

**KEOGH ACTION PLAN**

**July 2013**

**KEOGH REPORT – MAY 2013**

Issue	Recommended Action	Outcome	Progress at 12/7/2013	Accountability	Timescale	Risk	
1	Full review of the Trust's corporate risk, business assurance framework and quality governance plans.	External capacity commissioned to undertake a full review and consolidate the risks into a revised corporate risk register and Business Assurance Framework by July.	Enhanced governance by a consolidated Corporate Risk Register and Business Assurance Framework.	Completed. To be presented to the Trust Board in July.	Ann Farrar	July	High
		Independent external review of quality governance completed in May.	Quality governance rating and action plan.	Completed in May and presented to the Board in June.	Ann Farrar	Completed May	High
		External support to lead a board and senior management development session assessment, escalation and management of risk to identify how the Trust evaluates and assures the quality and safety of its services.	Escalation standard clear. Directors clear on triggers for escalation.	Framework completed and presented to Trust Board in July. Development sessions arranged from September.	Ann Farrar	July	High
		Independent review of appropriate CQC outcomes to ensure fully compliance by July/August.	CQC outcomes reported as met or not met with clear action plan to be met. Service outcomes to be introduced.	In progress. To be completed by 19 July and presented to the Trust Board in July.	Birju Rana	July/ August March 2014	High

		The TDA Medical Director and Director of Nursing to source 'best in class' systems for reporting and monitoring outcomes at service, ward and consultant level. This would include benchmarking with the best. From September, focus on ownership and embed into the surgical services by March 2014.	Trust framework agreed to introduced Board to Ward outcomes.  Engagement and staff/team rollout within 12 months.	Consultant level data presented to Trust Board in July.  Ward elected for outcomes to be piloted in September. Clinical Audit Plan focused on services outcomes in surgery.	Mike Walker  Jeremy Rushmer/ Ramona Duguid	September	High
2	To review leadership capability and develop formal organisational development plan for all staff.	TDA to support the Trust Board to complete the review of the Executive leadership by end of June.	Stronger Executive team to deliver the Trust Board's strategic objectives.	Communication plan confirms changes from August.	Ann Farrar	June	High
		Middle management level to be in place by July.	Enhanced middle management model to deliver the Trust Board's strategy objectives.	Appointment interviews booked in July. Establish groups and start recruitment as appropriate.	Ann Stringer/ Corinne Siddall/ Chris Platton	July	Moderate
		Northumbria Healthcare has a successful track record of organisational development focusing on learning from the best and being ready for the future challenges. This involves working in strong partnership with key stakeholders.	The Clinical Business Unit leaders attend an OD programme to develop them as high performing teams.	Clinical Directors, Lead Nurses and Business Managers have the dates and the curriculum for the programme which starts September.	Ann Stringer	September	Moderate

3	Ensure robust arrangements for serious incident investigations.	TDA Medical Director and Director of Nursing to approve the immediate actions following the never events and recommend appropriate support on the broader issues and how to improve.	Clarity on immediate actions and evidence of embedded practice.  TDA Medical Director and Nursing Director approval of actions or suggestions for change.	Kathy McLean speaking with Jeremy Rushmer on 10 July. Report sent 12/7/2013.	Jeremy Rushmer/Chris Platton	June	High
		TDA identified a resource to deal with backlog of complaints and incidents, commencing in June.	Process reviewed and approved by Trust Board in July. Dedicated resource started with clear trajectory for improvement to meet NHS minimum standard.	1 <sup>st</sup> complaints over 100 days resolved. 50% of 2nd complaints have been completed, with the remainder being completed by 31st July.	Ramona Duguid	June	High
				Need additional resource in the CBU to reduce backlog from 100 to 25 days.	Ramona Duguid	August	High
		Trust to identify how they will accelerate embedding improvements across teams – June. TDA will support the Trust to implement this.	Framework for accelerating embedding improvement approved by the Trust Board.	Clinical risk included in lessons to be learnt. Safety panels commenced in June. 2012/13 SUIs to be closed down by 31 August. New SUI process commenced. Serious incident training commenced for senior managers.	Jeremy Rushmer/Chris Platton	June	High

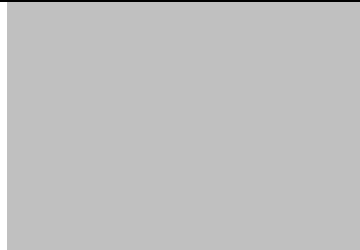
				Clinical audit, quarter 1, confirms serious incidents and complaints to be audited six months after action plan agreed to ensure actions embedded. This must include walkrounds.	Jeremy Rushmer/Chris Platton	November	High
		Professional support commissioned to provide the specialist training on SUI investigations.	Designated staff confirmed and training commenced. Timetable for staff confirmed.	Training completed for staff held in June.	Ramona Duguid	June	Moderate
		TDA Medical Director and Director of Nursing to engage best practice in complaints handling from an organisational development perspective by July. Northumbria to support implementation of new standards from July.	Complaints development session for staff. Best practice confirmed and complaints policy revised and approved by the Trust Board. Serious complaints treated on an equal basis with serious incidents.	Over 60 staff attended complaints development session on 18 June. Revised complaints procedures on new model to be approved by Trust Board in July.	Ramona Duguid/Ann Farrar	July	High

		TDA Medical Director to engage best practice in clinical audit; focus on prioritised service improvements.	Clinical audit plan revised to focus primarily on the mortality improvement plan and learning from serious incidents and complaints and reducing harm.	Await to hear on best practice. Clinical audit refocused on mortality improvements and serious incidents/complaints by Clinical Policy Group. Approved by Trust Board in July.	Jeremy Rushmer/ Ramona Duguid	July	Moderate
4	Review staffing levels to ensure safe care is delivered.	TDA Director of Nursing and Medical Director to review by end of July. To include: <ul style="list-style-type: none"> <li>▪ Introduction of acuity, geographical location and professional judgement model.</li> <li>▪ Consideration of rostering patterns and their impact on continuity of care and ward leadership 24/7.</li> <li>▪ Priority areas to be reviewed first are L shaped wards, critical care areas, including stroke and coronary care, elderly care wards and accident and emergency departments.</li> <li>▪ Clear escalation process and</li> </ul>	Director of Nursing report provides assurance to the Trust Board that nurse staffing levels are safe and where appropriate, escalation has taken place.	Review commenced and completed. Staffing numbers safe. Escalation in place. Review commenced on acuity and to be completed by September. Vacancy rate continues to reduce. Weekly monitoring in place. 52.20 WTE posts appointed to since September 2012.	Chris Platton	July	High

		<p>roles of ward manager, matron, senior nurses/midwife and Nurse Director to clarify escalation action and reporting.</p> <ul style="list-style-type: none"> <li>Routine audit of staffing levels and patterns by internal audit.</li> </ul>					
		<ul style="list-style-type: none"> <li>Review of recruitment processes and effectiveness of both clinical and non-clinical staff groups. Identifying areas of success and learning for the organisation.</li> </ul>	Recruitment process for medical staff is faster and fit for purpose.	Implemented in May.	Ann Stringer	May	High
			Recruitment process for nursing and other staff is faster and fit for purpose.	Implemented in June.	Ann Stringer	June	High
		<ul style="list-style-type: none"> <li>Review medical staff to ensure models are safe and sustainable.</li> </ul>	Medical Director report provides assurance to the Trust Board that the medical staffing levels are safe and where appropriate escalation has taken place.	Clinical Policy Group, in June, considered emergency care and acute medicine and acute surgery at WCH. Agreed the model was safe and appropriate escalation in place. 12 week rotas produced for acute medicine and surgery, and published	Jeremy Rushmer	July	High

				in clinical areas and intranet. Agreed with Deanery.			
5	Review staffing levels to ensure safe care is delivered.	To support small clinical teams with a high number of locums; the TDA Medical Director and Director of Nursing will provide advice for the faster implementation of care bundles (pneumonia, sepsis, kidney) and models for 7 day, cross site working, e.g. critical care, anaesthetics, OOH, GI bleeding.	Four care bundles are approved by Clinical Policy Group. Implementation by end of July.	Care bundles approved by Clinical Policy group in May. Printed and available to wards by end of July.	Jeremy Rushmer	July	High
			Model for critical care and high risk surgical pathways and timetable approved by Clinical Policy Group.	Model for high risk surgical pathway presented to Clinical Policy Group, CCG and Trust Board in July. Model for critical care to be presented in September.	Jeremy Rushmer	July	High
		To support the small clinical specialist teams to deliver enhanced national standards, the CCG/LAT will continue to support the implementation of Care Closer to Home and strengthen the links with tertiary centres to ensure long term sustainability of small specialist services, e.g. radiotherapy, vascular.	Clear commissioning strategy to support small specialist teams.	Meeting held amongst Medical Directors. Letter received confirming programme, to review and report recommendations to the North East Network.	Mike Prentice, Medical Director, Local Area Team	June	High
6	Ensure mandatory training is	Prioritise mandatory training to ensure staff have appropriate	Ward managers have been trained.	100% of ward managers trained.	Chris Platton	June	High



	supported.	time within the rostering.					
		Mandatory training compliance is part of Board assurance, however, evaluation of training to be part of Board assurance model.	Plans clear for how their staff are trained and approved by Workforce Committee.	Report received July.	Ann Stringer	July	High
		Additional face to face training to be delivered by the appointment of a Fire Officer and Resuscitation Officer. (TDA to identify suitable additional training capacity.	Additional staff in post and plan in place to deliver to the required standard.	Fire Officer commences 24 July. Three Resuscitation Officers in post and further part-time post to commence in September. Full training being delivered currently.	Steven Bannister	July	High
7	Promotion of a more supportive and open culture	Executive Team to implement an enhanced middle management tier, following appropriate consultation, that provides the right capacity and capability to support clinical teams.  A cultural measurement tool to be launched during June as part of Trust's OD strategy. This tool, recommended by the NPSA, will be completed by clinical teams who attend our bespoke Patient Safety Days.	See 2.  Baseline of cultural measurement tool and action plan reported to the Board.	  120 completed the tool in June. A further 120 staff expected to complete in July. Outcomes to be reported to the Trust Board in July.	Ann Stringer/Chris Platton/Corinne Siddall  Jeremy Rushmer	July  July	High  Moderate
		Evaluation of staff, patient and stakeholder opinions started to	Regular quarterly report to the Trust Board to	Agenda structured to receive report in July.	Ann Stringer/Chris	July	High

	be part of our Board assurance model from April. This is part of the Quality Standards agreed with the CCG from April.	monitor progress to move closer to the average.		Platton/Peter Weaving		
	Continue to implement the first North Cumbria OD plan, approved by the Trust Board in March. This will be evaluated by Trust Board 4 times a year.		Agenda structured to receive report in July.	Ann Stringer	July	Moderate
	Trust will commission North East Leadership Academy (NELA) to continue to support senior clinical leaders or similar programme.	Senior clinical leaders involved in a programme which has an outcome assessment and contribution to better outcomes and experience which is critical to the success of the Trust. Appraisal is used to assess leadership development and delivery. Training on MHPS delivered to key personnel	Clinical Business Unit Director attending. Trust responded to NELA on 12 July 2013.	Ann Farrar	July	Moderate
			Completed. Training provided.	Ann Stringer	June	Moderate
	As part of our OD strategy, the Trust to work in partnership with Northumbria on the consistent application of professional standards to address serious	MHPS a standard monthly report to Executive Team.	Report to EMT and Private Trust Board in July.	Ann Stringer	July	Moderate

		concerns raised regarding individual and team relationships, e.g. bullying allegations. Furthermore, the Interim MD is currently engaging specialist support to develop individuals into high performing teams from June, e.g. trauma and orthopaedics.	Formal external process in place to support trauma and orthopaedic team.	Terms of reference agreed. Company commissioned. Letters to consultants week beginning 8 July. Timeout with consultants, first week in September.	Ann Stringer	June	High
8	Review of Estates capability and capacity.	Interim Director and Deputy of Estates & Facilities appointed in the short term for the purpose of the Keogh review. This took effect on 21 May. Objectives agreed that fit this improvement plan and an appropriate range for the post of Director.		Secondment in place, objectives agreed.	Steven Bannister	May	High
		Independent external validation of governance was commissioned March 2013 for the 9 key HTMs. The reports were received in May. Independent external validation on procedural matters, e.g. operating theatre ventilation. Reports expected by the beginning of August, operating theatre report already received and being implemented now and expected to be complete by end of August. Systems are currently safe to use.	Operating theatres safe. Action plans to be produced by the Interim Director of Estates and Facilities by end of August and source of funding and timetable to be confirmed by North Cumbria Board no later than one month after the action plans produced. The TDA Medical Director to approve action plan.	Reports on target to be delivered by end of September. Initial reports lodged with Governance Committee and EMT	Steven Bannister	September	High

		Trust in the process of commissioning an external company to assess the competence and capability of the estates and facilities team. The report is expected to be complete by end of September.	Workforce development plan approved and in place with appropriate timescale.	Commissioned report due in September.	Steven Bannister	September	Moderate
		The same company as above is being commissioned to assess full compliance of the appropriate CQC outcomes and their report is expected by the end of September.		Commissioned report due in September.	Steven Bannister	September	Moderate
		An independent investigation to provide assurance that safe systems for medical device equipment maintenance are in place started. This is expected to be complete within two weeks.	Safe systems in place for equipment.	Started and report finalised. Safe systems in place. Report lodged with EMT.	Steven Bannister	July	Moderate
		Trust approved an additional post in late 2012 and an employee commenced March 2013 to undertake planned preventative maintenance for high risk equipment.	PPM baseline confirmed and trajectory in place to meet standard by September.	Performance data submitted to FIP.	Steven Bannister	September	High
		Additional manpower is required to maintain the non high risk	CQC compliance would be fully met.	Business cases to be submitted to EMT in August.	Steven Bannister	September	High

		<p>equipment on a planned preventative basis. Currently the equipment is maintained 'on request'; this does not compromise patient safety. Funding for these posts is planned to be made available once the Trust achieves a recurring balance.</p> <p>A replacement equipment programme for North Cumbria is included in the long term financial model; new equipment for West Cumberland Hospital is part of the hospital redevelopment plan. The new hospital is scheduled to open 2014. The Trust Board will be assured by quarterly reports on key performance, e.g. % of equipment maintained.</p>	<p>The Trust Board has an open and transparent plan for the replacement of equipment in the short, medium (3 years), long term (5 years).</p>		<p>Steven Bannister</p>	<p>September</p>	<p>Moderate</p>
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9	Review infection and control policies and practices with full organisational ownership.	TDA infection control team to continue to provide external support on best practice and assess progress.	A robust strategy and action plan to reduce hospital acquired infections.	Ongoing with visits 3-4 weekly intervals.	Clive Graham	April	High
		A revised and comprehensive service development plan was approved by the Trust Board in April following a visit to a best practice site arranged by the TDA.	Statement on clarity of purpose by Chief Executive.	Completed. Regular Public Trust Board item of business.	Ann Farrar	May	High
		Interim CEO started to Chair the new Infection Prevention Control Committee from May to emphasise the organisation's commitment to this national minimum standard and confirm the delivery is everybody's responsibility.		Completed	Ann Farrar	April	Moderate
		DIPC leadership changed to the CBUD on 1 April 2013 and there is a plan for one DIPC on the date of acquisition.		Completed	Clive Graham		Moderate
	From June, Northumbria is supporting the delivery of robust realtime performance for the full range of compliance standards. First report expected July and will be reported to the Infection	Consolidated realtime performance report. Revalidation based on well recognised national policy.	First ward outcome report on prevention and outcome measures reported to wards and Trust Board in July.	Clive Graham	July	High	

		Prevention Control Committee and Trust Board from July.				
		95% of staff to receive mandatory training on infection control by March 2014.		Ongoing with very regular monitoring.	Ann Farrar	March 2014 High
		From May, urgent implementation of best practice, that is, deep cleaning, HPV, cleaning products, antibiotic compliance and root cause analysis by the consultant and ward manager.	Increase from 41% at the end of May to 95%.  25% of wards operate to best practice standards. 50% of wards. 100% of wards.	Deep cleaning programme commenced 24 June 2013.	Clive Graham	September  December March 2014 High