Appendix 2: Analysis of independent review recommendations – 19 November 2014

Recommendation 1: The EDEN strategy is out-of-date and insufficiently detailed. It is not appropriate to include the engagement strategy in the CCG's constitution. It should be removed and replaced (but not in the constitution) with a more dynamic document, for annual review and updating, providing details on how the CCG's aims will be achieved.

Summary: Remove EDEn Strategy from the CCG constitution. Develop a revised, dynamic strategy.		
Suitability • Aligns with Corporate Objective 3, 'engage and empower patients, carers and the diverse communities of Brent'. • Follows NHS England recommendations • Increases the capability to develop and revise patient engagement structures	*Feasibility* • Existing EDEn Strategy is within the CCG Constitution. • Resource needed to develop and consult on removing the strategy from the Constitution. • Resource needed to develop a new Brent equality and engagement strategy.	*Acceptability* • Locality Patient Participation Group Chairs raised their objections to this recommendation with the review team. All stakeholder views were considered by the independent review in reaching this recommendation. • A new strategy will have implications for how equality and engagement is managed and monitored across the CCG. • CCG GP Members have indicated support for the Governing Body taking responsibility for ensuring appropriate equality and engagement arrangements are in place.
Implementation of this recommendation: Removal of the EDEn Strategy from the CCG Constitution, with the necessary stakeholder consultation, could be achieved by the 06 January 2015 NHS England deadline for CCG Constitutional change applications. A steering group could be established to begin co-designing a new Brent equality and engagement strategy, based on the principles derived from the independent review report: insight; communication; outreach; integration; promoting a culture of transparency and learning.		

Recommendation 2: The EDEN strategy should promote opportunities for closer collaboration with Brent Council, in particular the Health and Wellbeing Board, and other local agencies, to strengthen the momentum towards more integrated services and greater emphasis on prevention.

<table>
<tr><th colspan="3">Summary: Joint strategic engagement plans with Brent Council, HealthWatch, and others when developing integrated services.</th></tr>
<tr>
<td>Suitability
Aligns with Corporate Objective 3, ‘engage and empower patients, carers and the diverse communities of Brent’.
Aligns with Corporate Objective 4, ‘collaborate to strengthen the CCG’s ability and capacity to deliver strategic priorities’.
Aligns with Brent Health and Wellbeing Board Strategy principle to ‘work together to deliver improved services’.
Brent Council is currently consulting on their 2015-19 Borough Plan, to make best use of public sector resources.
Governance arrangements differ between different statutory partners.</td>
<td>Feasibility
Likely economies of scale, scope and learning when developing integrated services.
Requires joint engagement resources to be identified and used flexibly given the diversity of issues.
Common objectives needed to measure the success of engagement activities.</td>
<td>Acceptability
Collaboration exists between Brent CCG, Brent Council, HealthWatch, Brent Council for Voluntary Services, and other community groups for integrated service design.
Brent Council offer to extend existing ‘Brent Connects Forums’ to include CCG-related issues.
Ability to address whole care-pathways: health promotion; illness/relapse prevention; illness treatment.</td>
</tr>
<tr><td colspan="3">Implementation of this recommendation: Work could begin to map strategic opportunities with Brent Council and the Health and Wellbeing Board as part of the current development of the 2015-19 Brent Borough Plan. This would include standing health updates at future Brent Connects Forums, from January 2015.</td></tr>
</table>

Recommendation 3: Brent CCG should employ or contract with an insight manager (data analyst) who knows how to obtain and analyse data on patients' experience and outcomes. This person could also be responsible for advising commissioners on the design and implementation of special studies, where necessary.

<table>
<tr><th colspan="3">Summary: Develop a commissioning 'insight' function. Gather, analyse and use patient experience and outcome data.</th></tr>
<tr>
<td>Suitability
Aligns with Corporate Objective 1, 'commission high quality, safe and sustainable models of care that deliver improved clinical outcomes and patient experience of care'.
Aligns with recommendations from the Francis Report (2013), Berwick Report (2013), and Keogh Report (2013) to make better use of available data to improve service quality.
Provides the capability for a balanced interpretation of qualitative and quantitative data.
Improves the evidence-base for strategic decisions around patient experience, safety, clinical effectiveness and financial investment.</td>
<td>Feasibility
Existing contract data analyst capability within the shared commissioning support services
The independent review highlighted some sources of publicly available data.
Additional resource needed for new function (role requirements likely to include searching for new data, qualitative analysis, literature searches, meta-analysis, and designing bespoke studies).
Possible economies of scale by working with Brent Council, other CCGs, or the Academic Health Science Network.
Opportunities may exist to buy-in some insight services from Commissioning Support Services.</td>
<td>Acceptability
Cost-benefit analysis required as part of scoping the new function.
Potential to improve patient engagement throughout the commissioning cycle.
Improves the evidence-base for service developments.
Potential to reduce wasteful spend on poor-quality care.</td>
</tr>
<tr><td colspan="3">Implementation of this recommendation: Work could begin to define the insight function needed (drawing on examples identified by the independent review team). This specification could then be used to look for existing synergies within the Commissioning Support Service, and to assess the cost-benefits of working with an outside organisation. Establishing an insight function by 27 February 2015 would allow the 2015/16 contract year to be a learning period for developing a range of community engagement activities across the commissioning cycle. It would be possible to buy-in some insight capabilities in the short-term.</td></tr>
</table>

Recommendation 4: The CCG should employ or contract with a communications specialist with expertise in designing public information and consultations to take a lead in redesigning all communications media and outputs, and to work alongside commissioning leads to facilitate an improved dialogue with local people.

Summary: Improve the 'communications' function. Redesign content for 'routine public information' and 'outreach'.		
Suitability • Aligns with Corporate Objective 2, 'Ensure that the CCG operates in a manner that is financially and organisationally effective'. • Aligns with Corporate Objective 3, 'engage and empower patients, carers and the diverse communities of Brent'. • Provides greater transparency of strategic decisions. • Provides greater collaboration with community groups to improve local awareness of health services and self-care opportunities.	*Feasibility* • Existing communication capability within the shared commissioning support services. • Additional resource needed for training staff in writing complex information in 'plain English'. • Additional resource needed for new function (role requirements likely to include producing information adapted to the needs of the target audience, making 'business as usual' information publicly available, and keeping a history of service developments).	*Acceptability* • Cost-benefit analysis required as part of scoping the new function. • Addresses concerns identified during the independent review that the CCG culture appeared 'secretive' and 'defensive' to some stakeholders. • Improves the clarity, continuity and timeliness of information across the commissioning cycle to the public, statutory partners, and CCG staff. • Existing communication staff are aware of the need improve the service.
Implementation of this recommendation: Work could begin with the Commissioning Support Service to identify the additional communication functions required, and to assess the costs and benefits of a dedicated resource for Brent CCG. Enhancing the communications function by 31 March 2015 would allow the 2015/16 contract year to be a learning period for developing a range of community engagement activities across the commissioning cycle.		

Recommendation 5: Brent CCG currently employs an Equality and Engagement Manager. This important role should be supported with sufficient resources to extend and increase the various outreach activities, ensuring that they link directly to commissioning priorities and are planned systematically and proactively.

Summary: Improve the 'outreach' function. Proactively plan activities that support commissioning priorities.		
Suitability • Aligns with Corporate Objective 2, 'Ensure that the CCG operates in a manner that is financially and organisationally effective'. • Aligns with Corporate Objective 3, 'engage and empower patients, carers and the diverse communities of Brent'. • Provides the capability to systematically deliver high quality 'outreach' engagement.	*Feasibility* • Change required to existing arrangements (see recommendation 8). • Existing project management office capability would need to be extended to include equality and engagement. • Existing engagement capability to proactively coordinate and support outreach activities. • Community group funding arrangements need clarification (see recommendation 9).	*Acceptability* • All stakeholder views were considered by the independent review in reaching this recommendation. • Cost-benefit analysis required as part of the scoping of new functions. • Cost-benefit analysis required as part of proposals to offer grants. • Provides a clear link between commissioning priorities and outreach activities that are proportionate to the impact on patients. • Increases the capacity to talk to local people in places where they normally gather, and to ask for their views on a service they are familiar with. • Existing engagement staff and project management office staff are aware of the need improve the service. • CCG GP Members have indicated support for the Governing Body taking responsibility for ensuring appropriate equality and engagement arrangements are in place.
Implementation of this recommendation: Work could begin to create a substantive Equality and Engagement Manager position by January 2015. Work could continue to embed equality and engagement monitoring into the CCG project management systems. Establishing a systematic equality and engagement function by 31 March 2015 would allow the 2015/16 contract year to be a learning period for developing a range of community engagement activities across the commissioning cycle.		

Recommendation 6: The CCG should adopt an engagement template for use by commissioners throughout the development and production of a commissioning plan and provide training in how to use it. The same template could be used by the group responsible for providing assurance to the Governing Body, alongside the NHS Equalities Delivery System template.

Summary: Use a common template for developing engagement plans and providing assurance.		
Suitability • Aligns with Corporate Objective 2, 'Ensure that the CCG operates in a manner that is financially and organisationally effective'. • Aligns with Corporate Objective 3, 'engage and empower patients, carers and the diverse communities of Brent'. • Aligns with the NHS 'Equalities Delivery System 2' report.	*Feasibility* • Change required to existing arrangements (see recommendation 7). • NHS Equalities Delivery System 2 report is due for submission 31 January 2015. • Existing project management office capacity would need to be extended to provide regular reports based on the engagement template.	*Acceptability* • All stakeholder views were considered by the independent review in reaching this recommendation. • Existing engagement staff and project management office staff are aware of the need improve the service. • CCG GP Members have indicated support for the Governing Body taking responsibility for ensuring appropriate equality and engagement arrangements are in place.
Implementation of this recommendation: Work could begin to agree a equality and engagement template as part of CCG assurance monitoring. Data gathered for the 'Equalities Delivery System 2' would provide a useful baseline for monitoring subsequent improvements. This would be particularly helpful if the 2015/16 contract year were to be a learning period for developing a range of community engagement activities across the commissioning cycle.		

Recommendation 7: The Governing Body should review and reorganise its committee structure to include patient representation more effectively in all relevant committees and sub-committees. The aim should be to embed engagement throughout the organisation and beyond, instead of confining it to a single committee. Strategy implementation and oversight should be separated from the provision of assurance by delegating these responsibilities to different committees, both with significant lay membership.

<table>
<tr><th colspan="3">Summary: Review and reorganise committee structures. Introduce lay members into other relevant committees.</th></tr>
<tr>
<td>Suitability
Aligns with Corporate Objective 3, ‘engage and empower patients, carers and the diverse communities of Brent’.
Provides separation of responsibilities for developing a plan for patient and public engagement, and the assurance process to check on the delivery, implementation and impact of the plan.
Demonstrates and supports a fundamental change in the understanding and practice of patient and public engagement.
Aligns with the proposed NHS ‘Workforce Race Equality Standard’.</td>
<td>Feasibility
Existing CCG Constitution gives the EDEn Committee dual responsibilities for strategy and assurance of equality and engagement. The CCG provides resources. The committee adopted interim arrangements pending the outcome of the independent review.
Terms of Reference in the CCG Constitution for relevant committees may need to be revised to include additional lay members.
Good working relationships and balanced decisions require an equal sense of entitlement between lay members from different backgrounds, and with CCG staff.
Agreement needed of the roles, numbers, and selection criteria of additional lay members.
New proposed NHS Workforce Race Equality Standard expected for April 2015 (details due in December 2014).
Additional resource needed to extend lay membership to more committees.
Resource needed to develop and consult on revised wording for the CCG Constitution.</td>
<td>Acceptability
Cost-benefit analysis required as part of scoping the extension of lay members.
As members of the EDEn Committee, Locality Patient Participation Group Chairs participated in the review, made their concerns known, and are aware of this recommendation.
All stakeholder views were considered by the independent review in reaching this recommendation.
CCG GP Members have indicated support for the Governing Body taking responsibility for ensuring appropriate equality and engagement arrangements are in place.
Depending on roles and selection criteria, increasing lay membership may increase the diversity of the workforce. Under the proposed NHS Workforce Race Equality Standard, from April 2015 all NHS organisations (including Brent CCG) will be expected identify and address racial inequality, and improve service quality through diversity. It is intended that other protected characteristics groups should also benefit from this approach.</td>
</tr>
<tr><td colspan="3">Implementation of this recommendation: The independent review team examined the EDEn Committee arrangements in detail; the Terms of Reference of other subcommittees and committees would require urgent revision to include lay members where relevant. Changes to the CCG Constitution regarding the EDEn Committee and other committees, with the necessary stakeholder consultation, could be achieved by the 06 January 2015 NHS England deadline for CCG Constitutional change applications. These revised arrangements should come into effect as soon as possible, with a review no later than September 2015. Data from the workforce audit of diversity (expected in December 2014 in preparation for the NHS ‘Workforce Race Equality Standard’) could be used to define some requirements for additional lay members representing different communities.</td></tr>
</table>

Recommendation 8: The Locality Patient Participation Groups are a relatively inefficient means of gathering intelligence on the health and social care experiences of Brent residents. This can be better achieved by developing an insight function and by strengthening outreach initiatives.

<table>
<tr><th colspan="3">Summary: Redirect CCG resources away from Locality Patient Participation Groups towards ‘insight’ and ‘outreach’.</th></tr>
<tr>
<td>Suitability
Aligns with Corporate Objective 2, ‘Ensure that the CCG operates in a manner that is financially and organisationally effective’.
Provides clarity on relationship between CCG and Locality Patient Participation Groups.</td>
<td>Feasibility
Locality Patient Participation Groups are independent entities with their own Constitutions.
Existing EDEn Strategy within the CCG Constitution identifies Locality Patient Participation Groups as the main route for patient engagement, and the CCG provides resources.
Resource needed to develop and consult on removing Locality Patient Participation Group support from the CCG Constitution.</td>
<td>Acceptability
Locality Patient Participation Group Chairs participated in the review, made their concerns known, and are aware of this recommendation.
All stakeholder views were considered by the independent review in reaching this recommendation.
From 01 April 2015, it will be a contractual requirement for all English General Practices to have a Patient Participation Group and to make reasonable efforts for this to be representative of the practice population. They may benefit from the experience of Locality Patient Participation Groups.</td>
</tr>
<tr><td colspan="3">Implementation of this recommendation: Changes to the CCG Constitution regarding the Locality Patient Participation Groups, with the necessary stakeholder consultation, could be achieved by the 06 January 2015 NHS England deadline for CCG Constitutional change applications. Work could begin to capture the learning from Locality Patient Participation Groups in a way that my provide advice to General Practices establishing their own Patient Participation Groups.</td></tr>
</table>

Recommendation 9: Community engagement in specific commissioning initiatives should begin at an early stage in the commissioning cycle and continue throughout the process. Working groups established for specific tasks should be well resourced and well supported. Training should be provided for community group members and for commissioning leads. Priorities should be determined with reference to the Joint Strategic Needs Assessment and the Health and Wellbeing strategy. Grants should be made available to community groups to facilitate and strengthen their involvement to inform commissioning.

<table>
<tr><th colspan="3">Summary: Outreach activities through community groups and specific working groups should be adequately resourced.</th></tr>
<tr>
<td>Suitability
Aligns with Corporate Objective 2, ‘Ensure that the CCG operates in a manner that is financially and organisationally effective’.
Aligns with Corporate Objective 3, ‘engage and empower patients, carers and the diverse communities of Brent’.
Aligns with Corporate Objective 4, ‘collaborate to strengthen the CCG’s ability and capacity to deliver strategic priorities’.
Aligns with Brent Health and Wellbeing Board Strategy principle to ‘work together to deliver improved services’.</td>
<td>Feasibility
Existing engagement capability to proactively coordinate and support outreach activities.
Additional resource needed to deliver more outreach activities (likely to be mixed model using CCG staff and community groups).
Standing Financial Instructions need to be revised to clarify arrangements for providing grants to community groups.
Agreement needed of the roles, numbers, and eligibility criteria of community groups that could apply for grants.
New arrangements need time to develop and synchronise with the commissioning cycle.
Additional resource needed for training community group members and commissioning leads about co-design.</td>
<td>Acceptability
Cost-benefit analysis required as part of scoping the support of community groups.
Existing commissioning leads are aware of the need improve the service.</td>
</tr>
<tr><td colspan="3">Implementation of this recommendation: Training in co-design could be identified, with an aim to complete this with community group members and for commissioning leads by 27 February 2015. The possibility and limitations under the Standing Financial Instructions for small grant funding could be explored by an implementation group. Addressing these factors would allow the 2015/16 contract year to be a learning period for developing a range of community engagement activities across the commissioning cycle. Developing more explicitly shared priorities across statutory partners could be an area of proposed joint development in 2015/16 and a part of the 2015-19 Brent Borough Plan.</td></tr>
</table>

Recommendation 10: The Health Partners Forums should be retained and strengthened, ensuring that they facilitate genuine community participation and debate. The CCG should measure the impact of its engagement activities and feed the results back via the Health Partners Forum.

<table>
<tr><th colspan="3">Summary: Health Partners Forum should be smaller, focused and more frequent to give feedback from outreach activities and encourage debate.</th></tr>
<tr>
<td>Suitability
Aligns with Corporate Objective 3, ‘engage and empower patients, carers and the diverse communities of Brent’.
Aligns with Corporate Objective 4, ‘collaborate to strengthen the CCG’s ability and capacity to deliver strategic priorities’.</td>
<td>Feasibility
Existing resource for Health Partners Forum used to give information and hold small group discussion.
Format needs revision to be smaller and more frequent.
Additional resource may be needed for community leads to facilitate discussions and debates.
Structured feedback dependent on routine engagement outcome data collection (recommendation 5) and clear communication (recommendation 4).
Coordination with Brent Council dependent on shared engagement approaches (recommendation 2).</td>
<td>Acceptability
Cost-benefit analysis required as part of scoping the additional benefits from introducing more opportunity for debate.
Collaboration exists between Brent CCG, Brent Council, HealthWatch, Brent Council for Voluntary Services, and other community groups for supporting the Health Partners Forum.</td>
</tr>
<tr><td colspan="3">Implementation of this recommendation: Training in co-design (recommendation 9) would need to be completed with those community leads asked to act as external facilitators in small group discussions and debates. Health Partners Forum dates and scope could be revised as part of a 2015/16 contract year learning period for developing a range of community engagement activities across the commissioning cycle. Opportunities to work with Brent Council on joint engagement events may give further opportunities for public debate.</td></tr>
</table>

Recommendation 11: The CCG should allocate a defined budget to support its engagement activities, including insight, communications, outreach and governance arrangements. It should make substantive staff appointments to lead these activities.

<table>
<tr><th colspan="3">Summary: Equality and engagement activities should have a defined budget and be led by substantively appointed staff.</th></tr>
<tr>
<td>Suitability
Aligns with Corporate Objective 1, ‘commission high quality, safe and sustainable models of care that deliver improved clinical outcomes and patient experience of care’.
Aligns with Corporate Objective 2, ‘Ensure that the CCG operates in a manner that is financially and organisationally effective’.
Aligns with Corporate Objective 3, ‘engage and empower patients, carers and the diverse communities of Brent’.
Provides capability to meet statutory duties for equality, engagement and integration.</td>
<td>Feasibility
Establishing substantive posts would require clear job descriptions and revisions to the CCG staffing budgets.
Additional resource needed for new functions (recommendations 3 and 4) once these have been scoped.
Establishing a defined budget would require estimates of projected costs and available uncommitted funding.</td>
<td>Acceptability
Substantive appointments in place of interim staff may release funding to support other engagement activities.
Existing interim staff involved in equality and engagement were involved in the review and are aware of the need improve the service.</td>
</tr>
<tr><td colspan="3">Implementation of this recommendation: Funding for transforming existing arrangement would need to be identified for the remainder of 2014/15. Work could begin to define budgets for engagement in 2015/16. This would be particularly helpful if the 2015/16 contract year were to be a learning period for developing a range of community engagement activities across the commissioning cycle. (Appointing staff substantively is addressed in recommendations 3, 4 and 5).</td></tr>
</table>

Recommendation 12: The Governing Body should give serious consideration to implementation of Option C in its entirety. This would involve significant changes to the CCG's culture and mode of working, but we believe these are necessary to ensure that the CCG achieves its goal of securing a more person-centred health and care system for the people of Brent.

Summary: Consider the benefits of Option C, and the associated changes in CCG culture and ways of working.

Suitability

- Aligns with Corporate Objective 1, 'commission high quality, safe and sustainable models of care that deliver improved clinical outcomes and patient experience of care'.
- Aligns with Corporate Objective 2, 'Ensure that the CCG operates in a manner that is financially and organisationally effective'.
- Aligns with Corporate Objective 3, 'engage and empower patients, carers and the diverse communities of Brent'.
- Aligns with Corporate Objective 4, 'collaborate to strengthen the CCG's ability and capacity to deliver strategic priorities'.
- Aligns with Brent Health and Wellbeing Board Strategy principle to 'work together to deliver improved services'.
- Aligns with recommendations from the Francis Report (2013), Berwick Report (2013), and Keogh Report (2013) to develop organisational cultures that value transparency and learning in pursuit of patient safety.

Feasibility

- Options A, B and C relate to recommendations 7, 8, 9, 10 only.
- Recommendation 7:

Committee structures	
A	Clarify current arrangements
B	Moves assurance function to Quality, Safety, Risk Committee. EDEn Committee retains voting arrangements and reporting line to Governing Body.
C	Moves assurance function to Quality, Safety, Risk Committee. Lay members across relevant committees. PPE subcommittee reporting to the CCG Executive Committee introduced in place of EDEn Committee.

- Recommendation 8:

Locality Patient Participation Groups (LPPGs)	
A	Clarify current arrangements
B	Bring LPPGs in house
C	Redirect CCG support away from LPPGs to insight and outreach

Acceptability

- All stakeholder views were considered by the independent review in reaching this recommendation.
- Recommendation 7 Option C benefits:
  - Brings equality and engagement reporting functions in line with other executive subcommittees.
  - Established a principle for increased lay member involvement where relevant.
  - Provides an opportunity for greater workforce diversity.
- Recommendation 8 Option C benefits:
  - Partially offsets the costs of new insight and outreach functions.
  - Removes ambiguity in the independent status of Locality Patient Participation Groups.

<table>
<tr>
<td></td>
<td>

Recommendation 9:

<table>
<tr><th colspan="2">Outreach</th></tr>
<tr><td>A</td><td>Clarify current arrangements</td></tr>
<tr><td>B</td><td>CCG-led priorities for outreach</td></tr>
<tr><td>C</td><td>JSNA-led priorities for outreach. Closer work with HealthWatch and CVS. Provide small grants to community groups.</td></tr>
</table>

Recommendation 10:

<table>
<tr><th colspan="2">Health Partners Forum</th></tr>
<tr><td>A</td><td>Clarify current arrangements</td></tr>
<tr><td>B</td><td>Increased debate opportunities by use of external facilitators in discussion groups</td></tr>
<tr><td>C</td><td>As for Option B, plus smaller, more frequent meetings. Identify other forums with Brent Council.</td></tr>
</table>
</td>
<td>

Recommendation 9 Option C benefits:

Allows greater reach through community groups if grant funding arrangements can be introduced.
Allows coordination of priorities across the Health and Wellbeing Board, HealthWatch and the Council for Voluntary Services. This requires the priorities to be clear and aligned with other shared priorities across the North West London CCG Collaborative.
As grant funding and strategic prioritisation arrangements require further development, Option B provides an acceptable alternative while working towards Option C.

Recommendation 10 Option C benefits:

Scope for manageable debate if meetings are more frequent, more focused and smaller.
Reduces duplication of engagement events between Brent CCG and Brent Council. Brent Council has expressed interest in this opportunity.

</td>
</tr>
<tr>
<td colspan="3">Implementation of this recommendation: Piecemeal implementation of the recommendations is unlikely to achieve the significant and urgent change in CCG systems and culture identified by the independent review. A range of work can begin now, with the formalisation of new arrangements to follow subject to approval of constitutional changes. The CCG should identify the 2015/16 contract year as a learning period for developing a range of community engagement activities across the commissioning cycle would provide a strategic focus. (See individual recommendations 7, 8, 9 and 10 for further details)</td>
</tr>
</table>

References:

Berwick, D. (2013) A promise to learn – a commitment to act: Improving the Safety of Patients in England, National Advisory Group on the Safety of Patients in England. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf

Francis, R. (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive summary. http://www.midstaffspublicinquiry.com/sites/default/files/report/Executive%20summary.pdf

Keogh, B. (2013) Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report. www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf