

# THE KEOGH REVIEW :

## What's the big deal?

A question for all of us



### What's it all about?

Following the second Francis report (February 2013), **14 hospital trusts** were identified as having persistently high **Hospital Standardised Mortality Rates (HSMR)** and/or **Summary Hospital-Level Mortality Indicators (SHMI)**. Consequently, the Prime Minister asked Sir Bruce Keogh (the National Medical Director) to look into these trusts. The final report, published just over five months after the review began, highlights common important themes identified at the trusts and sets out eight ambitions to improve the quality of care provided.

There are recommendations for boards, nursing staffing and a call for Academic Health Science Networks to help end isolation of trusts. Hospitals are encouraged to use their data to drive quality improvement as well as increased patient and staff satisfaction and involvement. The report urges all of us to work together with a reduction in avoidable deaths and improved quality as the ultimate goal.

## WHAT DO WE NEED TO DO?

**1. Speak:** Speak up about what works well and be honest about what doesn't. If the quality of care isn't what you would want for your family and friends or there are things that keep you awake at night – tell them. Use your experience as a junior doctor, working in a variety of departments and trusts to share your ideas of what works well elsewhere. Bring your fresh eyes to the department. Be part of making things better for your patients by helping to develop solutions.

**2. Act:** Turn your impending audit into a quality improvement project that actually makes a difference to the service you and your colleagues provide. The use of mortality (and other) data is going to become increasingly important to your trust. Get involved with shaping how they are going to do that – making sure that it's used in a way that's helpful and clinically relevant to you and your patients.

### Join up

The new Chief Inspector of Hospitals (Sir Mike Richards) now wants all future hospital inspections to have a junior doctor on the panel. To learn more about getting involved visit [www.cqc.org.uk](http://www.cqc.org.uk) or email [Joinmikesarmy-juniordoctors@cqc.org.uk](mailto:Joinmikesarmy-juniordoctors@cqc.org.uk).

Find out more at: [www.fmlm.ac.uk/keogh-review](http://www.fmlm.ac.uk/keogh-review)

Bethan Graf and Lola Loewenthal  
Esther Kwong, Nassim Parvizi and Parashar Ramanuj  
On behalf of the National Medical Director Clinical Fellows 2012-3

### What's it got to do with Junior Doctors?

Although all the ambitions are relevant to the work we do – one of them is specifically about us. It asserts that junior doctors must not 'just be seen as the clinical leaders of tomorrow, but clinical leaders of today'. It encourages us to use and harness our energy and creativity to help 'the NHS join the best organisations in the world'. Sir Bruce, the most senior medical leader in the NHS, has strongly advised Medical Directors to tap into the latent energy of junior doctors, describing us as 'potentially our most powerful agents for change'. If your trust really aspires to be as good as it can be it needs to listen and engage with you.

**3. Lead:** If your trust doesn't already have a junior doctor forum for you to be able to voice your thoughts to senior clinicians and managers, build one. Invite your Chief Executive or Medical and Nursing Directors to come and speak with you. Learn more about their roles and reasons for making the decisions they do by asking to shadow them for a day. Invite them to come and work with you for the day – what better way to demonstrate your knowledge, experience and passion for your patients?

We need to move away from allowing ourselves to be treated as 'just' junior doctors. Sir Bruce has very publically announced to the NHS that we are the clinical leaders of today, not just tomorrow. It's now up to us to prove him right.