Keogh identifies failings but outlines achievable ambitions for improvement

The Keogh (2013) review into the quality of care and treatment provided by 14 hospital trusts in England again highlights failures in all three domains of quality, clinical effectiveness, patient experience and safety, as well as failures in professionalism, leadership and governance.

Following the Francis report into Mid Staffs NHS Foundation Trust and the central implication of Francis – that within parts of the hospitals, dignity, care and compassion are routinely absent from care of patients and that patients and families suffered appalling standards of care – Professor Sir Bruce Keogh, the NHS Medical Director, was asked to review the quality of care provided by hospital trusts which have persistently high mortality rates (Francis, 2010, 2013).

The review and inspection of hospitals was much broader than those carried out by regulators in the past, with multidisciplinary teams, senior clinicians, specialists, nurses and managers. The review placed significant value on the insight that could be gained from listening to staff and patients, as well as local populations, although they found it difficult at times to have a good attendance at the public meetings which were organized by the local trusts themselves. Recognizing the complexity of using and interpreting aggregate measures of mortality, the review accepted that it would be clinically meaningless and academically reckless to use substandard statistical measures to quantify actual numbers of avoidable deaths.

Robert Francis himself said:

'it is in my view, misleading and a potential misuse of the figures to extrapolate from them a conclusion that any particular number or range of number of deaths were caused or contributed to by inadequate care.' (Francis, 2013)

However, it is disappointing that the Keogh (2013) report and its findings has been used by politicians as a political football instead of concentrating on improving patient care (King's Fund, 2013 **AQ is this the right place, or end of next para?**).

Although the review identified that individual trusts faced different sets of circumstances, pressures and challenges, there were some common themes such as the capacity and capability of the hospital boards and poor leadership that lead to an inability to develop the right culture of care at the hospitals.

Another common theme resulting in poor clinical quality or patient experience was a limited understanding of how important and how simple it could be to listen to the views of patients and staff and engage with them in improving patient services. There was an imbalance in the use of transparency for the purpose of accountability and blame rather than for support and service improvement, and also a failure to support or recognize front-line clinicians, particularly junior nurses and junior doctors.

In addition to investigating the quality of care in these Trusts, the review also makes recommendations for improvements in the wider NHS. The review's recommendations, which provide a mixture of intervention and support, focusing on developing effective leadership on the boards and recognizing the huge role to be played by patients and local populations, are very welcome. It is critical that every hospital board has a culture that puts patients right at the heart and centre of its provision and always thinks first of the patients rather than the organization.

The NHS is the UK's most valued institution and although the Francis report and the Keogh review have identified unacceptable care failings and poor clinical quality, many more hospitals deliver excellent standards of care. Even in the trusts reviewed by Keogh, examples of excellent practice were identified in many aspects of clinical care and the patient experience.

Patient engagement

Keogh recognizes that the involvement of patients and staff was the single most powerful aspect of the review process and equally that many of the hospitals inspected did not have any meaningful processes for accessing patient insight, views and feedback.

There needs to be a cultural change in how the NHS listens to feedback, concerns and complaints and how it engages with the patients and staff. Every hospital needs to ensure that it has meaningful engagement at a local level with patients, the public and stakeholders and the engagement needs to be with all sections of the populace. Engagement structures should reflect and value the diversity of the local populations and patients and ensure that the views of those who are hard to reach or are most vulnerable are reflected in the engagement processes. The engagement needs to result in a meaningful two-way dialogue and hospitals need to state clearly what the engagement has achieved, what has changed and how it has made a difference.

Engagement should not be restricted to consultations about what the hospitals are planning but should also actively seek views from local communities and patients concerning the strategy and policy that needs to be developed. It is equally critical that patients and the public are involved in local inspections and not just in the inspection visits but also in designing and developing the programme for these inspections (Hough, 2013). In addition, patients should have an active role in multidisciplinary teaching on principles of good practice and communication with relatives, not just as role players in objective structured clinical examinations and other examinations.

Hospitals should develop a culture where the concerns of patients, carers and staff and the handling of complaints are valued in an open and transparent way (Goorah et al, 2013). Trusts need to have systems in place to learn from complaints

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and to share good practice and information, and they need to use that information to continually improve services and performance. Trusts need to view and respond to complaints and use these as an opportunity to put things right. They should gather and analyse information and this should be used as a learning tool. This information needs to be shared with other professional groups and departments, and feedback built into models of service delivery. The learning and improvement must be shared with the complainants and patient reference groups. When dealing with vulnerable patients and relatives, trusts need to recognize and respect the roles and responsibilities of relatives and next of kin.

Leadership

Both Francis and Keogh identified lack of leadership and capacity of trust boards as a common theme in poorly performing organizations. Keogh found a deficiency in the high level skills and sophisticated capabilities necessary at board level to draw insight from available data and then use it to drive continuous improvements. Very often the boards were concentrating on data that reassured them that they were doing a good job rather than challenging and asking for further clarification in terms of data that revealed inconvenient truths.

Non-executive directors on trust boards needs to have the skills and competence and the clinical knowledge to be able to ensure proper accountability and the NHS Trust Development Authority and Monitor should work together to streamline efforts to address any skills deficit in NHS trusts and NHS foundation trusts.

Keogh recommends greater clinical involvement and knowledgeable challenge on NHS boards and it is important that every trust board has a non-executive director with clinical experience. In addition the boards need to ensure that their prime focus is not on reaching targets, achieving financial balance or seeking foundation trust status, but always on delivering safe and acceptable standards of care. When hospitals are applying for foundation trust status, it is important that, apart from demonstrating financial competence and viability, they are able to demonstrate to equal levels, patient satisfaction and patient experience demonstrated by staff and patient surveys and the friends and family test (Singh et al, 2013).

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KEY POINTS

- Delivering high quality, safe, effective and patient-centred care must be the first priority of all NHS organizations.
- The capacity and capability of NHS trust boards to develop and deliver the right culture needs to be strengthened and every board must have a non-executive director with clinical experience.
- Meaningful public and patient engagement must be established by every organization, and patient carers and members of the public should be viewed as vital and equal partners in designing and assessing their local hospitals.
- Frontline clinical staff must be valued and supported and their energy must be 'tapped, not sapped'.

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