

The Keogh Report - Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report by Professor Sir Bruce Keogh KBE, Department of Health, 16 July 2013,¹

The review process

The review process was designed by a team of clinicians and other key stakeholders, based on the NHS National Quality Board guidance and was guided by the following principles:

- > Patient and public participation
- > Listening to the views of staff
- > Openness and transparency
- > Co-operation between organisations

There were three stages.

Stage 1 – Information gathering and analysis

“A critical step in the process was for CCGs to feed in their local intelligence from the GPs who commission services from the trusts.” The datasets have been published on the NHS Choices website²

Stage 2 – Rapid Responsive Review (RRR)

Scheduled and unannounced visits involving walking the wards and engaging with patients, trainees, staff, governors and the senior executive team were documented in a RRR report.

Stage 3 – Risk summit and action plan

“We held a ‘risk summit’ for each hospital at the end of the process so that all the key players - the regulators, improvement agencies and CCGs – together with senior members of the trust board, could come together to agree a plan of action to drive forward improvements in the interests of patients.”

Ambitions for improvement

The review identified some common challenges facing the wider NHS resulting in a number of ambitions for improvement within two years. Key points for commissioners include:

Ambition 1

“demonstrable progress towards reducing avoidable deaths in our hospitals, rather than debating what mortality statistics .”

Actions include:

- “the use of an early warning system and ... escalation procedures for deteriorating, high-risk patients - in particular at weekends and out of hours. Commissioners and regulators should seek assurance that such systems are in place.”
- Development of a “new national indicator on avoidable deaths in hospitals, measured through the introduction of systematic and externally audited case note reviews.”

Ambition 2

The boards and leadership of provider and commissioning organisations will be confidently and competently using data and other intelligence.... They, along with patients and the public, will have **rapid access to accurate, insightful and easy to use data about quality at service line level.**

Actions include:

- Development of “a common, streamlined and easily accessible data set on quality”

¹ Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report by Professor Sir Bruce Keogh KBE, July 2013 <http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf>

² The Keogh Mortality Review outcome reports <http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx>

- “work ... to streamline efforts to address any skills deficit ... around the use of quantitative and qualitative data to drive quality improvement.”

Ambition 3

Patients, carers and members of the public will increasingly feel like they are being treated as **vital and equal partners** in the design and assessment of their local NHS. ... confidence that their feedback is being listened to and ... is impacting on their own care and the care of others.

Actions include:

- “All NHS organisations should seek to harness the leadership potential of patients and members of the public ... whether as providers, commissioners or as part of future inspections by the regulators.”

Ambition 4

Patients and clinicians will have **confidence in the quality assessments made by the CQC...**

Actions include:

- “data and soft intelligence [will come] together is in the recently formed network of Quality Surveillance Groups³.”

Ambition 5

No hospital, however big, small or remote, will be an island unto itself. **(Research & Innovation)**

Actions include:

- “NHS England should ensure that the 14 hospitals covered by this review are incorporated early into the emerging Academic Health Science Networks. We know that the best treatment is delivered by those clinicians who are engaged in research and innovation.”

Ambition 6

Nurse staffing levels and skill mix will appropriately reflect the caseload and the severity of illness ... and be transparently reported by trust boards.

Actions include:

- Boards should sign off and publish evidence-based staffing levels at least every six months, providing assurance about the impact on quality of care and patient experience.
- The National Quality Board will shortly publish a ‘How to’ guide on getting staffing right for nursing.

Ambition 7

Junior doctors in specialist training will not just be seen as the clinical leaders of tomorrow, but **clinical leaders** of today.

Ambition 8

All NHS organisations will understand the positive impact that **happy and engaged staff** have on patient outcomes, [as] a key part of their quality improvement strategy.

Actions include:

All NHS organisations need to be thinking about innovative ways of engaging their staff.

³ How to establish a Quality Surveillance Group guidance, DH January 2013

[https://www.gov.uk/government/publications/how-to-establish-a-quality-surveillance-group-guidance-](https://www.gov.uk/government/publications/how-to-establish-a-quality-surveillance-group-guidance)
[-2](https://www.gov.uk/government/publications/how-to-establish-a-quality-surveillance-group-guidance)

