing and Quality		K10d			QI81	Quality Improvement Group	Review staff uniform policy so that patients and the public can easily recognise staff levels by their uniform					ос																1
responsive to peoples ds?	2b	Does the board promote a quality- focussed culture throughout the Trust?	Director of Nursing and Quality		K10 (K16)	CQC5		Q182	Quality Improvement Group	Implement patient communication strategy					0																
responsive to peoples ds?	2b	Does the board promote a quality- focussed culture throughout the Trust?	CEO		K18	CQC6		Q183	TMB	CEO and Chairman to be more visible to Junior Doctors							0														\Box
responsive to peoples ds?	2b	Does the board promote a quality- focussed culture throughout the Trust?	Director of HR		K20			QI84	Divisional Management Boards	Ensure processes and systems are embedded in appraisals to include lessons learned from complaints and incidents							0														\sqcup
well led?	1a	Does Quality drive the trust's strategy?	Director of Corporate Services	5.1.8			High	Q185	ТМВ	Ensure that papers for Board and Committees are provided to members on a timely basis to enable them to have a through understanding of the Issues being discussed prior to the meetings							0														Ш
t well led?	1a	Does Quality drive the trust's strategy?	Director of Nursing and Quality	5.2.3.9	K6e		High(3)	Q186	ТВ	implement phase 2 of the Patient Safety and Quality Strategy and communicate this widely across the Trust, in line with the Trusts proposed immescale. Quality Strategy Phase 2. To support the completion of routine triangulated quality reports incorporating patient safety, patient experience and clinical effectiveness, Quality assurance Framework and implementation plan. To be presented at Trust board 30th January 2014				OM	1		R														
t well led?	1a	Does Quality drive the trust's strategy?	Director of Estates and Facilities		K4a			Q187	ТВ	Develop Estates Strategy				OC																	1
well led?	1a	Does Quality drive the trust's strategy?	Director of Health informatics		K4a			Q188	ТВ	Develop IT Strategy - including improve use of IT through out the Trust				ОС																	
well led?	1a	Does Quality drive the trust's strategy?	Director of HR		K4a			Q189	ТВ	Develop Workforce Strategy				oc																	\Box
well led?	1a	Does Quality drive the trust's strategy?	Director of HR		K4a			Q190	ТВ	Develop OD Strategy - including clear and costed training plan to deliver transformation agenda and Organisational development programme in quality improvement leadership and skills aligned to patient safety programme				OC.																	Ш
well led?	1a	Does Quality drive the trust's strategy?	Head of Communications		K4a			QI91	ТВ	Develop Communications Strategy				UN			,		\perp												\sqcup
well led?	1a	Does Quality drive the trust's strategy?	Medical Director		K4a			Q192	ТВ	Develop Research and Innovation Strategy	OC			-		4			_	0	_						$\downarrow \downarrow$			+	\dashv
well led?	1a	Does Quality drive the trust's strategy?	Director of Strategic Planning and Commercial Development		K4			Q193	ТВ	Improvement Plan - update the Board on Monitors response - 19th December 2013																					

	10.			PwC Report Dec 2013	Keogh	CQC				Milestone Description	Dec-13		Jan-14			Feb-14		ı	lar-14			Apr-14			May-14			Jun-1	4		Jul-14	
CQC Domain	QGF Question N	QGF Question	Owner	PWC Ref No	Keogh Ref No	CQC Ref No	Priority	Evidence No	Committee /group where action will be progressed	The date which the milestone is to be completed in (week commencing)	16-Dec-13 30-Dec-13	06-Jan-14	13-Jan-14	24-Jan-14	03-Feb-14	10-Feb-14 17-Feb-14	24-Feb-14	10-Mar-14	17-Mar-14	24-Mar-14 31-Mar-14	07-Apr-14	14-Apr-14	21-Apr-14 28-Apr-14	05-May-14	12-May-14	26-May-14	02-Jun-14	09-Jun-14 16-Jun-14	23-Jun-14	07-Jul-14	14-Jul-14 21-Jul-14	28-Jul-14
Is it well led?	1a	Does Quality drive the trust's strategy?	Director of Strategic Planning and Commercial Development		K4a			QI95	ТВ	Clinical Strategy - phase 2 development to include service line modelling with clinicians									0													
Is it well led?	1 a	Does Quality drive the trust's strategy?	Director of Strategic Planning and Commercial Development		K5			QI96		Newark Strategy - clear operational plan for the 5 workstreams to be presented to Trust Board 30th January 2014				oc																		
Is it well led?	2a	Does the board have the necessary leadership and skills and knowledge to ensure delivery of the quality agenda?	Chief Executive	5.2.1.1	К6		High	Q198		Implement the Board Development Programme as planned. The Board development programme should address how Board members seek assurance rather than reassurance		oc																				
Is it well led?	2a	Does the board have the necessary leadership and skills and knowledge to ensure delivery of the quality agenda?	Director of HR/ Director of Corporate Services		K4g			Q199	TMB	Early and effective comprehensive induction of new appointments throughout the Trust, including the new Board members supported by effective Board review and development							0															
Is it well led?	2a	leadership and skills and knowledge to ensure delivery of	Director of Corporate Services		К6			QI102		Develop team and quality focus development sessions for Chair and NEDs - to improve quality focus at the board level							0															
Is it well led?	2a	leadership and skills and knowledge to ensure delivery of	CEO		K19	CQC2		QI103		Review governors and Board members objectives to ensure they reflect the values and behaviours expected from the Trust									0													
Is it well led?	2a	leadership and skills and knowledge to ensure delivery of	Director of HR		K18			QI104		Development of a training plan to deliver the Transformation Agenda							0															

Appendix 1: Buddy Work Plan

Summary of information		
Buddy Trust The Newcastle Upon Tyne NHS Foundation Trust	Special Measures Trust Sherwood Forest Hospitals NHS Foundation Trust	Date buddy arrangement commenced February 2014
Senior Responsible Officer Sir Leonard Fenwick	Senior Responsible Officer Mr Paul O'Connor	

Summary of Detailed Plan

Summary of Areas of support

It is envisaged the relationship with our partner trust will be long term, over the next 2 to 3 years with early support focussed on assisting us through the lifting of special measures. The fully developed workplans will be weighted to reflect this.

Area of support	Reference to Action Plan	Responsible Officer Assigned	First phase Completion date	Cost per area of support
			•	£-
Delivery of Integrated Improvement Programme	Links to risk summit actions 4,	Director of Strategic Planning and Commercial Development	1 July 2014	£84,425.00
Enhancing relationships with Primary Care to deliver vertically integrated patient pathways	Links to risk summit action 4, 5 and 6	Director of Strategic Planning and Commercial Development	1 July 2014	£35,620.00
Business intelligence and analysis,	Links to risk summit actions 4, 5	Director of Operations	1 July 2014	£60,660.00
Improved Trust Board Quality Governance process	Links to risk summit action 6	Director of Corporate Services/Company Secretary	31 March 2014	£19,180.00
		Disbursemen	ts assumed at 15%	£29,982.75
			TOTAL COST:	£229,867.75

Signatures		
Senior Responsible Officer at	Senior Responsible Officer at	Monitor
Special Measures Trust	Buddy Trust	
Signature	Signature	Signature
Name	Name	Name
Date	Date	Date

Appendix 1: Buddy Work Plan

Area of Support One: Delivery of Integrated Improvement Programme

Areas of Support: Detailed Plan

Area of support

Delivery of Integrated Improvement Programme

Nature of support

The Risk Summit actions detailed:

- 4.A need for a clear strategic direction
- 5. Concern over the strategy, facilities and governance at Newark Hospital

To address these actions the Trust has developed an Integrated Improvement Programme through engagement with a wide range of staff.

Newcastle Upon Tyne NHS Foundation Trust has implemented a significant Improvement Programme. We would implement, where appropriate, learning and best practice identified from this programme, in order to ensure our own Integrated Improvement Programme delivered sustainable transformational change across the organisation.

Shadowing opportunities for our key staff to learn by seeing, how processes and procedures work on the ground.

Mentoring of senior managers and clinicians, in order to support and encourage, maximising skills to deliver change.

Cost

£84,425.00 Plus 15% disbursement costs

Objectives and progress measures

Objective:

Delivery of Integrated Improvement Programme through the implementation of lessons learned and identification of best practice enhancing current programme management process.

Progress measures:

Regular meetings and visits between the two trusts to share and learn from best practice

Key Performance Indicators

Outcome	First phase Timeline for delivery	Measure	Responsible Officer
Improved Patient Quality and Safety	June 2014	Monthly and Quarterly Patient Quality and Safety Report to Trust Board	Medical Director/Director of Nursing
Increased efficiency	June 2014	Delivery of Cost Improvement Plan	Chief Financial Officer
Improved friends and family score	June 2014	Friends and Family test	Medical Director/Director of Nursing
Improved staff survey results	June 2014	Staff survey results	Director of HR

Appendix 1: Buddy Work Plan

Reduction in sickness	June 2014	Staff sickness rates -	Director of HR
levels		monthly	

Reporting and monitoring responsibilities

We will jointly produce a summary progress report which will be submitted to the, Special Measures PMO monthly. This report will be signed off by the Improvement Director prior to submission.

The report will update progress with shared learning, outcomes and measures in respect of KPI's, identify and mitigate risks whilst also sharing good news stories.

Signatures

Senior Responsible Officer at Special Measures Trust	Senior Responsible Officer at Buddy Trust	Monitor
Signature	Signature	Signature
Name	Name	Name
Date	Date	Date

Appendix 1: Buddy Work Plan

Area of Support Two: Enhancing relationships with Primary Care to deliver vertically integrated patient pathways

Areas of Support: Detailed Plan

Area of support

Enhancing relationships with Primary Care to deliver vertically integrated patient pathways

Nature of support

The Risk Summit actions detailed:

- 4. Need for a clear strategic direction
- 5. Concern over the strategy, facilities and governance at Newark Hospital
- 6. Great focus on quality at board level.

To address these concerns and to deliver the Trusts vision of an Integrated Care Organisation the Trust must foster robust relationships within Primary Care to enable development of vertically integrated patient pathways.

Newcastle upon Tyne NHS Foundation Trust has developed a significant vertical integration programme with its Primary Care partners and we would benefit from the learning and application of processes, in order to work with its Primary Care partners to deliver seamless vertically integrated patient pathways.

Appropriate representatives from Newcastle upon Tyne NHS FT to visit and work with the Trust and its Primary Care partners.

Cost

£35,620.00 plus 15% disbursement costs

Objectives and progress measures

Objective:

Robust, mutually beneficial relationships across secondary and primary care.

Progress Measures:

Joint meetings between the two Trusts and local primary care representatives, to share and learn from best practice.

Development of vertically integrated patient pathway programme of change.

Key Performance Indicators

Outcome	First Phase Timeline for delivery	Measure	Responsible Officer
Vertically integrated patient pathways	June 2014	Number of patient pathways which have been vertically integrated reported to programme board	Director of Operations

Date

Appendix 1: Buddy Work Plan

Improved relationship	June 2014	Development of	Director of Strategic
between secondary		seamless patient	Planning and
and primary care		pathways programme.	Commercial
			Development

Reporting and monitoring responsibilities

We will jointly produce a summary progress report which will be submitted to the, Special Measures PMO monthly. This report will be signed off by the Improvement Director prior to submission.

The report will update progress with shared learning, outcomes and measures in respect of KPI's, identify and mitigate risks whilst also sharing good news stories.

Signatures				
Senior Responsible Officer at Special Measures Trust	Senior Responsible Officer at Buddy Trust	Monitor		
Signature	Signature	Signature		
Name	Name	Name		

Date

D<u>ate</u>

Appendix 1: Buddy Work Plan

Area of Support Two: Business intelligence and analysis,

Areas of Support: Detailed Plan

Area of support

Business intelligence and analysis,

Nature of support

The Risk Summit actions detailed:

- 4. Need for a clear strategic direction
- 5. Concern over the strategy, facilities and governance at Newark Hospital

To address these the Trust needs to identify opportunities and threats within the national, regional and local health economy to enable it to develop its strategic direction for the next 5 years.

The Trust will adopt, where appropriate, the methodology used by Newcastle Upon Tyne NHS FT, to develop robust business intelligence and analysis processes to support divisional and strategic business plans.

Business Intelligence staff from Newcastle upon Tyne NHS FT to share methodologies with us—by providing shadowing opportunities and through visiting and working with our own Business Intelligence staff.

Cost

£60,660.00 plus 15% disbursement costs

Objectives and progress measures

Objective:

Robust business intelligence and analysis function

Progress Measures:

Regular reports regarding potential threats and opportunities as identified through business intelligence model.

Horizon scan reports indicating impact of future national, regional and local changes in service provision.

Key Performance Indicators

Outcome	First Phase Timeline for delivery	Measure	Responsible Officer
Comprehensive Business Plans	June 2014	Robust Annual Plan submission to Monitor	Director of Strategic Planning and Commercial Development
Market resilient services	June 2014	Delivery of capacity and financial plan.	Director of Operations/Chief Financial Officer

Reporting and monitoring responsibilities

Appendix 1: Buddy Work Plan

We will jointly produce a summary progress report which will be submitted to the, Special Measures PMO monthly. This report will be signed off by the Improvement Director prior to submission.

The report will update progress with shared learning, outcomes and measures in respect of KPI's, identify and mitigate risks whilst also sharing good news stories.

Signatures				
Senior Responsible Officer at Special Measures Trust	Senior Responsible Officer at Buddy Trust	Monitor		
Signature	Signature	Signature		
Name	Name	Name		
Date	Date	Date		

Appendix 1: Buddy Work Plan

Area of Support Two: Improved Trust Board Quality Governance process

Areas of Support: Detailed Plan

Area of support

Improved Trust Board Quality Governance process,

Nature of support

The Risk Summit Actions detailed:

6. Greater focus on quality at Board level

To address this action the board must develop a robust process to deliver against Monitors Quality Governance Framework.

At the end of October 2013 the Trust Board declared its self-assessment score against the Quality Governance Framework at 3.9, below the threshold of 4 required by Monitor. Subsequently PWC provided external validation of the Trusts Board and Quality Governance and reported a score of 4 in January 2014.

The Trusts own self-assessment and the PWC external validation report identifies areas for improvement in order to reduce the QGF score to below 4 as required by Monitor.

In order to ensure improvement in the areas identified the Trust is holding a number of Confirm and Challenge events throughout 2014, the first one being 13th February 2014, in order to achieve a reduction in the Trusts QGF against trajectory.

These events comprise of a panel of Non-Executive Directors seeking assurance from the Trust on the robustness of internal processes to deliver and sustain the improvements required.

These Confirm and Challenge events would be enhanced by inclusion on the panels of appropriate representation from Newcastle upon Tyne NHS FT.

Cost

£19,180.00 plus 15% disbursement costs

Objectives and progress measures

Objective:

Reductions in QGF score, through improved Board Quality Governance.

Progress Measures:

Joint confirm and challenge events with representatives from Newcastle upon Tyne NHS FT.

Monthly reports to Trust Board detailing reduction in QGF score and trajectory for further reduction.

Key Performance Indicators

Outcome	First Phase Timeline for delivery	Measure	Responsible Officer
Improved Board Quality Governance	March 2014	Reduced QGF Score	Director of Corporate Services/Company Secretary

Appendix 1: Buddy Work Plan

Reporting and monitoring responsibilities

We will jointly produce a summary progress report which will be submitted to the, Special Measures PMO monthly. This report will be signed off by the Improvement Director prior to submission.

The report will update progress with shared learning, outcomes and measures in respect of KPI's, identify and mitigate risks whilst also sharing good news stories.

Signatures		
Senior Responsible Officer at Special Measures Trust	Senior Responsible Officer at Buddy Trust	Monitor
Signature	Signature	Signature
Name	Name	Name
Date	Date	Date