Special measures: one year on

A report into progress made at 11 NHS trusts that were put into special measures in July 2013

August 2014

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1. Summary

Following the publication in February 2013 of Robert Francis's report into care at Mid Staffordshire NHS Foundation Trust, Sir Bruce Keogh led a review of 14 trusts (nine NHS foundation trusts and five NHS trusts) that had high mortality rates. The Keogh Review identified significant problems relating to quality and safety and/or leadership in all 14 trusts. In July 2013, 11 of the 14 were put into 'special measures'. This regime was new to the NHS. It involves close scrutiny from Monitor (for foundation trusts) or the NHS Trust Development Authority (NHS TDA) (for NHS trusts), combined with the appointment of an improvement director and in most cases linkage with a partner (or 'buddy') trust that is performing well in areas where improvement is needed. In some cases it has also involved changes being made at board level.

The Care Quality Commission (CQC) committed to re-assess all 14 trusts in the early part of 2014, using its new approach to comprehensive inspections. This approach builds on the methodology developed for the Keogh Review, but goes further. A wide range of quantitative and qualitative information is gathered before the inspection. The inspection itself is undertaken by a team comprising clinicians, Experts by Experience and CQC inspectors. Eight core services are always inspected, with each being assessed against five key questions: Is it safe? Is it effective? Are staff caring? Is the service responsive to patients' needs? Is the service well-led? A rating is given to each service on each of these five questions on a four-point scale (outstanding, good, requires improvement or inadequate). An overall rating for the trust is then given, which includes an assessment of well-led at trust level.

CQC has now published individual reports on each of the 14 inspections. This report provides an overview of the progress that has been made by the 11 trusts in special measures. The Chief Inspector of Hospitals has concluded that significant progress has been made at 10 of the 11 trusts. Two have made exceptional progress and have been rated 'good' overall. A further three have made good progress and although they still require further improvements, the Chief Inspector has recommended that they should exit special measures with ongoing support. For five further trusts, the Chief Inspector has recommended a further period in special measures, with a further inspection in around six months to ensure that they are continuing to make progress. One trust (Medway NHS Foundation Trust) has so far failed to make significant overall progress. Monitor and CQC are now considering what further urgent action should be taken to ensure the quality of care provided to the local population improves as rapidly as possible.

Taking all 11 trusts together, it is important to emphasise that further improvements need to be made, especially in relation to safety and responsiveness. In contrast, the vast majority of services were found to be 'good' in terms of caring.

No single factor accounts for the improvements that have been made or for the different pace of change at individual trusts. It is important to note that the trusts did not all start from the same baseline. The size of the task was larger for some trusts than for others, especially for those covering two or more locations that are widely separated geographically. In addition, some of these trusts were known to have been struggling to provide high quality care for several years.

Observations made by CQC's inspection teams, combined with discussions with chief executives of buddy trusts and with Monitor and NHS TDA, strongly indicate the following as being factors for success:

- Strength of leadership within the trust.
- Acceptance of the scale of the challenges faced by the trust.
- Alignment or engagement between managers and clinicians.
- Willingness to accept external support from buddy trusts, rather than remaining insular.

Several of the trusts made specific changes including:

- Recruiting additional nursing and medical staff.
- A stronger emphasis on management of patients whose clinical condition is deteriorating.
- Initiatives to improve the flow of patients through the hospital from admission to discharge.
- Having a greater focus on the quality of care and the governance of quality and safety at board level.
- Initiatives to engage staff in improving the quality of care.

In summary, almost all of the trusts that were put into special measures in July 2013 had demonstrated significant improvement by the time of CQC's inspection eight to 10 months later. Some have been judged to be ready to exit special measures, while others need to make further progress to provide confidence that they are on a trajectory to being 'good' within a reasonable timeframe. Lessons learned from these trusts should help to ensure that other trusts that have subsequently been put into special measures can improve as quickly as possible.

2. Background

Special measures is a new regime agreed between CQC, Monitor and the NHS TDA following the Keogh Review in 2013. Special measures apply to NHS trusts and foundation trusts that have serious failures in quality of care and where there are concerns that existing management cannot make the necessary improvements without support.

The Keogh Review

In February 2013, following the publication of Robert Francis's report into the appalling care at Mid Staffordshire NHS Foundation Trust, the Prime Minister and the Secretary of State for Health asked Professor Sir Bruce Keogh, the NHS National Medical Director, to carry out an immediate investigation into the care at hospitals with the highest mortality rates, and to check that urgent remedial action was being taken.

The rationale for the review was that the failings at Mid Staffordshire were associated with failures in all three dimensions of quality – clinical effectiveness, patient experience and safety – as well as failures in professionalism, leadership and governance.

In his report on the review, Professor Sir Bruce Keogh said that his aim was not simply to confirm whether or not there were problems at the trusts involved; they knew they had problems, which they had tried but struggled to address. Instead, he was keen to "provide an accurate diagnosis, write the prescription and, most importantly, identify what help and support they needed to assist their recovery or accelerate improvement".

Fourteen trusts were identified for review on the basis of being outliers for the last two years on either:

- The Summary Hospital-level Mortality Indicator (SHMI), or
- The Hospital Standardised Mortality Ratio (HSMR).

The 14 trusts reviewed were:

- Basildon and Thurrock University Hospitals NHS Foundation Trust
- Blackpool Teaching Hospitals NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust
- Burton Hospitals NHS Foundation Trust
- Colchester Hospital University NHS Foundation Trust
- The Dudley Group NHS Foundation Trust
- East Lancashire Hospitals NHS Trust
- George Eliot Hospital NHS Trust
- Medway NHS Foundation Trust

- North Cumbria University Hospitals NHS Trust
- Northern Lincolnshire and Goole NHS Foundation Trust
- Sherwood Forest Hospitals NHS Foundation Trust
- Tameside Hospital NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust.

Although the 14 trusts were selected on the basis of mortality measures, the reviews looked more broadly at the quality of care and treatment they provided. Their performance was considered across six key areas: mortality; patient experience; safety; workforce; clinical and operational effectiveness; and leadership and governance.

What the Keogh Review found

Sir Bruce Keogh's report in July 2013 said that the review found pockets of excellent practice in all 14 of the trusts reviewed. However, it also found significant scope for improvement, with each needing to address an urgent set of actions in order to raise standards of care.

There were a number of common themes and problems across the trusts. In addition to high mortality, these commonly included the following:

- Limited understanding of the importance and simplicity of genuinely listening to the views of patients and staff and engaging them in how to improve services.
- Trusts were slow in learning lessons when things go wrong and embedding that learning in improved ways of doing things. The feedback loop back to staff was often ineffective – they reported an issue, but did not know what action had been taken as a result.
- Limited capability of hospital boards and leadership to use data to drive quality improvement. This was compounded by the difficulties in accessing data across a fragmented system.
- Complexity of using and interpreting aggregate measures of mortality.
- Some hospital trusts were operating in geographical, professional or academic isolation. Clinical staff were not following the latest practice and were 'behind the curve'.
- A lack of focus on providing high quality supervision, mentoring and pastoral support. Many of the hospitals appeared not to rank highly in the eyes of ambitious junior staff as great places to build a career.
- A lack of value and support given to frontline clinicians, particularly junior nurses and doctors.
- Boards could too easily accept the assurances they were receiving and were not really listening to or seeking contradictory evidence. They were not providing appropriate critical challenge to the management team.
- The capability of medical and nursing directors was a key issue for several trusts. Most trusts were either struggling without a strong clinical leader in one or both roles, or had experienced a capability gap in the recent past.

Specific findings for individual trusts, which were highlighted in the Keogh overview report, are shown in Appendix B.

What happened next

Following the review, 11 of the 14 trusts were placed into special measures by Monitor (for foundation trusts) and the NHS Trust Development Authority (for NHS trusts):

- Basildon and Thurrock University Hospitals NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust
- Burton Hospitals NHS Foundation Trust
- East Lancashire Hospitals NHS Trust
- George Eliot Hospital NHS Trust
- Medway NHS Foundation Trust
- North Cumbria University Hospitals NHS Trust
- Northern Lincolnshire and Goole NHS Foundation Trust
- Sherwood Forest Hospitals NHS Foundation Trust
- Tameside Hospital NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust

The other three trusts were not placed into special measures as a result of the Keogh review, but Colchester Hospital University NHS Foundation Trust was subsequently put into special measures in November 2013, following serious concerns highlighted during a CQC inspection in August and September 2013, about the quality of some services for cancer patients at the trust.

Support for the 11 trusts in special measures from NHS Trust Development Authority and Monitor

The NHS TDA and Monitor put in place support packages for the 11 trusts in special measures. These packages were consistent, ensuring direct and intensive support alongside increased scrutiny of the trusts' progress. Importantly, the packages were also flexible enough to allow the organisations to address their very specific challenges in ways that delivered real improvements with genuine pace.

The support packages included tailored combinations of the following approaches:

1. NHS TDA or Monitor appoints an improvement director to provide assurance of the trust's approach to improving performance.
2. In most cases NHS TDA or Monitor also appoints one or more appropriate partner (or 'buddy') organisations to provide support in improvement. Buddy organisations are selected for their strength in the areas of weakness at the trust in special measures. The nature and amount of support from the buddy is tailored to the trust's requirements but focuses on addressing quality issues identified in the trust's action plan. The buddy organisations are reimbursed by Monitor or NHS TDA for reasonable expenses and they may be entitled to receive an incentive payment (see Appendix C for costs relating to the special measures programme).

3. NHS TDA or Monitor reviews the capability of the trust's leadership, making changes if necessary.
4. NHS TDA or Monitor requires trusts in special measures to publish their progress against action plans every month on the NHS Choices and their own websites.

CQC's comprehensive inspections

Professor Sir Mike Richards, the Chief Inspector of Hospitals, prioritised full inspections of the 14 trusts that were in the Keogh Review (including the 11 trusts in special measures) under CQC's new approach to regulating and inspecting acute hospitals, to see if – and where – trusts had improved or failed to improve. The inspections took place in the first half of 2014. Inspections of the 11 trusts in special measures took place between mid-March and early May 2014.

CQC's new approach builds on many of the elements of the Keogh reviews:

- Gathering and analysing a large amount of hard data and soft intelligence held by many different parts of the system to inform the focus of the inspection.
- Large multidisciplinary inspection teams consisting of senior clinicians, junior doctors, student nurses, senior health managers, Experts by Experience and patient representatives and CQC inspectors.
- Inspection teams led by senior CQC staff experienced in hospital inspection. They lead the process and the relationship with the trust's CEO. A team chair, who is usually a very senior clinician, assures trusts that leadership of the process is driven by frontline understanding of quality and of how hospitals work.
- Placing a major emphasis on the insight from talking and listening to staff and patients.
- Convening a meeting of all local health economy parties at a Quality Summit to agree with each trust a coordinated plan of action and support needed.

But it also goes further:

- With a consistent focus on the same five key questions in each trust: are services safe, effective, caring, responsive to people's needs and well-led?
- Inspection of the same eight core services (where applicable) in every trust.
- Awarding ratings at service, hospital and trust level, so that the public can clearly understand the quality of different services on offer, and so that there is a clear driver for improvement. There are four possible ratings: outstanding, good, requires improvement, and inadequate.
- Looking for the care that is good and outstanding, not just what requires improvement or is inadequate.

Inspections across the 11 trusts in special measures involved a total of 25 locations and 152 services. The large majority of services received five ratings, the exceptions being A&E and outpatients, where CQC does not yet feel confident to rate effectiveness, so they received four ratings. In total, 720 ratings were given (table 1).

Table 1: Inspections of 11 trusts in special measures

Trust	Locations	Services	Ratings
Basildon	1	8	38
Buckinghamshire	3	19	91
Burton	3	12	57
East Lancashire	3	15	71
George Eliot	1	8	38
Medway	1	8	38
North Cumbria	3	17	81
Northern Lincolnshire and Goole	3	21	99
Sherwood Forest	2	12	56
Tameside	1	8	38
United Lincolnshire	4	24	113
Total	**25**	**152**	**720**

Note: Most services are rated on all five domains (safe, effective, caring, responsive and well-led). At present CQC is not rating effectiveness in A&E departments or in outpatients.

3. What CQC found on follow-up

Overview

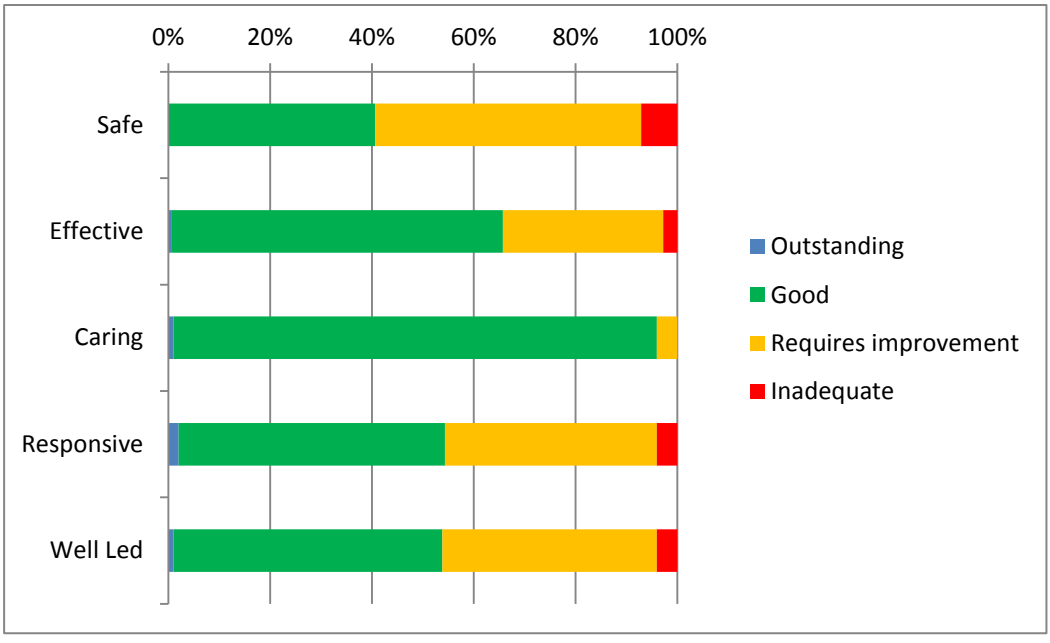
Of the 14 trusts in the Keogh Review, 11 were put into special measures. CQC's follow-up inspections of these 11 trusts found significant improvements in almost all of them, with exceptional progress in two trusts – Basildon and Thurrock University Hospitals NHS Foundation Trust and George Eliot Hospital NHS Trust – and there was very good progress in a further three trusts.

The hard work by trust staff that has underpinned this progress should be recognised. Special measures bring a new focus on quality improvement in trusts that have previously struggled to provide high quality care.

Only one trust, Medway NHS Foundation Trust, has failed to make significant progress, receiving an inadequate rating overall.

Through its new inspection process CQC was able to identify good and in some instances outstanding practice, but also areas that require improvement. In some cases it still observed inadequate practice (figure 1). These areas now need the most urgent attention.

Figure 1: Ratings at core service level by domain for the 11 Keogh trusts in special measures



Findings in relation to the five key questions that CQC always asks are as follows:

Safety

Although 40% of services were rated as good for safety, a large number were rated as requiring improvement. The most frequent reasons for a rating of requires improvement were suboptimal nursing and/or medical staffing levels and low levels of completion of mandatory training. In addition, some services need to make improvements in relation to reporting and learning from incidents, accurate documentation of medical records, safer management of medicines and fully embedding the WHO surgical safety checklist.

A small number (12 out of 152, or 8%) of services across the 25 locations were rated as inadequate for safety. These included three medical care services, three outpatient services, two critical care services, two surgical care services, one service for children and young people and one A&E service. In each case, the relevant trust has been asked to take urgent steps to rectify the deficiencies.

Effectiveness

Over 60% of services were judged to be good on effectiveness, with only a very small number being judged to be inadequate. The most common reasons for a rating of requires improvement were a lack of use of recognised clinical guidelines and the auditing practice against these, and various progress towards implementation of seven-day services.

Caring

The overwhelming majority of services were rated as good for caring, with two services being rated as outstanding. No services were rated as inadequate on caring. Where services were found to require improvement on caring this was almost always in the context of suboptimal staffing levels. In line with these findings, no adverse comments on caring had been made in the Keogh overview report in 2013.

Responsiveness

Just over half (54%) of all services were rated as good on responsiveness, with two services (maternity at Basildon Hospital and critical care at Lincoln County Hospital) being rated as outstanding and seven being rated as inadequate. The inadequate services included two outpatient departments, two A&E departments, one medical, one surgical and one critical care service. The most common reasons for being judged as requiring improvement or inadequate on responsiveness included poor management of the flow of patients through the hospital from the A&E onwards, with insufficient escalation procedures for busy times. Complaints processes also required improvement in several trusts. Of significant concern was the poor management of outpatients services, leading to delays and cancellations in over half of the trusts.

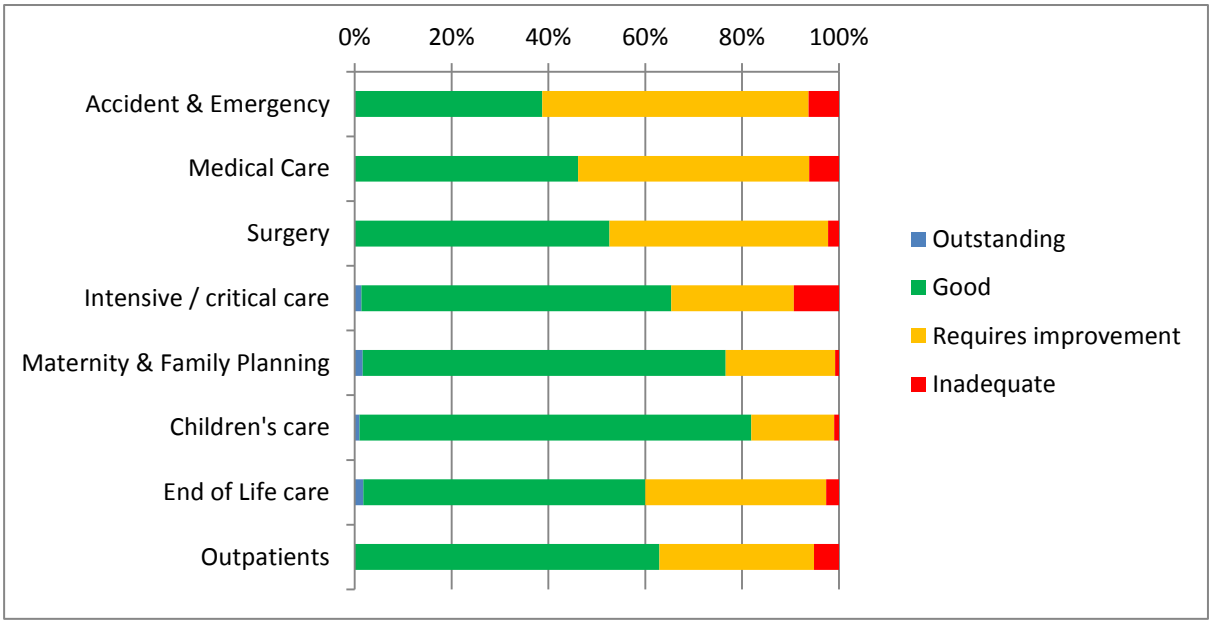
Well-led

The well-led assessment at trust level is based on a combination of factors including the quality of board/executive level leadership, the vision and strategy for the trust, governance of quality and safety and the culture of the trust. It also incorporates assessments of service level leadership. Overall, only two of the 11 trusts were judged to be good on being well-led (Basildon NHS Foundation Trust and George Eliot NHS Trust), with eight requiring improvement and one being judged as inadequate (Medway NHS Foundation Trust). In around half of the trusts the new leadership team had only recently been established, making it difficult to assess the leadership with confidence. Seven of the 11 were judged as requiring improvement on 50% or more of their individual core services.

Core services

In terms of the eight core services CQC inspects, A&E had the fewest individual good ratings, followed by medical care (see figure 2). Services for children and young people performed best overall, followed by maternity and family planning.

Figure 2: Ratings at core service level for the 11 Keogh trusts in special measures



Note: CQC does not currently rate effectiveness for A&E or for outpatients. These services have therefore been rated on the other four key questions only. The other core services are rated on all five key questions.

Improvements and factors relating to improvement

The overall conclusion from CQC's inspections is that special measures has brought about real improvements to the quality of care at almost all of these trusts.

The trusts were re-inspected eight to 10 months after the publication of the Keogh review. This has proved sufficient for almost half of the trusts to reach 'good' status or to demonstrate that they are firmly on course for this. Other trusts may need longer.

It is important to remember that although the 11 trusts all had very significant problems in 2013 they faced different challenges – both in nature and scale. We have mapped the comments made in the Keogh overview report to the five key questions that CQC now uses. Almost all had issues in four of the five areas (safe, effective, responsive and well-led).

Mortality rates

It is too early to make definitive statements about improvements in mortality, partly because of the lag in data becoming available and partly because improvements at the 11 trusts need to be compared with improvements across the country. The latest nationally available data (Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR)) are set out in table 2, which shows there has been some improvement across the trusts examined. Several trusts were able to demonstrate improvements in their mortality rates in the period between July 2013 and their inspection.

Table 2: SHMI/HSMR figures for Keogh trusts in special measures

	SHMI*			HSMR**		
	Oct 2011-Sep 2012	Oct 2012-Sep 2013	Jan 2013-Dec 2013	Apr 2011-Mar 2012	Apr 2012-Mar 2013	Oct 2012-Sep 2013
Basildon	1.14	1.09	1.08	102.3	106.7	103.5
Buckinghamshire	1.15	1.07	1.07	109.9	109.3	104.8
Burton	0.99	1.01	0.99	111.8	114.7	116.4
East Lancashire	1.14	1.12	1.13	102.8	105.1	107.9
George Eliot	1.10	1.09	1.08	119.8	120.3	117.5
Medway	1.13	1.07	1.13	112.0	112.8	112.9
North Cumbria	1.10	1.02	0.99	117.8	112.1	105.8
North Lincolnshire and Goole	1.15	1.09	1.09	117.8	108.7	103.0
Sherwood Forest	1.08	1.02	1.00	112.9	120.3	114.8
Tameside	1.18	1.09	1.12	102.0	94.5	94.9
United Lincolnshire	1.10	1.04	1.04	111.3	108.9	103.3

Source: *Health and Social Care Information Centre, **Dr Foster Intelligence

Significantly higher than expected

Several of the trusts made specific changes including:

- Recruiting additional nursing and medical staff where this was needed, though this remains a significant challenge in some trusts. To ensure they increase nurse staffing levels, several of the trusts have recruited nurses from Spain and Portugal, where they have been unable to recruit locally. Over 650 new staff have now been recruited, and most trusts are continuing to recruit.
- A stronger emphasis on management of patients whose clinical condition is deteriorating. This has involved a combination of initiatives, including the introduction of early warning scores, better escalation processes, including to critical care outreach teams, and implementation of pathways and care bundles for specific conditions such as sepsis. Although this represents a significant improvement from a year ago, mortality and morbidity meetings are not yet fully embedded across all specialties. These provide an excellent way of learning from experience.
- Efforts to improve the flow of patients through the hospital from the A&E department through acute medical units or surgical assessment units to medical and surgical wards and to discharge. Trusts that have made the most progress on improving flow have taken a trust-wide approach rather than leaving this to individual departments.
- A greater focus on quality and safety at board level with improved governance processes. Again, there is scope for further improvement in some trusts.

No single factor accounts for the improvements that have been made or for the different pace of change at individual trusts. It is important to note that the trusts were not starting from the same baseline. The size of the task was larger for some than for others, especially for trusts covering two or more sites with wide geographical separation. In addition, some of these trusts had been known to be struggling to provide high quality care for several years. Observations made by CQC's inspection teams, combined with discussions with the chief executives of buddy trusts and with senior staff at Monitor and NHS TDA, strongly indicate the following as being important factors for success:

- Strength of leadership within the trust. In some trusts the senior leadership team has not needed to be changed. In others, with the benefit of hindsight, earlier changes might have led to more rapid improvements.
- Acceptances of the scale of the problems faced by the trust. Some trusts were already aware of their problems or were open to the findings revealed by the Keogh Review. Others remained in denial of the problems, seeking to justify any findings.
- Engagement with staff and, in particular, alignment on the quality agenda between senior managers and senior clinical staff leading to a common sense of purpose to solve problems. In some trusts a 'them and us' culture persists.
- Willingness to accept external support and advice from buddy trusts. Unsurprisingly, this has been greater in trusts that recognise their own problems and have better alignment between managers and clinicians.

4. Special measures – what happens next?

Following CQC's comprehensive inspections and decisions on ratings, the Chief Inspector of Hospitals has made recommendations about special measures for the 11 trusts to Monitor and the NHS TDA. In making these recommendations, the Chief Inspector has placed considerable emphasis on the level of confidence that he and his inspection teams have about the ability of each trust to reach a 'good' level of care within a reasonable timeframe.

Three main factors have contributed to this assessment of the level of confidence about a trust's future trajectory:

- Improvements in care since July 2013.
- The current quality of care in each core service and in each domain (safe, effective, caring, responsive and well-led), as shown by the ratings awarded by CQC. Although the Keogh and CQC approaches have very many similarities, the Keogh Reviews did not provide information at core service level, nor did they attempt to rate services. Direct comparisons between the 2013 and 2014 inspections are therefore not possible.
- An assessment of how well-led the trust is at present. This brings together a range of factors including:
    - Service-level leadership
    - Strategy and vision for the trust
    - Governance of safety and quality
    - Strength of trust-level leadership
    - Engagement of staff and culture within the organisation.

Summaries for the 11 trusts are set out in Appendix A.

However, the issues that some of these trusts still need to address do not just relate to trust-wide leadership. Leadership at hospital, service and ward level is a recurrent theme, as is medical engagement. In some trusts, CQC has serious concerns about the quality of services, in others about hospitals' responsiveness to people's needs. CQC's reports set out the issues to be addressed in detail. Quality Summits involving CQC, Monitor/NHS TDA, trusts, clinical commissioning groups and other local stakeholders have already been held for all 11 trusts. It is now for the trusts to act on the findings in the reports.

Recommendations

There are four possible outcomes for a trust in special measures:

1. Exit from special measures.
2. Exit from special measures with some continued support in place.
3. Remain in special measures until the end of an extension period.
4. Remain in special measures while further urgent support is provided or a long-term solution is found.

An organisation can exit special measures with areas that still require improvement. However, it should not be allowed to exit if CQC does not have confidence that the leadership has satisfactorily demonstrated they are able to make and maintain improvement without the full range of special measures support. Otherwise, trusts and foundation trusts may find themselves returning to special measures, which undermines the public's confidence that improvements can be made and damages the overall approach.

The timescales for special measures are also important. Trusts need to work to be ready for re-inspection within 12 months, as it has now been demonstrated that it is possible to make significant progress within this period. If trusts are given an extension it would not normally exceed six months.

When recommending that a trust should exit special measures, CQC may also recommend that it continues to receive support in particular areas. NHS TDA or Monitor will provide this support through their normal oversight and intervention regimes when taking action on the recommendations. This could include continuing a buddying arrangement or an improvement director position.

A trust remaining in special measures must urgently address all areas where they are rated inadequate and show that its leadership is able to tackle the problems they face. Where a lack of openness or engagement of staff (or specific staff groups) is a problem, this must be tackled proactively. Failure to do this will mean it has failed the people and patients in the communities it serves.

Working as one system, the national organisations will take action to stop inadequate care in providers that do not improve. This particularly means the trusts that continue in special measures without any specific extension period. Monitor and NHS TDA have significant powers that include the ability to remove leaders of failing organisations and to require them to take particular actions. Other options available include special administration, cancellation of registration, imposition of conditions on a trust's registration or enforcement action for breach of its licence. These options are already in place. In addition, CQC is currently consulting on its guidance around a new fit and proper person requirement for directors (under which CQC will be able to stop directors who are associated with failures in care from holding office) and 'positive' conditions of registration (which will enable CQC to require actions to improve services, rather than only to restrict risks): these new options are intended to come into effect from October 2014.

Where there are concerns about the sustainability of an acceptable level of quality (as opposed to the capability of the leadership) CQC will say so and ask Monitor, NHS TDA and NHS England to make decisions on options that would bring about change quickly.

For all trusts still in special measures, CQC will begin monitoring progress immediately after receiving the trust's action plan. It will not necessarily wait until the end of any extension before it re-inspects. If CQC is not confident that good progress is likely to be made within a reasonable time, it will recommend one of the options above. In contrast, if a trust can demonstrate that it has dealt with the most important quality issues and is improving the leadership/culture of the organisation, it may be recommended to exit special measures before the full additional six months has expired.

The Chief Inspector's recommendations are as follows

1. Exit from special measures

- Basildon and Thurrock University Hospitals NHS Foundation Trust
- George Eliot Hospital NHS Trust

Both of these trusts have made excellent progress and have already achieved a rating of good overall.

2. Exit from special measures with some continued support in place

- Buckinghamshire Healthcare NHS Trust
- East Lancashire Hospitals NHS Trust
- Northern Lincolnshire and Goole NHS Foundation Trust

These trusts have made significant progress and current quality is rated as requires improvement. For the key questions at trust level, the majority of the ratings were requires improvement, with some rated good. The Chief Inspector is satisfied that further progress is very likely to be made, provided these trusts continue to receive external support.

3. Remain in special measures for an extension period of six months

- Burton Hospitals NHS Foundation Trust
- North Cumbria University Hospitals NHS Trust
- Sherwood Forest Hospitals NHS Foundation Trust
- Tameside Hospital NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust

These trusts have each made progress against their action plans since July 2013. However, they still face very considerable challenges in relation to the number of areas rated as inadequate or requires improvement. In addition, significant concerns persist about leadership (especially at service level), strategic direction and/or culture/engagement within the trusts.

The Chief Inspector has therefore recommended that these trusts should remain in special measures and be re-inspected on specific aspects of quality/leadership in approximately six months' time. To exit special measures these trusts will have to demonstrate that:

- All inadequate ratings have improved to at least 'requires improvement'.
- Service-level leadership has improved.
- Progress is being made on all trust-wide leadership issues.

4. Continue in special measures while further urgent support is provided or a long-term solution is found

- Medway NHS Foundation Trust

Medway has made little progress since July 2013, except in relation to maternity services. The actions taken to date have not worked. The trust is rated inadequate overall and gives rise to major concerns. Therefore the recommendation is for it to continue in special measures. CQC is working closely with Monitor to consider what further urgent action needs to be taken.

CQC will not accept this continued poor care and reserves the right to enforce change through Medway's registration or through the Special Administration regime. Monitor, acting with commissioners, will be responsible for ensuring the continuity of services for patients and CQC will coordinate closely with partner bodies to enable this.

5. Conclusion

Our overall conclusion is that special measures works and can bring about real improvements to the quality of care.

The combined work of CQC, the NHS TDA, Monitor and the trusts themselves show that three things are important for improvement to be made:

1. **Understanding the problem through inspection.** CQC's inspections under its new model have been able to get under the skin of complex acute hospital trusts in a way that has never been done before. By bringing together a wide range of specialist expertise, they have been able to get to the heart of problems faced by trusts and concerns raised by patients and staff.

2. **Trust ownership and accountability for the problems they face.** Those trusts that improve the most take responsibility for and start to tackle problems early, within a culture of openness and honesty.

3. **The healthcare system acting together to bring about improvement.** Monitor and NHS TDA are helping trusts with a range of tailored support packages that include assessments of board capacity and capability, appointing an improvement director to support the board and senior leadership team, and partnering with 'buddy trusts'.

   It is important to note that commissioners (NHS England and clinical commissioning groups) also have important roles in driving quality improvement. However, their role was not a specific focus for this review.

There is much still to learn about maximising the effectiveness of special measures. For example, CQC, Monitor and NHS TDA together need to develop further how they assess and report on a trust's trajectory. They also need to better understand the drivers of improvement and what the best interventions are in each case.

For their part, all trusts need to better understand the ways in which they need to improve when they are in special measures.

Appendix A: Trusts placed into special measures following the Keogh Review

Basildon and Thurrock University Hospitals NHS Foundation Trust

CQC recommendation	Exit from special measures
Reasons for recommendation	• The trust has already achieved an overall rating of good with very few areas requiring improvement. • Strong leadership at trust level.

Overview of change from Monitor

Before the Keogh Review, Monitor had overseen appointments to new leadership roles at the trust. An improvement director was appointed, who supported the trust's own leadership to make progress towards securing good quality care.

Regular accountability meetings were held to track the delivery of the action plan. A partnership with the Royal Free London NHS Foundation Trust was put in place to support the trust, and has resulted in improved quality of services. This partnership will extend beyond the period of special measures because it has worked well.

The trust has produced a single prioritised action plan that focuses on the main areas of quality improvement.

There has been investment in 67 additional beds. Public board papers have been improved to more accurately reflect the themes and trends by ward and department. The trust has put a senior nurse in charge of its Patient Advice and Liaison Service (PALS), and patient stories are presented at each board meeting. All board members regularly visit clinical areas.

In addition, the trust has implemented a new electronic patient record system and 200 new nurses have been recruited following a skills mix review.

Ratings awarded by CQC

Overall trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Good	Good	Good	Good	Good

Basildon University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Inspected but not rated	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Requires improvement	Good	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Good	Good	Good
Maternity & family planning	Good	Good	Good	Outstanding	Outstanding	Outstanding
Children & young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

CQC commentary on trust leadership

CQC inspected the trust in March 2014. The trust was well-led. Its leadership and management had a clear vision and a credible strategy to deliver high quality care to patients. The trust's vision is to have "care and compassion at the heart of everything we do". All the staff we spoke with on the wards or in the focus groups understood this. Many of the staff spoke about the executive team with enthusiasm and respect. Staff told us the executive were highly visible and they knew the staff on the wards.

The change in leadership in the trust over the past 18 months has been significant. Staff and patients told us they had seen the difference. Many staff told us about the changes the chief executive and the nursing and medical director had made. Staff felt encouraged to speak up, raise concerns and be involved in the trust. Communication from the board to the ward had changed significantly, with staff feeling they could contact any member of the senior management team at any time.

Staff were supported by their peers and managers to deliver good care and to support each other. Staff said they felt proud to work at the trust, and were included and consulted about plans and strategies. The trust identified areas where improvements could be made, and organised work groups and experienced staff to address them.

Buckinghamshire Healthcare NHS Trust

CQC recommendation	Exit from special measures, with some continued support in place
Reasons for recommendation	• The trust has made significant progress on improving quality. • The requirements following the Keogh Review have been met and a quality improvement strategy developed at the same time. • The trust is moving in the right direction and board changes have been significant.

Overview of change from the NHS Trust Development Authority

The NHS TDA has worked to make sure that the support available to the trust is proportionate to the challenges that it faced. A new chair has been appointed to lead the board and galvanise the trust to have a fresh approach to improving patient care. Senior executive leadership has been strengthened with the appointment of a new director of finance and director of strategy. Alongside this, the trust has appointed a new medical director and chief nurse to provide the necessary clinical leadership and to oversee the focus on improved clinical engagement.

The NHS TDA has supported the trust to strengthen governance arrangements around assurance and a performance assessment framework that allows the board to act quickly on information from the frontline. In addition a clinical leadership development programme is also now in place, which is strengthening clinical leadership across the organisation.

The trust was buddied with high performing Salford Royal NHS Foundation Trust. They have helped the trust to develop its vision and focus to deliver a quality improvement plan under the banner of 'Every Patient Counts'.

An experienced chief nurse and chief executive was appointed as improvement director. She has helped to develop a systematic and sustained approach to quality and safety improvement. Her significant senior experience in a clinical setting has helped support the trust to deliver improved ward-to-board monitoring.

The trust has opened a new Medical Assessment Unit to support better care of patients who come through A&E – patients at risk of deterioration are identified much quicker and their care is escalated more effectively. The trust has also recruited additional doctors and improved out-of-hours cover, although more action is needed to improve junior doctor cover. A recruitment strategy has led to more registered nurses being recruited, although there is still work to do to reduce reliance on bank and agency staff.

The trust launched a 'Big Conversation' – a structured listening exercise, which involved all 5,700 members of staff as well as hundreds of patients and members of the public. On the back of this work, the trust has launched its vision for 'Safe and Compassionate Care' and has a programme to embed this across the organisation. Also as a result of feedback from patients and the public, the trust is now proactively displaying staffing levels outside wards.

Ratings awarded by CQC

Overall trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Stoke Mandeville Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Inspected but not rated	Requires improvement	Inadequate	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Outstanding	Good	Good	Good
Maternity & family planning	Good	Good	Good	Good	Good	Good
Children & young people	Good	Good	Good	Good	Good	Good
End of life care	Requires improvement	Inadequate	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Outpatients	Good	Inspected but not rated	Good	Requires improvement	Requires improvement	Requires improvement
National Spinal Injuries Centre	Good	Outstanding	Outstanding	Good	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Wycombe Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Critical care	Good	Good	Good	Good	Good	Good

Maternity & family planning	Good	Good	Good	Good	Good	Good
Children & young people	Good	Good	Good	Good	Good	Good
End of life care	Requires improvement	Inadequate	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Outpatients	Good	Inspected but not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Amersham Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Outpatients	Good	Inspected but not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

CQC commentary on trust leadership

CQC inspected the trust in March 2014. Many of the executive team were new in post in the last 12 months and they have acknowledged that the trust is on a journey. We have confidence that the trust is moving in the right direction. Staff told us the trust was more positive and open and there was a clear focus on quality and safety.

Since entering special measures the trust had worked hard to improve. Most of the trust's 25-point Keogh Mortality Review action plan was completed and the trust had developed a quality improvement strategy for continuous improvement. New services had been introduced and reorganised to manage the flow of patients through the hospital and improve the emergency care of patients. Governance arrangements were comprehensive, and quality and performance were monitored for each service and displayed in ward areas for patients to see. The trust had engaged with the public to improve services.

The trust still needs to develop service strategies so that services can be better led. Staff are constantly managing capacity and service pressures and are uncertain about the sustainability of some services. Staff felt that they have not been listened to about the reorganisation of some services and this has had adverse impact on patient care. Staff engagement needs to improve to ensure priorities and the pace of change are agreed, understood and implemented.

Burton Hospitals NHS Foundation Trust

CQC recommendation	Remain in special measures for an extension period of six months
Reasons for recommendation	• The trust has appointed more nurses and has strengthened its focus on quality. • There are still multiple areas requiring improvement with some aspects of quality or leadership being rated as inadequate. • The trust was only just starting to work on a longer term strategy to address the challenges to ensure the organisation had a sustainable future. • Despite being in special measures, not all actions had been delivered and CQC was not confident that the required changes would continue at the desired pace without the additional support.

Overview of change from Monitor

Monitor partnered Burton Hospitals NHS Foundation Trust with the high-performing University Hospitals Birmingham NHS Foundation Trust and appointed an improvement director. Monthly meetings between the trust board and Monitor were established.

Burton Hospitals NHS Foundation Trust has strengthened the board's focus on quality. It has appointed two new associate medical directors and created a new director of governance post. Nursing staffing levels were reviewed and new nurses were appointed as a result.

A new staffing rota for nurses was introduced, which enables ward managers to have additional time to work in a supervisory capacity. The medical model was reviewed so that additional support could be provided to junior doctors.

Ratings awarded by CQC

Overall trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Queen's Hospital, Burton Upon Trent

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Inspected but not rated	Good	Good	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Inadequate	Inadequate	Inadequate

Surgery	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Critical care	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Maternity & family planning	Good	Good	Good	Good	Good	Good
Children & young people	Inadequate	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
Outpatients	Good	Inspected but not rated	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement

Sir Robert Peel Community Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Samuel Johnson Community Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
MIU	Requires improvement	Inspected but not rated	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Maternity & family planning	Good	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

CQC commentary on trust leadership

CQC inspected the trust in April/May 2014. Since entering special measures, the trust had demonstrated its commitment to addressing the areas outlined in the Keogh Review. The majority of the board members recognised the positive impact of the Keogh Review and showed resilience and commitment. Both the chair and the chief executive shared a firm commitment to leading the organisation out of special measures and into a stable position where the quality of patients' care was assured. The majority of actions identified following the Keogh Review have been delivered. Seven actions remained in June 2014 and areas where further assurance is essential are detailed in the location reports.

East Lancashire Hospitals NHS Trust

CQC recommendation	Exit from special measures, with some continued support in place
Reasons for recommendation	• Good progress on improving quality in the past year, though several areas still require improvement. • No inadequate ratings. • Strengthened leadership at board level.

Overview of change from the NHS Trust Development Authority

The NHS TDA has strengthened the leadership at the trust, appointing a new chair to ensure the board puts the right governance in place to deliver continued improvement in care in the future. An interim chief executive was put in place to lead the changes necessary to improve care and the trust has subsequently appointed a new chief executive to lead the organisation going forward. An experienced chief nurse and chief executive was appointed as improvement director at the trust. She has helped to implement a systematic and sustained approach to quality and safety improvement. Her clinical experience has helped support the trust to deliver improvements such as increased levels of consultant cover.

The trust has launched a new quality strategy focused on providing safe, personal and effective care. The strategy was developed by senior clinicians at the trust. It outlines how the trust will reduce harm, for example, by improving prevention of pressure ulcers and slips, trips and falls, and it ensures that all clinical issues that arise are reported and addressed by the trust board. Performance in A&E has improved and improvements have also been made in how patients are discharged. The number of patients being re-admitted after discharge is also improving and the trust is making good progress towards establishing seven-day working. There is now an overall goal of having no avoidable deaths and no avoidable patient harm. However, the board does recognise there is still work to do, particularly to make sure that the complex needs of vulnerable patients are met in a timely way.

A new patient experience strategy has been developed and there is a new assistant director of patient experience to oversee its implementation. Complainants are now offered a face-to-face meeting with staff from the trust to make sure concerns are discussed in person and patient stories are regularly discussed at board meetings. Every member of the executive team now receives a weekly complaints report and reviews a number of complaints in detail each week to better understand and address the key concerns being raised.

The trust has also engaged with stakeholders, patients and the public after launching the 'Tell Ellie' campaign, which goes out into the community enabling patients and their families to discuss any concerns they have and supporting the trust to improve the quality of care it provides. A series of 'Big Conversations' have taken place with staff to ensure their input to further developments. The trust hosts listening events with external stakeholders and partners to enhance relationships and maintain a joint approach to economy-wide issues.

The level of consultant cover has been increased with the appointment of two WTE additional substantive consultants in the Emergency Department and two more in the Medical Assessment Unit. The trust has also increased the number of midwives per birth and the number of nursing posts. However, it still has vacancies to fill across both nursing and medical staffing.

The NHS TDA set up a buddying arrangement with Salford Royal NHS Foundation Trust, which is supporting East Lancashire to deliver its quality improvement plans and the goals identified in its quality strategy, as well as its reaffirmed purpose and vision of being widely recognised as providing safe, personal and effective care.

Ratings awarded by CQC

Overall trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Royal Blackburn Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Inspected but not rated	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Good	Good	Good
Children & young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Good	Inspected but not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Burnley General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent care centre	Requires improvement	Inspected but not rated	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good

Maternity & family planning	Good	Good	Good	Good	Good	Good
Children & young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Good	Inspected but not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Blackburn Birthing Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity & family planning	Requires improvement	Good	Good	Good	Good	Good

CQC commentary on trust leadership

CQC inspected the trust in April/May 2014. Staff were very positive about the trust's current leadership. They felt the culture was more open and honest and felt supported in raising concerns and reporting incidents. However, there were concerns about whether this would be sustained, as three of the key posts at executive level were interim posts: the chief executive, medical director and director of human resources.

After the Keogh Review, the trust was put into special measures. Although actions were taken immediately to improve care and performance, this did not really gain momentum until January 2014, with the arrival of the interim chief executive, the new chief nurse and a number of other senior appointments. Staffing levels had improved, mortality reviews were now a routine part of care, learning was being shared, care bundles introduced, strategies for nursing quality and end of life care were either drafted or in place. Governance and accountability arrangements had been reviewed and an organisational development strategy was being introduced.

All board members, both executive and non-executive, undertook patient walkabouts with clear feedback to staff and the board.

Engagement with both the public and staff had improved. Board meetings were more focused, with quality and safety equal to financial issues and targets and a clear representation of feedback on the patient experience.

While all these actions were positive, they had mainly been implemented since January 2014. Therefore, they needed time to embed and be reviewed before their success could be assessed.

George Eliot Hospital Trust

CQC recommendation	Exit from special measures
Reasons for recommendation	• The trust responded very positively to the Keogh findings describing them as a 'wake-up call'. • The trust has already achieved a rating of good overall. • Managers and clinicians are well aligned on the improvement agenda and reported that the buddying arrangements had been very positive.

Overview of change from the NHS Trust Development Authority

The NHS TDA buddied George Eliot with the University Hospitals Birmingham NHS Foundation Trust, which has supported the trust to share best practice and improve its performance against key measures such as SHMI and the four-hour A&E waiting standard. The buddy trust has provided advice, support and access to systems and processes that will enable George Eliot to continue to make rapid and significant improvements in performance.

Changes include increased levels of staff engagement and a new programme of development for clinical leaders. Staff morale, sickness absence and participation in events have improved as a result of the trust's 'Well to Excel' Wellbeing Strategy.

The trust now reviews all deaths so it can act on and learn from poor care. The board has also appointed a new head of patient safety and mortality to help it better understand the issues that had led to high mortality at the trust. Improvements have also been made to how people are treated in A&E, with a new acute medical admissions unit and ambulatory care unit as well as redesigning how emergency patients move through the hospital.

During the review, patients with a range of illnesses were located on unsuitable types of ward and multiple bed moves were common during a patient's stay. There is now a better patient flow to enable patients to be allocated to the right ward when they are admitted, which has reduced the number of moves that aren't clinically needed. Clinicians have also introduced structured medical handovers of patients to improve the handover process.

Twenty-five new nurses have been employed to date, some of which will staff the newly configured 42-bed Acute Medical Unit. The trust has worked hard to implement seven-day working across the hospital and now benefits from 24/7 senior medical cover in the A&E and acute medical unit. However, there is still work to do to reduce the reliance on expensive locum staff.

The trust has improved the level of incident reporting within the organisation and is investing in a new electronic reporting system to improve this even further. It has also taken action to reduce the number of pressure ulcers, including introducing a care bundle, but it has further work to do in this area.

The NHS TDA also put in place an improvement director from University Hospitals Birmingham. He has used his experience to support the trust to deliver key improvements such as reducing the number of bed moves per patient.

The NHS TDA has also withdrawn George Eliot from an open procurement process to allow it to focus on delivering sustained improvement for patients.

Ratings awarded by CQC

Overall trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Good	Good	Good	Good	Good

Well-led overall was rated as good because the trust leadership had made significant progress and improvement. The trust had demonstrated effective action on all areas of concern and actions had also resulted in many examples of outstanding practice.

George Eliot Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Inspected but not rated	Good	Good	Requires improvement	Requires improvement
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Good	Good	Good
Maternity & family planning	Good	Good	Good	Good	Requires improvement	Good
Children & young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Outstanding	Good
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Overall location	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

CQC commentary on trust leadership

CQC inspected the trust in April/May 2014. The trust leadership was rated as good. The leadership in some services, such as A&E, surgery, maternity and radiology required improvement, but CQC recognised the progress made by the leadership team. It had demonstrated effective action on all areas of concern, which had also resulted in many examples of outstanding practice.

Since entering special measures, the trust had worked hard to improve, and had made significant progress. The trust had completed its Keogh Review action plan and had developed a quality improvement strategy for continuous improvement. New services had been introduced and reorganised to manage the flow of patients through the hospital and improve the emergency care of patients. Governance arrangements were good, and quality and performance were monitored for each service, and displayed in ward areas for patients to see. The trust had engaged with the public and staff to improve services.

Staff were positive about the changes and the pace of change, and said that the trust was more open, and there was a clear focus on quality and safety. The trust was developing a clinical strategy to ensure a clinically sustainable future.

Medway NHS Foundation Trust

CQC recommendation	Continue in special measures
Reasons for recommendation	• Significant improvements had been made in the maternity services, but overall there has been little or no progression the quality and safety of care. • Multiple inadequate ratings. • Unstable leadership throughout the past year. • Poorly defined vision/strategy. • Very poor alignment or engagement of clinicians.

Overview of change from Monitor

Monitor appointed an improvement director to the trust to provide challenge and support to board members on the delivery of the Keogh action plan. Monitor also appointed an interim chair and chief executive to strengthen the trust's leadership.

A buddying arrangement with East Kent Hospitals University NHS Foundation Trust was approved to support Medway in improving its quality reporting systems.

In summer 2014, Monitor and NHS England will convene local partners to help the trust improve its A&E performance.

Complex patient discharges are now supported by a new dedicated team, and four new clinical divisional directors have been appointed.

The trust is working with University Hospitals Birmingham NHS Foundation Trust, which will provide management support and help develop improvement plans over a 12-week period starting in July 2014.

Ratings awarded by CQC

Overall trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate

Medway Maritime Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Inadequate	Inspected but not rated	Requires improvement	Inadequate	Inadequate	Inadequate
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Inadequate	Requires improvement	Good	Inadequate	Requires improvement	Inadequate
Critical care	Requires improvement	Good	Good	Good	Good	Good
Maternity & family planning	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Children & young people	Good	Good	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Good	Inspected but not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Inadequate	Requires improvement	Good	Inadequate	Requires improvement	Inadequate

CQC commentary on trust leadership

CQC inspected the trust in April/May 2014. The executive team comprised of three recent interim appointments, one new appointee and four substantive members, with the longest standing executive in post since March 2013. At the time of the inspection, the chief executive had been in post since 11 February 2014 and was on a six-month interim contract. Similarly, the chair commenced in post on 11 February 2014 and was a 12-month interim appointment.

Since 2011, the trust's former leadership team had spent a significant amount of time strategically planning for a proposed merger with a neighbouring trust. This was abandoned in 2013, leaving the trust to establish a new sustainable strategic vision. Consequently, in 2013 the leadership team developed a change programme for Medway, called 'Transforming Medway'. The programme set out a high level, comprehensive set of objectives and proposals for a sustainable future for the trust. However, there was limited evidence to demonstrate that the trust had the required capacity and capability to successfully execute Transforming Medway.

Since being appointed, the new chief executive and chair (with the board) had developed a focused 'five priorities' to address 'getting the basics right'. However, these had not been communicated to staff trust wide and therefore it was difficult to evaluate whether staff were going to take ownership of these in the same way they had with the Transforming Medway programme. Furthermore, it was too early to assess how the two programmes would be strategically aligned. The 'five priorities' were emergent and did not, as yet, have a detailed timeline of plans underpinning them or clear lines of accountability.

Many staff told us that they felt the new leadership were there to resolve financial constraints, which presented challenges for the executive team to gain staff confidence in them and the future of the trust. The majority of frontline staff stated that the executive team had not yet presented a clear vision.

As part of the Transforming Medway programme, the trust was restructuring from eight clinical directorates to four clinical divisions changing the lines of accountability from 1 May 2014 (as proposed by the former leadership team). During the inspection, we spoke to the new appointees and members of the executive team regarding the new structure, and there was lack of clarity regarding the proposed new senior team and who was taking responsibility for its success. The lines of accountability, job functions and connections between the leadership roles remained unclear despite implementation being imminent. Despite recognition that the new roles were going to be demanding clinical leadership roles, there was no comprehensive plan to ensure the four new appointees had clear objectives, personal development plans or training identified to ensure their success.

Risk management and governance processes from ward to board were not standardised or robust. Furthermore, there was a lack of a clear accountability framework for the directorate's roles and responsibilities, with ineffective and inconsistent performance management arrangements trust-wide. The quality of data within the trust was a significant concern as the board were, in some cases, taking assurance from data that was unreliable.

This recent instability in leadership has resulted in frontline staff feeling apprehensive about the future sustainability of the trust and unclear regarding the vision for the organisation. Staff did not feel the executive team were visible enough, although many staff told us that the chief nurse was visible and the CEO held 'open door' sessions.

North Cumbria University Hospitals NHS Trust

CQC recommendation	Remain in special measures for an extension period of six months
Reasons for recommendation	• Some progress, but recruitment challenges persist across the two sites. • Multiple ratings of requires improvement with some inadequate ratings. • Poor culture with multiple whistleblowers forthcoming during the CQC inspection.

Overview of change from the NHS Trust Development Authority

The NHS TDA asked Northumbria NHS Foundation Trust to work closely with senior managers and clinicians at the trust, to share some of the practice and processes that have led to their success. They have done this through direct support on specific projects as well as strategic guidance and have particularly focused on developing recruitment processes, helping the trust to identify how it can rapidly employ the right calibre of staff to make the necessary improvements. One improvement made in this area is the introduction of a value-based element to recruitment – this has helped to ensure that candidates for jobs at the trust are only shortlisted if they have the right values and the right approach to providing patient care. Alongside this, Northumbria Healthcare NHS Foundation Trust has supported the trust to develop its approach to serious incidents and managing risks, its waiting list initiatives and its approach to monitoring patient experience at ward-level.

The NHS TDA also strengthened leadership at the trust, appointing a new chair and three new non-executive directors – ensuring that the trust's most senior leadership has a fresh approach to tackling long-standing problems. An experienced NHS manager was appointed as improvement director. Her experience leading large NHS organisations through challenging times has helped support the trust to deliver key improvements such as implementing a new nursing structure.

This support has resulted in a number of improvements at the trust. There is a better approach to tackling high mortality rates, with data relating to patient deaths now reviewed weekly by senior clinicians and managers, and processes put in place to take swift action if any worrying trends emerge.

The trust also recognised that it needed to improve how it deals with serious incidents and risks; but to do this it needed to develop a much more positive culture of openness and transparency among staff, particularly clinical teams. Procedures around reporting and dealing with serious incidents have been tightened and every serious incident is looked at closely by senior clinical and managerial leaders, with any trends and every 'never event' discussed at the trust board. While they recognise there is still some work to do in this area, particularly in promoting a culture of learning, the work to date has demonstrated real progress – the number of incidents reported has already increased as a result of this improved culture.

The trust was also found to have significant staffing shortfalls across both its medical and nursing workforce, and has agreed a programme to invest £1.1 million over the next 18 months

into nurse recruitment and development. It is looking to recruit 50 consultants through this process and will, as a result, significantly reduce staffing shortfalls and its reliance on locums. However, the trust is still experiencing challenges in attracting and retaining staff.

Ratings awarded by CQC

Overall trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Cumberland Infirmary, Carlisle

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Inspected but not rated	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Requires improvement	Good	Good	Good	Good
Maternity & family planning	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Children & young people	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Inadequate	Inspected but not rated	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

West Cumberland Hospital, Whitehaven

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Inspected but not rated	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Inadequate	Requires improvement	Good	Requires improvement	Good	Requires improvement

Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Requires improvement	Good	Good	Good	Good
Maternity & family planning	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Children & young people	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
End of life care	Good	Good	Good	Good	Requires improvement	Good
Outpatients	Inadequate	Inspected but not rated	Good	Requires improvement	Good	Requires improvement
Overall	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

The Birthing Centre at Penrith Community Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity & family planning	Good	Good	Good	Good	Good	Good

CQC commentary on trust leadership

CQC inspected the trust in April/May 2014. Many of the executive team were new in post in the last 12 months and they have acknowledged that the trust is on a journey of significant improvement.

At the time of the Keogh Review, there were concerns around inadequate governance and pace and focus of change to improve overall safety and experience of patients. At our inspection, governance processes were in place and the Board Assurance Framework detailed risks and aligned them to strategic priorities. The board owned this document and the board agenda was focused on the risks within the framework.

The board was kept informed of issues and risks through the 'Corporate Reputation Risk Register'. This process was not described in the trust's policies but had been introduced as a way of sharing good practice and was managed by the communications team. This document was a useful summary of serious incidents and other potential risks or issues for the board.

To support improvements in governance, additional risk management training was being provided to help the services manage their risk registers appropriately and to provide challenge on risk ratings and the management of risks through the Safety and Quality Committee. Patient safety walkrounds had been revised and were concentrating on themes identified through serious incidents. This was to provide assurance to the board that known patient safety issues were being addressed and improvements to practice sustained.

At the time of the Keogh Review there were concerns relating to the lack of support for staff and effective, honest communication from middle and senior management level. This remained an issue. Staff reported being fearful of raising issues with managers and a number of staff were visibly upset when talking to us. Support for staff continued to raise concern as clinical supervision was not embedded and some staff had not received an appraisal.

Northern Lincolnshire and Goole NHS Foundation Trust

CQC recommendation	Exit from special measures with some continued support in place
Reasons for recommendation	• Several services were good throughout, but others required improvement. • Critical care service at Grimsby was rated as inadequate. • Positive shift in culture over the past year. • Stronger leadership at board level.

Overview of change from Monitor

Monitor facilitated a buddying arrangement between Northern Lincolnshire and Goole NHS Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust. This partnership has allowed the trust to gain expert support and advice from experienced peers.

Monitor appointed an improvement director to help the trust take action and to challenge it to improve quality of care.

Northern Lincolnshire and Goole NHS Foundation Trust has appointed a new medical director to improve clinical oversight and input at board level, and has strengthened clinical leadership. This has increased the focus on the quality of patient care at the highest level.

The trust centralised its acute stroke services at Scunthorpe last year. Procedures and communications with ambulances and in A&E have been improved. The trust has also taken action to make sure there are no more breaches of the rules on mixed-sex ward accommodation, and has reviewed the way it cares for patients' diets and nutrition to improve care and establish safe standards of practice.

Ratings awarded by CQC

Overall trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Diana Princess of Wales Hospital, Grimsby

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Inspected but not rated	Good	Good	Good	Good
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Surgery	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Critical care	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Maternity & family planning	Good	Good	Good	Good	Good	Good
Children & young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Good	Inspected but not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Scunthorpe General Hospital

	Safe	**Effective**	**Caring**	**Responsive**	**Well-led**	**Overall**
A&E	Requires improvement	Inspected but not rated	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Critical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Maternity & family planning	Good	Good	Good	Good	Good	Good
Children & young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Good	Inspected but not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Goole and District Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Minor Injuries Unit	Good	Inspected but not rated	Good	Good	Good	Good
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Maternity & family planning	Good	Good	Good	Good	Good	Good
Outpatients	Good	Inspected but not rated	Good	Requires improvement	Good	Good
Overall	Good	Good	Good	Good	Good	Good

CQC commentary on trust leadership

CQC inspected the trust in April/May 2014. The trust had 156 required actions in their Keogh action plan and information from the trust and Monitor indicated that, as of January 2014, 154 had been delivered, and two were on track to be delivered by 31 December 2014. The trust had commissioned an external review regarding quality governance in October 2013, which resulted in 21 recommendations. A follow-up review reported in March 2014, indicated that 19 of the recommendations have been achieved (some with ongoing monitoring) and two were in progress.

The trust had revised its clinical leadership structure from January 2014, with senior clinicians involved in the management of clinical service directorates. This needed to be embedded and the impact of this change was not yet evident. A new medical director took up post in January 2014; a new chief operating officer commenced April 2014 and the director of facilities left in February 2014, this post was being advertised. The chief executive was appointed in 2010. Staff across the trust had reported a positive shift in culture in the last 12 months and increased engagement and visibility of the chief executive and the board of directors. Staff said it was more of a listening organisation.

At a local level, most staff felt supported by their managers. However, there were some areas where there was a lack of medical leadership and direction, particularly in end of life and critical care services. In critical care services, consultant working patterns, once daily ward rounds at weekends, and lack of medical clinical guidelines were a concern.

Sherwood Forest Hospitals NHS Foundation Trust

CQC recommendation	Remain in special measures for an extension period of six months
Reasons for recommendation	• Some progress on quality but with inadequate safety in medical care at King's Mill. • Poor service level leadership across several services.

Overview of change from Monitor

Monitor has maintained an oversight of the actions, milestones, project governance structures and management.

The improvement director appointed by Monitor has looked at services, talked to people across the trust and been assured that the work needed to deliver the action plan has remained on track and delivered the expected results.

At Monitor's request, the trust has engaged some senior financial support to help with the development of the overall five-year recovery plan and strategy.

Monitor has supported the trust in its development of buddying arrangements with the Newcastle upon Tyne NHS Foundation Trust to support the delivery of the Keogh actions.

The trust's strategic direction is now clear and is incorporated into the five-year plan. A specific part of the strategic plan will focus on Newark sustainability.

In terms of board development, there is now a programme in place, with external evaluation planned for later in 2014/15. Investment over a two-year period is planned to increase nursing and medical staffing levels.

Policy review and regular audits are now in place to deal with the high number of patient moves and outliers.

Handover time between shift changes, patient experience, whistleblowing policies, national early warning system and supporting structures and services are all also now assured.

Ratings awarded by CQC

Overall trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

King's Mill Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Inspected but not rated	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Good	Good	Good
Maternity & family planning	Good	Good	Good	Good	Good	Good
Children & young people (C&YP)	Good	Good	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Requires improvement	Inspected but not rated	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Newark Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E / MIU	Requires improvement	Inspected but not rated	Good	Good	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Requires improvement	Inspected but not rated	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

CQC commentary on trust leadership

CQC inspected the trust in April/May 2014. Following an unsettled period and interim appointments, the trust appointed a permanent chief executive officer in May 2013, and a permanent chair in June 2013. The board of directors was strengthened by the appointment of a permanent medical director and a temporary strategic adviser. The medical director had been employed part-time on an interim basis, but was due to take up a full-time permanent post in July 2014.

There was a collective responsibility for clinical leadership, quality and patient safety shared by the director of nursing and current medical director. They were both aware of organisational issues and clinical concerns across the trust (but none specific on the risk register). There were plans to advertise for an additional post at director level to support the medical director. Other directors, including the director of nursing and the director of strategic planning and commercial development, were also carrying key vacancies in their teams.

The medical director and senior managers were not well known to the consultants we spoke with, although the chief executive was. There was a lack of clarity about where the 'hotspots' were and why. All staff need to know this.

The appointment of a temporary strategic financial adviser to the board was to increase the coherence of longer-term financial planning, linking into the 'Better Together' programme, which brings together local NHS and social care organisations, and relevant partners, to review and shape future health and social care services in Mid-Nottinghamshire. The trust's medical director and director of strategic planning and commercial development were on the 'Better Together' programme board.

In response to the challenge from the Keogh review, and the follow-up visit by NHS England in 2013, the committee structure was revised, establishing a Newark hospital management board that sits with the divisional management boards. These all report to a trust management board (TMB), which meets monthly, one week before the board of directors meeting and is chaired by the chief executive.

The governance arrangements at Newark Hospital had been re-defined to ensure that clinical services were part of the overall trust governance arrangements. The service director and clinical consultant links with the trust's medical director. The director of nursing had been more focused on King's Mill Hospital. One in four executive meetings are held at Newark. Division directors and general managers are held to account across both sites. There has been more surgical managerial activity than medical, in respect of Newark. Staff at Newark Hospital were not aware of the governance arrangements.

Tameside Hospital NHS Foundation Trust

CQC recommendation	Remain in special measures for an extension period of six months
Reasons for recommendation	• Multiple aspects of care that require improvement or are inadequate. • Leadership has been strengthened.

Overview of change from Monitor

An improvement director was appointed to help the trust take action and to challenge it to improve quality of care.

Monitor has supported the trust in its development of buddy arrangements with University Hospitals South Manchester NHS Foundation Trust.

Monitor continues to work with the trust to implement a recovery plan for the benefit of its patients, to secure long-term financial and clinical stability. Monitor has also helped to secure temporary public dividend capital funding for the trust, which has allowed it to continue to invest in the clinical staffing levels and other infrastructure needed to continue to improve quality and safety in the short term.

Monitor advised the trust and local partners on integrated care models, competition and collaboration options.

The trust commissioned an external review of its governance to make sure its leaders are better sighted on the Trust's key risks. It has developed a training programme for governors to enable them to better hold the trust's leaders to account, has hired a new substantive chief executive and is hiring a new substantive medical director.

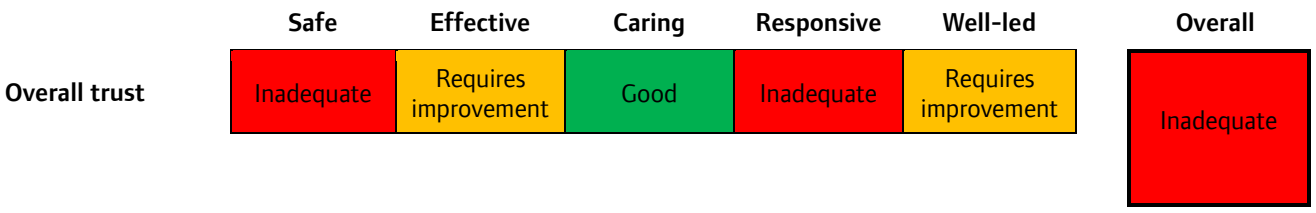
Tameside has reviewed nurse staffing to improve patient care.

The trust put in place weekly internal audits, a new urgent care plan, and improved procedures to better manage urgent and emergency care for patients. It also increased its senior clinician workforce to ensure better supervision and leadership for junior doctors overnight and on weekends.

Tameside also improved reporting and operational systems so that senior leaders can more closely manage the quality of services.

Ratings awarded by CQC

Overall trust



Tameside General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Inspected but not rated[1]	Good	Good	Good	Good
Medical care	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate
Maternity & family planning	Requires improvement	Good	Good	Good	Good	Good
Children & young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Outpatients	Requires improvement	Inspected but not rated[1]	Good	Inadequate	Requires improvement	Requires improvement
Overall	Inadequate	Requires improvement	Good	Inadequate	Requires improvement	Inadequate

CQC commentary on trust leadership

CQC inspected the trust in May 2014. The trust had a clear vision and credible strategy to deliver high quality care and promote good outcomes for people. As part of its integrated action plan, the trust was implementing new clinical governance arrangements to ensure that staff were clear about their responsibilities, staff regularly considered quality and performance, and staff identified, understood and managed risks. These arrangements, however, had not been fully implemented within all services, which meant that some services provided care and treatment that was less effective, safe or responsive.

We saw good leadership from the new executive team. We saw that the new executive team were beginning to exert strong processes with the organisation and manage systems.

The leadership and culture within the trust's senior management reflected its vision and values, encouraged openness and transparency and promoted the delivery of high quality care across teams and pathways.

Most trust senior managers engaged well with people who used the service, public and staff, seeking and acting on their feedback. As a result, many staff had worked exceptionally hard to drive improvements throughout the trust. More work was needed, however, to embed and sustain the positive culture changes, as there were still pockets of negative culture or leadership.

United Lincolnshire Hospitals NHS Trust

CQC recommendation	Remain in special measures for an extension period of six months
Reasons for recommendation	• Inadequate safety (surgery and outpatients) at Lincoln County Hospital. • Poor medical engagement. • Poor integration across three sites. • Poor leadership at service level, especially at Lincoln County Hospital.

Overview of change from the NHS Trust Development Authority

The NHS TDA has worked closely with the board of United Lincolnshire Hospitals NHS Trust (ULHT) to ensure it had the right level of support to be able to deliver rapid, sustainable improvements by strengthening the trust board with new appointments and ensuring the trust had access to the support it needed to improve. It put in place a permanent chair alongside four new non-executive directors to drive a fresh focus on the quality agenda. A new full-time medical director has also been appointed to lead clinical improvements and enhance clinical engagement in the trust.

The NHS TDA asked the leadership team at Sheffield Teaching Hospitals NHS Foundation Trust to support the trust board by sharing best practice and undertaking peer reviews, which have underpinned some of the improvement plans put in place by ULHT. For example, Sheffield Teaching Hospitals has reviewed how ULHT cares for patients whose condition is deteriorating and has helped them improve how they care for those patients in the future. They have also helped the trust to use IT in a better way to support improvements in patient care.

A 'Listening into Action' programme, which is engaging staff and wider stakeholders positively, has been put in place and the executive directors now rotate working between the trust's three main sites to ensure there is always visible senior leadership in every part of the trust. Similarly, the non-executive directors hold open sessions at each site for patients and staff to raise any issues with them. The trust board has acknowledged that this fresh approach to engagement has supported the organisation's ability to drive improvement and change, and it is committed to continuing to invest in its engagement programme going forward.

The new medical director now leads the quality agenda and following a governance review by the NHS TDA, the trust has restructured its committees and directorates to ensure that any concerns about quality and safety can be more easily identified and addressed. A programme of engaging with senior consultants about quality and safety has also been launched, but more progress is needed before this culture becomes truly embedded.

Staffing levels have been a persistent problem at the trust, particularly during weekends and out-of-hours. The trust has put in place a two-year staffing investment plan, with £4m already invested in 2013/14. This has enabled it to recruit 350 new nurses since April 2013, resulting in 100 extra nurses on the wards. There is also now greater transparency at the trust about safe staffing, with levels publicly displayed on every ward and checked every day.

The trust has also launched a new patient experience strategy and a new complaints process and strengthened its Patient Advice and Liaison Service. This has had a significant impact in

providing patients with timely information and advice and since July 2013, the number of complaints received has reduced month-on-month.

The NHS TDA appointed an improvement director to support the trust board. Her background in nursing and experience of working on major programmes in the Department of Health, Connecting for Health and in acute hospital settings has helped the trust to strengthen its governance arrangements.

Ratings awarded by CQC

Overall trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

Lincoln County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Inspected but not rated	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Surgery	Inadequate	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Outstanding	Good	Good
Maternity & family planning	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Children & young people	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Inadequate	Inspected but not rated	Good	Inadequate	Inadequate	Inadequate
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Pilgrim Hospital Boston

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Inspected but not rated	Good	Requires improvement	Good	Requires improvement
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Critical care	Good	Good	Good	Good	Good	Good
Maternity & family planning	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Children & young people	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Good	Good	Good	Requires improvement	Good	Good
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Grantham and District Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Inspected but not rated	Good	Requires improvement	Good	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Surgery	Requires improvement	Good	Good	Requires improvement	Good	Good
Critical care	Good	Good	Good	Requires improvement	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

County Hospital Louth

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Outpatients	Requires Improvement	Inspected but not rated	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement

CQC commentary on trust leadership

CQC inspected the trust in April/May 2014. The senior leadership team worked well together and appeared to have one vision for the trust. This was shared through team briefings and meetings with the staff. The trust subscribed to the Listening into Action™ programme, which enabled some staff to improve their services and those of the trust. This is now estimated to have involved 1,500 staff to some extent; pulse check surveys have shown improvements on several indicators between July 2013 and March 2014. The chief executive and senior clinical team were well known to staff. The leadership style of the chief nurse, being visible on the wards and undertaking care duties, resonated with the nursing staff. The tri-site working of the leadership team meant that staff in each hospital were aware of the senior clinical team. This hands-on style of working meant that they were more approachable.

However, we heard from a number of doctors that they struggled to resolve issues, as access to the medical director was limited. Medical staff felt that the trust was not listening to their concerns relating to the care and quality of the service they provide. These concerns included delays in outpatient appointments, effectiveness in the endoscopy unit and the lack of interventional radiology. Staff at the four locations we inspected reported that they felt disconnected from the trust and each other. This lack of cohesion within the cross site clinical teams prevented the sharing of good practice and effective use of the services provided.

Appendix B: Overview of problems identified through the Keogh Reviews 2013

		Basildon	George Eliot	Buckinghamshire	North Lincolnshire & Goole	East Lancashire	United Lincolnshire	Burton	Sherwood Forest	North Cumbria	Tameside	Medway	
Safety	Nurse staffing	X		X	X		X		X	X		X	7
	Medical staffing/cover	X	X	X						X	X	X	6
	Infection Control	X								X	X		3
	Incident reporting/learning			X						X			2
	Equipment checks							X					1
	DNACPR/MCA/DoLS						X						1
Effective	Mortality	X	X	X	X	X	X	X	X	X	X	X	11
	Management of deteriorating patients			X	X		X	X			X	X	6
	Early senior clinical review											X	1
	Fluid management								X				1
	Readmission rates					X							1
	Stroke services				X								1
Caring													
Responsive	Bed management/flows/outliers	X	X						X		X		4
	A&E/urgent care	X		X	X	X							4
	Complaints process					X	X		X				3
	Discharge letters/appointments								X				1
	Transfers			X									1
Well-led	Focus on quality		X		X			X		X	X	X	6
	Board leadership/assurance			X		X	X				X	X	5
	Governance processes		X			X			X				3
	Listening to patient views	X							X		X		3
	Communication with patients/staff							X					1
	Shift patterns							X					1

Appendix C: Costs relating to special measures

(Information supplied by Monitor and the NHS Trust Development Authority)

Background

During the period that a trust is in special measures it will be subject to various interventions including the following:

1. Appointment of one or more **partner (or 'buddy') organisations** to provide support in improvement. Arrangements for such appointments are set out in a memorandum of understanding (MoU) between Monitor or the NHS TDA and the buddy organisation. Partner organisations are reimbursed for reasonable expenses and may receive an incentive payment.
2. Appointment of an **improvement director** who will act on behalf of Monitor or the NHS TDA to provide assurance of the trust's approach to improving performance.

Summary of costs

For the six NHS foundation trusts combined:

a) Costs due to be reimbursed under the MoU arrangements Monitor has with the partner (or 'buddy') organisations total £982,000.

b) Allowance is made in the MoUs for incentive payments up to a maximum of twice the reimbursable amounts. The amount actually paid will depend on the level and timing of improvement made by the trust in special measures:

- If the partnered trust comes out of special measures following the first CQC inspection, the partner trust receives 100% of the incentive payment.
- If the partnered trust does not come out of special measures on the first CQC inspection, but CQC finds significant improvements in the area which the partner trust is offering support, Monitor can give 75% of the incentive payment.
- If the partnered trust does not come out of special measures on the first CQC inspection, but has delivered significant benefits to patients as a result of the partnership arrangement, Monitor can give up to 50% of the incentive payment.

c) Costs incurred for improvement directors total £269,000 to the end of June 2014.

d) Short, interim reviews of progress at the six trusts were carried out by NHS England at a total cost of £60,000 to date.

e) In order to ensure the overall special measures programme was established quickly and effectively, Monitor used additional external support costing £146,000. This programme management role has now been brought in-house.

For the five NHS trusts combined:

a) The total costs reimbursed to buddy trusts providing support currently stands at £714,000. This funding applies to only the cost of providing support. No incentive payments have been activated to date.

b) In some cases, some additional support has been provided to trusts in special measures where specific development needs are identified that are beyond the trust's ability to carry out. This support for specific projects, such as review of clinical governance, has cost £295,000.

c) The cost incurred for improvement directors at the five trusts in special measures comes to £285,000.

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