

# Board of Directors Meeting

**Subject:** Chief Executive's Report  
**Date:** Thursday 27 February 2014  
**Author:** Paul O'Connor  
**Lead Director:** Paul O'Connor

## Executive Summary

This report provides an update on the latest issues affecting the Trust.

## Recommendation

The Board is asked to note the content of this paper and specifically where verbal updates will be given at the Board meeting.

## Relevant Strategic Objectives (please mark in bold)

<b>Achieve the best patient experience</b>	<b>Achieve financial sustainability</b>
<b>Improve patient safety and provide high quality care</b>	<b>Build successful relationships with external organisations and regulators</b>
<b>Attract, develop and motivate effective teams</b>	

<b>Links to the BAF and Corporate Risk Register</b>	Item 1 & 2 refer
<b>Details of additional risks associated with this paper</b> ( <i>may include CQC Essential Standards, NHSLA, NHS Constitution</i> )	N/A
<b>Links to NHS Constitution</b>	N/A
<b>Financial Implications/Impact</b>	N/A
<b>Legal Implications/Impact</b>	N/A
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	Item 5 & 6 refer
<b>Committees/groups where this item has been presented before</b>	N/A
<b>Monitoring and Review</b>	N/A
<b>Is a QIA required/been completed? If yes provide brief details</b>	N/A

## 1. Confirmation of CQC Inspection

On 14 February we received confirmation from Professor Sir Mike Richards of the details of the forthcoming CQC Inspection Visit to the Trust (Appendix A). The inspection will be led by Tim Cooper, Head of Hospital Inspections at the CQC, and the inspection will be one of a tranche of 20 inspections carried out between April and June 2014 using the new CQC Inspection Model. Our inspection will take place in the week beginning 21<sup>st</sup> April 2014.

Our Inspection Team will comprise over 20 people and will include professional and clinical staff, other experts, and members of the public. We can expect King's Mill and Newark Hospitals to be visited, with the inspection covering 8 core acute service areas:

- A&E
- Acute Medical Pathways, including the frail elderly
- Surgery and Theatres
- Critical Care
- Maternity
- Paediatrics
- End of Life Care
- Outpatients

The Inspection will lead to Professor Richards' rating of the Trust overall and in the eight separate areas inspected, as outstanding, good, requires improvement or inadequate.

## 2. Special Measures

Whilst the letter from Professor Sir Mike Richards (Appendix A) explaining the forthcoming CQC Inspection makes no specific reference to Special Measures, I anticipate a judgement on our Trust's Special Measures status once all such Trusts have been inspected (anticipated June 2014 onwards). In advance of the inspections of all 14 Special Measures Trusts, Monitor and the NHS Trust Development Authority are providing an update report on progress of these Trusts. Monitor's overall update report and our Trust's latest Improvement Plan and Progress Report are attached as Appendices B and C.

## 3. Medical Director appointment

I am delighted to confirm that the post of Executive Medical Director has been offered substantively to Dr Andy Haynes, who has been filling the post on a part time interim basis since October 2013. Andy was selected following an extensive search which produced a strong list of candidates for this key Board appointment. We are finalising arrangements with NUH and the University Medical School (Andy's current employers) to agree a date for Andy to take on the Executive Medical Director's role at the Trust on a full time basis.

On top of the usual responsibilities within a Foundation Trust Executive Medical Director role, Andy will be leading the Trust's approach to Service Transformation, to improve the service offer and align it with the Mid Notts "Better Together" programme. Andy brings a wealth of clinical as well as Service Improvement experience and will significantly enhance the Trust's Executive Management Team.

## 4. Study trip to Ribera Salud, Valencia

On the 13<sup>th</sup> and 14<sup>th</sup> February 2014, Peter Wozencroft and I joined a group comprising representatives of our local CCGs, the County Council, Health Partnerships and other Health providers on a two day study tour to Ribera Salud in Valencia. The visit was designed to consider innovative solutions for outcome based contracts and capitated budgets based on a significantly

more integrated model of service provision. Whilst the Spanish system is obviously different to our own NHS, there remain clear lessons to learn from its implementation over a number of years. I intend to continue discussions with our local CCGs to explore where the principles in the Valencia system could further enhance the Mid Notts “Better Together” programme. Peter and I will be happy to expand on our assessment of opportunity at the Board meeting.

## **5. Opening of “ Vision University Centre”**

On 10<sup>th</sup> February 2014 I attended the opening of the West Nottinghamshire College’s new higher education facility, Vision University Centre. This is a purpose built facility dedicated to higher education students, providing exclusive areas where they can study research and relax during term time while still enabling them to be very much a part of the wider college environment. The centre, which provides an alternative to University, offers a wide range of higher education level programmes in conjunction with the University of Derby and Birmingham City University.

The Chairman and I will be meeting Asha Khemba OBE DBE to discuss how our two organisations can seek mutual benefit through training, development, employment and voluntary opportunities for local young people. I am very grateful to one of our stakeholder governors Patricia Harman, Deputy Principal: Teaching and Learning for helping to create this opportunity. It is an excellent demonstration of the benefit to the Trust, a partner organisation and the local community of having a proactive Council of Governors.

## **6. Newark Healthcare Consultative Group**

On 19 February 2014 I attended a meeting of the Newark Healthcare Consultative Group with Tracey Wall, Hospital Manager of Newark Hospital. The Chairman and I had originally attended this group in November 2013 and had been informed that the group, which largely comprises local Parish Councillors and is supported by the Town Council, exists to represent the views and concerns of the council regarding the provision of health services.

The Group sought updates on the Trust’s response to the report of the Keogh Rapid Response Review and the latest position with Monitor. Further discussions also took place involving Newark Hospital Strategy, including End of Life Care, planned future services and referrals to the hospital.

## **7. 2013 National NHS Staff Survey**

The Trust participates in the National NHS Staff Survey each year. The most recent survey was completed between October and December 2013. The Trust achieved a response rate of 47%.

The Trust has maintained similar survey responses within the 28 domains as in 2012, the relative ranking when compared to other Acute Trust’s is likely to fall. This is a reflection of the challenging year for the Trust with increased negative media, a change of Board, increased emergency activity and workforce change. We now have a substantive Board and have embarked on the Quality for All Programme which should support improved staff perceptions when the survey is completed again later this year.

Detailed action plans incorporating both trust-wide and divisional responses will be developed and monitored through the Organisational Development and Workforce Committee. In addition, the quarterly Family and Friends Test for staff, together with quarterly ‘pulse’ surveys will enable us to measure improvements during the year.

**Paul O’Connor**  
**Chief Executive**

Sherwood Forest Hospitals NHS Foundation Trust  
King's Mill Hospital  
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Sutton in Ashfield  
Nottinghamshire  
NG17 4JL

## BY EMAIL

14 February 2014

Dear Mr O'Conner

### Hospital inspection programme: April- June 2014

I have now been the Chief Inspector of Hospitals at CQC for six months. We carried out 18 acute trust inspections using the new approach that I outlined when I was appointed between September and December 2013. We are conducting a further 19 acute trust inspections between January and March 2014.

On Monday 17 February 2014 I will be publishing a list of 20 acute trusts that we will inspect between April and June 2014. **We will be inspecting your trust using the new CQC model.** My colleagues will be in touch within the next fortnight regarding what this means in practical terms and with dates for our planned inspection. I wanted to let you know about your inclusion in these inspections and thought it would be helpful if I gave you an overview of what this new model entails.

The new inspection teams will be large (over 20 people) and will be headed by a senior NHS clinician or executive, working alongside senior CQC inspectors. The teams include professional and clinical staff and other experts, including trained members of the public ('experts by experience'). Many of these are volunteers who came forward when I launched my new approach in July 2013.

The teams will spend at least two full days at the trust inspecting every site that delivers acute services, and eight core service areas: A&E; acute medical pathways including the frail elderly; surgery and theatres; critical care; maternity; paediatrics; end of life care and outpatients. These services have been chosen on the basis of both volume and risk.

At the start of each inspection you will be invited to give a brief overview of the context for your trust, the achievements you are proud of and the challenges you are facing. We recognise that all trusts face challenges and I would encourage you to be open about these.

The inspections are a mixture of announced and unannounced and may include inspections in the evenings and weekends, when we know people can experience poor care. Our inspection teams make better use of information and evidence to direct resources where they're most needed. Our analysts have developed new triggers to guide the teams on when, where and what to inspect. Before they inspect, the teams assess a wide range of quantitative data, including information from our partners in the system, and information from the public.

Each inspection will provide the public with a clear picture of the quality of care in their local hospital, exposing poor and mediocre care and highlighting good and excellent care. We will look at whether the trust and each of the core services are safe; effective; caring; responsive to people's needs and well-led.

I will decide whether hospitals are rated as outstanding; good; requires improvement; or inadequate. If a hospital requires improvement or is inadequate, I will expect it to improve. Where there are failures in care, I will work with my colleagues at Monitor and the NHS Trust Development Authority to make sure that a clear programme is put in place to deal with the failure and hold people to account.

My inspection of care services at your trust will include ratings of each of the eight core services, and of the trust overall. By the end of 2015 my teams will have inspected and rated all acute hospitals in this way. You can find out more details on our website – visit [www.cqc.org.uk](http://www.cqc.org.uk) and search for 'new acute hospital inspection model'.

I have made my choices for these inspections based on our assessment of risk; as follow-ups to the Keogh reviews carried out earlier this year; or depending on where trusts are in the Foundation Trust pipeline (we have considered the views of Monitor and the NHS Trust Development Authority). CQC is publishing details of its 'intelligent monitoring' of NHS trusts alongside details of next acute inspections. You will receive our analysis for your trust and this will be made public on your page on our website.

Your CQC Head of Hospital Inspection, Tim Cooper, will have been in contact with you already and they will be able to answer general questions about the new model. If you have any further questions you can contact Andrea Gordon, Deputy Chief Inspector ([andrea.gordon@cqc.org.uk](mailto:andrea.gordon@cqc.org.uk)).

Thank you in advance for your co-operation, and I look forward to working with you in the near future.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Mike Richards', followed by a vertical line.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

## **Special measures – update report**

**February 2014**

Special measures describes a package of tools which NHS regulators put in place in July last year, after Sir Bruce Keogh's Review into persistently high hospital mortality rates identified failings in the quality of care at 11 NHS trusts and foundation trusts. In addition to that first tranche of hospitals, a further three trusts have since been placed into special measures by Monitor and the NHS Trust Development Authority, following advice from the Care Quality Commission. The purpose of the regime is to give intensive support to trusts so they address their care problems effectively and put them right as quickly as possible.

The main features of the special measures regime are that:

- Monitor and TDA appoint an improvement director to help each trust turn around its performance and improve patient care;
- failing trusts are partnered with high-performing trusts to provide expert advice and support; and
- each trust is required to develop a detailed action plan, which the trust publishes and updates regularly.

In addition, Monitor and the NHS Trust Development Authority ("NHS TDA") review the leadership of trusts in special measures and, if necessary, use their powers to ensure trusts have the right leadership in place.

The special measures programme results in increased public accountability for the NHS' response to incidents of poor care, because trusts in special measures must publish monthly updates about how they are doing on the NHS Choices website. These updates demonstrate transparently how concerted action is being taken to tackle poor care in response, not only to the Keogh Review of mortality but also the general issues raised by the Francis Review into Mid Staffordshire NHS Foundation Trust.

A judgement of how well these trusts are progressing will come after they are re-inspected by the CQC later this year. In advance of those inspections, Monitor and the NHS TDA are providing an update report on progress being made at the special

measures trusts – particularly for the original 11 that have been in special measures for longest.

**Although there is further work to be done, NHS staff at all special measures trusts deserve praise for driving improvements in the quality of their services.**

All NHS trusts need robust clinical staffing arrangements, the right leadership in place, the right management processes and, above all, better ways of listening to patients to ensure that services are meeting patient needs. The first challenge for trusts in special measures is to ensure they have the right people and processes in place to produce the caring culture and health outcomes that patients and communities expect. Trusts in special measures have made considerable progress in these areas.

Over the period July to October 2013, published data shows that: almost 650 (whole time equivalents) of additional nurses and nurse support staff; and more than 130 additional doctors have been appointed by special measures trusts. Since this date, special measures trusts have continued to increase their establishment.

Across the 14 trusts, leadership has been strengthened through 49 new appointments. These include: four chairs, five chief executives, 11 non-executive directors, seven medical directors, four nurse directors and 18 other director changes. Half of the trusts have changed either their chair or their CEO chief executive or both.

Special measures trusts have been partnered with NHS organisations that are high-performing in relevant areas. The partner organisations are providing targeted help to improve services highlighted as problem areas in the Keogh/CQC inspections. In addition, all trusts have had improvement directors appointed to provide support, oversight and challenge on behalf of Monitor or the NHS TDA.

An important marker for progress are the steps that each trust in special measures has taken to implement its action plan and ensure that the improvements are sustainable. Each action plan sets out work that the trust needs to do to make improvements. Trusts are held to account for their progress in part by being required to publish a status update of progress against their action plans every month on NHS Choices. **Of the 244 actions within the 14 special measures trusts' plans, 82 (34%) have been delivered and a further 127 (52%) are on track for completion within the expected timescales.** Trusts are working to address actions that are currently delayed.

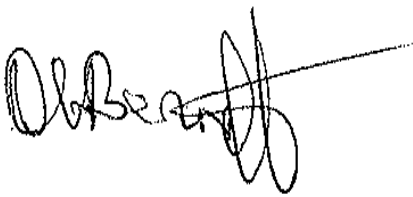
Whilst it is very encouraging to see the progress that each of the organisations has made, it is also clear that there is still a lot of work that each of the trust boards need to do before they can achieve the highest quality, sustainable services for patients.

**Although more work needs to be done, special measures trusts are making progress to improve standards of patient care.**


Summaries of progress at all trusts are outlined in this report. Further information can be found at:

<http://www.nhs.uk/nhsengland/specialmeasures/pages/about-special-measures.aspx>

Signed by:

A handwritten signature in black ink, appearing to read 'David Bennett', with a long horizontal stroke extending to the right.

David Bennett (Monitor Chief Executive)

A handwritten signature in black ink, clearly legible as 'David Flory', followed by a period.

David Flory (NHS TDA Chief Executive)



## **Trusts placed into special measures as a result of the Keogh Review**

The following 11 trusts were placed into special measures in July 2013.

### **Tameside Hospital NHS Foundation Trust**

*Staff at the trust have commented that “communication with the Chief Executive has increased” and “there has been significant change...a positive one, which I can feel and see.”*

Tameside was put into special measures following the Keogh Review, which identified concerns with measures the trust was taking to prevent hospital acquired infections. The Keogh Review also raised concerns that there was insufficient clinical cover, particularly out of hours.

The trust has been partnered with University Hospital South Manchester which is providing senior clinical support to spread clinical best practice and help cultural change across the trust to take place.

Since entering special measures, the number of patient falls has decreased by 18%<sup>1</sup>, and the trust is now meeting the national target to deliver 95% of all care harm free. Staff at the trust have commented that “communication with the Chief Executive has increased” and “there has been significant change...a positive one, which I can feel and see.”

Since entering special measures in July 2013 data published in October 2013 shows that the trust gained an additional 32 whole time equivalent nurses and nursing support staff over the same period. In addition, the percentage of patients that would recommend the trust has increased by 9 percentage points.

Tameside had 22 urgent or immediate actions in their Keogh Action Plan. By January 2014, it had delivered five and 17 were on track to be delivered.

While improvements have clearly been made, further progress is required in the trust’s emergency care pathway, particularly in its acute medical unit, to ensure recent improvements are consolidated, sustained and built upon in the future. This should include further recruitment to substantive clinical posts and further development of the trust’s ambulatory care model. The trust also needs to ensure that it continues to strengthen the supervision and training of junior doctors.

### **Basildon & Thurrock University Hospitals NHS Foundation Trust**

*“Visibility of senior trust staff and non-executive directors on the wards and departments, in particular the Chief Executive and Chair, was noted and appreciated by trust staff.”*

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<sup>1</sup> HSCIC, NHS Safety Thermometer Data

The Keogh Review at Basildon identified concerns with poor systems for bed management; patient flows and that the trust was not ensuring infection control procedures were being applied consistently.

The trust is partnered with the Royal Free London NHS Foundation Trust, which will support Basildon in improving patient flow and management by reviewing processes and sharing protocols. Staff from Basildon will also visit Royal Free London to see schemes in action.

A follow-up progress review, led by NHS England, was undertaken in November 2013 by some of the original review panel. The progress review concluded that “the panel chair and other panel members would be happy to be treated at the hospital themselves”. In addition, “visibility of senior trust staff and non-executive directors on the wards and departments, in particular the Chief Executive and Chair, was noted and appreciated by trust staff.”

Since entering special measures in July 2013 published data shows that the trust gained: 141 nurses and nursing support staff; and 17 additional doctors. In addition, the percentage of patients that would recommend the trust to their friends and family had increased by 14 percentage points.

Basildon has 15 urgent or immediate actions in its Keogh Action Plan. As of January 2014, the trust had delivered eight of these, and the remaining seven were on track to be delivered. The key challenge for the trust will be to deliver and embed the remaining actions ahead of a proposed CQC inspection at the end of March 2014.

### **Northern Lincolnshire and Goole (NLaG) NHS Foundation Trust**

*“Significant improvement in systems and services and a sense of improved pride and confidence amongst staff.”*

Concerns raised by the Keogh Review included: progress in improving clinical leadership; patient flow management; staffing levels, quality and skill mix; and evidence of poor care and patient experience in some areas.

The trust has established a ‘partnership’ arrangement with Sheffield Teaching Hospitals Foundation Trust. Key areas of support include: mentoring support for new medical director; sharing examples of good practice, innovation and policy; support and expertise to ensure consistency of pathways / approach.

Since entering special measures, the trust’s leadership has been strengthened by the appointment of a new medical director. A re-visit by members of the Keogh Review team in November found evidence of “significant improvement in systems and services and a sense of improved pride and confidence amongst staff” since the previous visit. Since entering special measures in July 2013 data published in October 2013 showed that the trust gained an additional 75 nurses and nursing

support staff over the same period. The trust has also established one hyper stroke unit serving the area, with rapid repatriation of patients after their acute phase.

North Lincolnshire and Goole had 16 urgent or immediate actions in its Keogh Action Plan. By January 2014, the trust had delivered five of these and 11 were on track to be delivered. The trust must ensure that its actions address the fundamental concerns identified in the Keogh Review, and that the new Medical Director drives implementation of the required improvements to clinical leadership throughout the organisation.

### **Medway NHS Foundation Trust**

*Monitor has taken steps to strengthen the trust's leadership arrangements and a new Chief Executive and Chair are now in place.*

Medway was placed into special measures following the Keogh Review. The Review team identified insufficient board focus on quality and safety issues, insufficient clinical supervision in some departments, and a poorly laid-out emergency pathway as key areas for improvement. The trust has partnered with East Kent University Hospitals NHS Foundation Trust, which is providing support on informatics.

Medway had 16 urgent or immediate actions in its Keogh Action Plan. By January 2014, it had delivered two actions, 11 were on track to be delivered and three will be implemented but are delayed.

Since entering special measures, Monitor has taken steps to strengthen the trust's leadership arrangements and a new Chief Executive and Chair are now in place. The trust has overhauled its complaints process, clearing a backlog of 2000 complaints. Since entering special measures in July 2013 data published in October 2013 showed that the trust gained an additional 102 nurses and nursing support staff over the same period. The most recent Standardised Hospital Mortality Index data published in January 2014 shows the trust's overall mortality rates have reduced and are now within the expected range.

Areas still requiring improvement include A&E wait time performance and emergency flow. The trust is addressing these through improved admissions and discharge arrangements, in place since late 2013, and a new acute admissions unit, due to open in December 2014.

The trust reports its finances will deteriorate by some £6.7 million during 2013/14, leading to a year-end deficit of £7.9 million. The increase in its costs derives principally from the need to increase staffing to address Keogh and other quality issues. In light of these pressures, the trust is commissioning a clinical and financial diagnostic to inform its five-year strategic plan for the period 2014 - 2019.

## **Buckinghamshire Healthcare NHS Trust**

*Since entering special measures and up to October 2013 the trust had an additional 16 doctors.*

The trust entered special measures due to a need to: build strong urgent care pathways; develop a more open and transparent approach to gathering real-time feedback from patients; and bring together all improvement projects into a trust wide Patient Safety Strategy which includes looking at care and management of the deteriorating patient. There were also further concerns over staffing levels of senior grades, in particular out of hours.

The trust is partnered with Salford Royal NHS Foundation Trust. Salford are sharing their process for nursing assessment and accreditation to encourage continuous quality improvement at ward level and work to further improve mortality levels. In addition the trust are providing support to further improve board governance. The trust has appointed a new Nursing Director; she takes up post on 1st April 2014. The new Chair takes up post in March this year and the Medical Director commenced in November 2013.

Since entering special measures and up to October 2013 the trust had an additional 16 doctors. The trust's number of patients that would recommend the hospital to friends and family also increased.

Buckinghamshire had 29 required actions in their Keogh Action Plan and, as of January 2014, 17 of them had been delivered, eight were on track to be delivered, and the remaining four were subject to delay. The remaining four relate to introducing new systems in the trust; all are in progress but will not be regarded as completed until there is demonstrable evidence that the new systems have resulted in a change in behaviour.

The trust still has work to do to improve on their lower than national recommended level of midwife to birth ratio. Whilst they have recruited additional nurses, the trust needs to work on their retention policy.

## **East Lancashire Hospitals NHS Trust**

*The number of patients who would recommend the hospital to friends and family has increased.*

The trust was placed into special measures due to issues with the trust's complaints process and lack of a compassionate approach to care. Additionally the Board's quality governance processes were not cohesive and failed to use information effectively to improve the quality of care provided to patients.

The trust has been partnered with Newcastle Hospitals NHS Foundation Trust. Following the appointment of a new Interim Chief Executive to East Lancashire,

senior leadership from Newcastle and East Lancashire are working together constructively to strengthen improvements on approach to care, quality and governance. Since entering special measures the executive team has been strengthened with a new Interim Chief Executive, new Nurse Director and a change of Medical Director and a new Chair also took up post on 1st February 2014.

Since entering special measures the trust has recruited an additional 104 nurses and nursing support staff and 22 additional doctors. The number of patients who would recommend the hospital to friends and family has increased.

East Lancashire had 16 required actions in their Keogh Action Plan and, as of January 2014, seven of them had been delivered and nine were on track to be delivered.

Of those actions on track to be delivered the trust has increased its oversight on deaths in hospital, further reduction in its HSMR is needed. The trust also needs to recruit more nurses and further strengthen the improving staff and patient engagement. The trust needs to continue to work with its commissioners to make sure some services are, where appropriate, provided closer to people's homes.

### **George Eliot Hospital NHS Trust**

*The trust are recruiting 12 new consultants to deliver a new "seven day" working pattern including acute medical, elderly care, respiratory physicians and gastroenterology.*

The trust were placed into special measures due to concerns in relation to low levels of clinical cover, particularly out of hours and the panel identified that a number of patients could be placed in more appropriate settings within the trust, and multiple bed moves were common during a patient stay.

The trust is partnered with University Hospitals Birmingham NHS Foundation Trust who are helping in improving the trust's system for measuring improvement and working on programs to help reduce mortality further. They are also providing support to further improve board governance.

The trust has appointed to a new post of Head of Patient Safety and Mortality, which is a dedicated role looking at different programs of activity to help drive down mortality. Clinicians from University Hospitals Birmingham have been helping the trust review the notes of patients who have died in hospital.

*The trust are recruiting 12 new consultants to deliver a new "seven day" working pattern including acute medical, elderly care, respiratory physicians and gastroenterology.*

Since entering special measures and up to October 2013 the trust had an additional 19 nurses and nursing support staff and 13 additional doctors.

George Eliot had 23 required actions in their Keogh Action Plan and, as of January 2014, 18 of them had been delivered and 5 were on track to be delivered.

The trust will have to continue to maintain robust financial control and achieve further reduction in costs to respond to the challenges it faces. The changes in board positions will need time to become established in order to demonstrate a strong board.

### **North Cumbria University Hospitals NHS Trust**

*The trust has recruited an additional 67 nurses and nursing support staff.*

The trust was placed into special measures due to sustained failings in the governance arrangements to ensure the safe maintenance of the estate and equipment. Additionally the trust had inadequate staffing levels and was over-reliant on locum cover in some areas.

The trust have partnered with Northumbria Healthcare NHS Foundation Trust. Key areas of support have included: leadership on improving delivery of performance standards; achieving CQC standards for medical records; mentoring support to help develop clinical nurse leadership and crucially organisational development to support a cultural change throughout the trust.

Since entering special measures the trust has been actively recruiting nurses and permanent consultants. By the end of February five new doctors will have joined the trust since entering special measures and the trust has recruited an additional 67 nurses and nursing support staff. The number of patients that would recommend the trust to friends and family has increased.

North Cumbria had 19 required actions in their Keogh Action Plan and, as of January 2014, six of them had been delivered, 11 were on track to be delivered, and two were not on track. Whilst the trust have significantly strengthened the leadership and management capacity there are still some specific gaps within the management structure; the trust is actively recruiting to fill these roles.

The trust still needs to reduce the number of locum doctors it employs. This will mean continuing to work hard to recruit to the vacant posts. There is further work to do to ensure future services across the trust are sustainable. Whilst nurse staffing has improved there is need to both maintain this increase and retain existing staff.

### **United Lincolnshire Hospitals NHS Trust**

*Since entering special measures nurse staffing levels have increased significantly with investment planned over the next two years.*

The trust was placed into special measures due to inadequate staffing levels and poor workforce planning, particularly out of hours. Additionally there were problems

with the completion of some care documentation, which the trust has reviewed and rectified.

The trust have partnered with Sheffield Hospitals NHS Foundation Trust. Key areas of support have included: leadership and executive team support; improvement to the management of complaints; out of hours medical staffing; management of the deteriorating patient; critical care outreach / hospital at night; working towards 7 day working and developing strong clinical leadership.

The trust have strengthened their leadership with a new Chairman, Medical Director, Director of Finance and a new Nurse Director will be appointed in the coming months.

Since entering special measures nurse staffing levels have increased significantly with investment planned over the next two years. New appointments have been made to key clinical areas to further improve quality and safety of care for patients; these new staff will take up post in April 2014. Since entering special measures and up to October 2013 the trust had an additional 36 qualified nurses.

United Lincolnshire had 17 required actions in their Keogh Action Plan and, as of January 2014, four had been delivered and 13 were on track to be delivered.

The trust needs to continue work to provide seven-day services across the hospital sites. Whilst there has been significant increase in nurse staffing numbers the trust needs to sustain recruitment. There must be further improvement in performance standards particularly in A&E waiting times. A major challenge is to work with commissioners and other key strategic partners as part of the Lincolnshire sustainability review.

### **Burton Hospitals NHS Foundation Trust**

*The trust has re-modelled their urgent care services and as a result have significantly improved performance against the A&E 4 hour standard.*

The Keogh Review identified the following areas for improvement including: the skill mix of clinical teams; support for junior doctors; communication between trust management and front-line staff; and the adequacy of board information on the quality of services. The trust is now partnered with University Hospitals Birmingham NHS Foundation Trust, which is to provide support across a range of areas.

Burton had 17 required actions in its Keogh Action Plan classed as urgent or immediate. By January 2014, it had delivered four of them and the remaining 13 were on track.

Since entering special measures, the trust has ended long shift patterns and introduced an alternative nursing shift system at ward level. The trust has strengthened its medical leadership and has appointed two associate medical

directors. These roles will provide additional support to the medical director. They will have a particular focus on patient safety and clinical effectiveness.

Since entering special measures in July 2013 data published in October 2013 shows that the trust gained an additional 35 nurses and nursing support staff over the same period. The trust has re-modelled their urgent care services and as a result have significantly improved performance against the A&E 4 hour standard.

The trust is strengthening board oversight of its quality agenda, but there is scope for improvement in certain areas including tracking progress against key quality performance indicators.

### **Sherwood Forest Hospitals NHS Foundation Trust**

*The complaints process has been overhauled and the backlog of 2,000 complaints has been cleared.*

The Keogh Review identified the following areas for improvement including: complaints dating back to 2010; a significant backlog of discharge letters and clinic appointments; and backlogs in reading scans and x-rays.

The trust has partnered with Newcastle Upon Tyne NHS Foundation Trust, which is providing support in four areas: delivery of the integrated improvement programme, enhancing relationships with primary care to deliver vertically integrated patient pathways; business intelligence and analysis; and an improved trust board quality governance process.

Since entering special measures the trust has strengthened its leadership, the complaints process has been overhauled and the backlog of 2,000 complaints has been cleared. Nutrition of patients has also improved and there are now safe staff nursing levels across all areas of the trust.

Since entering special measures in July 2013 and October 2013, data published in October 2013 shows that the trust had gained an additional 63 nurses and nursing support staff and 18 additional doctors over the same period.

Sherwood Forest had 22 urgent or immediate actions in its Keogh Action Plan. By January 2014, it had delivered five and the remaining 17 were on track.

Although the trust has made good improvements in the management of complaints, and has eliminated the backlog, there is an over-reliance in this transitional period, whilst new processes are being implemented, on a small but critical number of staff to sustain the change momentum. The trust has further work to do in relation to workforce development in this area.

Much improvement has been made in fluid management, but work remains to be done in relation to the full implementation of new processes, and as yet consistent



outcomes are not fully evident. Regular audits are being undertaken to ensure the sustainability of changed practices and better quality outcomes for patients.

## **Subsequent trusts placed in to special measures**

### **King's Lynn Hospital NHS Foundation Trust**

*The trust leadership has been strengthened by the appointment of a new Chair, Chief Executive, Medical Director and Nurse Director and there is now 100% compliance with nurse staffing ratios.*

The trust was placed into special measures in October 2013 when CQC inspectors found low and unacceptable staffing levels and a lack of training in dementia care.

The trust is partnered with Guy's and St Thomas' NHS Foundation Trust (GSTT). GSTT is providing: senior mentoring; nursing leadership mentoring; and staffing level modelling support.

Since entering special measures, the trust leadership has been strengthened by the appointment of a new Chair, Chief Executive, Medical Director and Nurse Director and there is now 100% compliance with nurse staffing ratios<sup>2</sup>.

Queen Elizabeth Kings Lynn had 32 urgent or immediate actions in its Action Plan. By January 2014, it had delivered one, five were on track to be delivered, 21 were subject to delay, and five were not on track.

It is important to note that the trust entered special measures in October 2013 and developed its Action Plan in response during November 2013. Therefore, it is at a much earlier stage than most other special measures trusts in delivering its Action Plan.

### **Colchester Hospital University NHS Foundation Trust**

*The Royal Marsden Cancer Institute will be helping Colchester Hospital University Foundation Trust to improve its cancer services by providing support, input and advice.*

The trust entered special measures in November 2013 after a CQC inspection highlighted concerns about the quality of some services for cancer patients at the trust. A number of cancer patients may have suffered undue delays in treatment and there were inaccuracies in waiting time data relating to cancer treatment. The trust is now working to implement its Integrated Cancer Action Plan. The Keogh Review also highlighted that responsibility among medical staff for deteriorating patients overnight was unclear and it also found patient at risk (PAR) escalation.

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<sup>2</sup> The minimum nursing ratios for each ward, agreed with local commissioners, are one nurse to every eight patients in the daytime (8am – 8pm) and 1:11 at night (8pm – 8am). The staffing ratio is higher for more specialist wards.

The Royal Marsden Cancer Institute will be helping Colchester Hospital University Foundation Trust to improve its cancer services by providing support, input and advice. The leadership at the trust has been strengthened with a new Chief Executive and Nurse Director.

Colchester will report against its Action Plan for the first time in February 2014.

### **Barking, Havering and Redbridge University Hospitals NHS Trust**

Barking, Havering and Redbridge were placed into special measures following the CQC Chief Inspector of Hospital's report into care at the trust, which concluded that while there have been signs of sustained improvements in some areas, the leadership of the trust needed support to tackle the scale of the problems it faces. While aware of many of the issues raised by CQC around patient safety and patient care, attempts to address these issues by the trust have had insufficient impact. As a result the Chief Inspector recommended that the trust be placed into special measures. Their Action Plan is currently being developed and will be published in due course.

## List of sources

Within this document we reference data submissions prepared by each special measures trust and the following sources:

Friends and Family data (period July to December 2013) is NHS England published at:

<http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

Workforce numbers (whole time equivalents) over period July to October 2013 derived from HSCIC data:

<http://www.hscic.gov.uk/catalogue/PUB13398/nhs-work-stat-oct-2013-csv.zip>

Harm free care reflects period July to December 2013 and is sourced from Safety Thermometer published by HSCIC at:

<http://www.hscic.gov.uk/catalogue/PUB13298/nati-safe-tool-dec-2012-dec-2013-dat.xlsm>

**-END-**

# FT Keogh Plans

## Sherwood Forest Hospitals NHS Foundation Trust

14 February 2014

KEY
Delivered
On track to deliver/Action completed – awaiting independent verification
Some issues – narrative disclosure
Not on track to deliver

# Sherwood Forest Hospitals - Our improvement plan & our progress

## What are we doing?

### Background

- The Keogh Review was triggered because of higher than expected mortality rates at the Trust.
- Keogh made a number of recommendations to the Trust, of which 13 were urgent in July 2013 which, when implemented, will improve the quality of our services by:
  - Responding to the needs of our patients.
  - Focussing on the quality of care and patient experience.
  - Learning from best practice elsewhere.
  - Being Transparent and consistent in all that we do.
- This document shows our plans for making these improvements and demonstrates how we're progressing. It builds on the "key findings and action plan following risk summit" document which we agreed immediately after the review was published.
- While we take forward our plans to address the Keogh recommendations, the Trust is in "Special Measures".
- Oversight and improvement arrangements have been put in place to support the changes required.
- The Improvement Plans go beyond Keogh deadline dates in readiness for when the Chief Inspector of Hospitals, Professor Sir Mike Richards inspects the Trust.

### Update

- Guidance issued during November 2013 states that actions can only be assured as delivered once they have been independently verified.
- The Keogh Assurance visit , 4 December 2013, reviewed all 13 actions identified as Urgent (identified in this report) and a further 10 actions identified as High or Medium. Where it was agreed that the trust had fully implemented an action and the outcomes of that action were apparent, an outcome of 'assured' was recorded. Where there was evidence of progress with implementation, but implementation was not complete, the outcomes were not yet evident or it was too early to tell if the changes were embedded and sustainable, the panel recorded an outcome of 'partly assured'. Where there was no evidence that implementation had started, or significant concerns remained, the panel recorded an outcome of 'not assured' .
- The final report has been received of the 23 actions assessed – 6 were recorded as 'assured' and 17 were recorded as 'partly assured'. There were no areas recorded as 'not assured'.
- A consolidated action plan will be progressed and monitored through a dedicated Quality Improvement Group which will report regularly to the Trust Board
- We have agreed, buddying arrangements, with Newcastle Upon Tyne Hospitals, NHS Foundation Trust. Leads have been identified for all four work streams.

### Next Steps

- The four work streams identified with our partner are: Delivery of Integrated Improvement Programme, Enhancing relationships with Primary Care to deliver vertically integrated patient pathways, Business intelligence and analysis and Improved Trust Board Quality Governance process.
- These work streams will be progressed with the identified leads

# Sherwood Forest Hospitals- Our improvement plan & our progress

## Who is responsible?

- Our actions to address the Keogh recommendations have been agreed by the Trust Board.
- Our Chief Executive, Paul O'Connor, is ultimately responsible for implementing actions in this document. Other key staff include the Director of Nursing & Quality and the Medical Director, the two Executive Directors holding responsibility for the professional standards of our clinical staff.
- The Improvement Director assigned to Sherwood Forest NHS Foundation Trust is Mike Shewan, who will be acting on behalf of Monitor and in concert with the relevant Regional team of Monitor to ensure delivery of the improvements and oversee the implementation of the action plan overleaf. Should you require any further information on this role, please contact [specialmeasures@monitor.gov.uk](mailto:specialmeasures@monitor.gov.uk)
- Ultimately, our success in implementing the recommendations of the Keogh plan will be assessed by the Chief Inspector of Hospitals, who will inspect the Trust at some point between January and July 2014.
- If you have any questions regarding how we are doing, contact Kerry Rogers, the Trust's Director of Corporate Services on 01623622515 Ext 4007, or email [kerry.rogers@sfh-tr.nhs.uk](mailto:kerry.rogers@sfh-tr.nhs.uk)

## How we will communicate our progress to you

- We will update this progress report monthly whilst we are in Special Measures.
- Each month this progress report will be discussed in the Trust Board meeting held in public, to which the media and members of the local communities are invited. These Board papers are also available on the our website at [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)
- There will be regular updates on the NHS Choices website and the Trust website.



Chairman of the Board of Sherwood Forest Hospitals NHS Foundation Trust

# Sherwood Forest Hospitals - Our improvement plan (1 of 4)

Summary of Keogh Concerns	Summary of Urgent Actions Required	Agreed Timescale	External Support/ Assurance	Progress
1. Complaints backlog.	<ul style="list-style-type: none"> <li>• Director of Nursing to be the executive clinical lead for complaints.</li> <li>• Backlog of complaints to be cleared.</li> <li>• Redesign the complaints process.</li> </ul>	<ul style="list-style-type: none"> <li>• July 2013</li> <li>• July 2013</li> <li>• Sept 2013</li> </ul>	CCG – Chief Nurse attends Monthly Clinical Governance and Quality Meetings. IMD – External diagnostic and restructure Barnsley NHS FT ‘buddying’ advice and assurance. Keogh Assurance review – Partly Assured	Actions completed – awaiting independent verification
2. Nursing and medical staffing levels both in and out of hours. Concerns about nurse skill mix.	<ul style="list-style-type: none"> <li>• Intentional rounding to be implemented across the Trust to ensure regular patient checks at planned times.</li> <li>• Identify acceptable nursing levels for each ward . Director of Nursing to provide immediate assurance that these levels are being met out of hours and there is appropriate supervision in place for untrained staff.</li> <li>• Clinical Commissioning Group programme of unannounced visits to provide assurance over the adequacy of out of hours staffing levels.</li> <li>• Nursing establishment review with recommendations for issues identified.</li> </ul>	<ul style="list-style-type: none"> <li>• Aug 2013</li> <li>• Until full nursing staffing review implemented.</li> <li>• Until full nursing staffing review implemented.</li> <li>• Sept 2013</li> </ul>	Clinical Commissioning Groups unannounced visits re staffing levels. Advice from NHS England , NHS Midlands and East Chief Nurse. NUH Review of Intentional Rounding (Care and Comfort Rounds) Keogh Assurance review – Partly Assured	Actions completed – awaiting independent verification
3. Fluid management.	<ul style="list-style-type: none"> <li>• Implement actions to improve fluid management including: training; protected mealtimes; re-launch of red tray and red jug policy; and communications campaign on fluid management and red jug scheme.</li> <li>• Provide evidence and assurance that actions are improving fluid management.</li> <li>• NHS England to facilitate sharing of good practice with the Trust.</li> </ul>	<ul style="list-style-type: none"> <li>• Aug 2013</li> <li>• Aug 2013</li> <li>• Aug 2013</li> </ul>	Literature review of Medical and Nursing databases together with sharing of good practice with other NHS Trusts in development of tool Keogh Assurance review – Partly Assured	Actions completed – awaiting independent verification
4. Need for a clear strategic direction.	<ul style="list-style-type: none"> <li>• Nottingham University Hospitals to be a full partner in the Mid Nottinghamshire Review.</li> <li>• Area Team to provide assurance the Mid Nottinghamshire Review and commissioning timetable aligns to the Trust’s deadline of October 2013 to submit its clinical strategy.</li> <li>• Clinical strategy to be revised and submitted to Monitor based on clear commissioning intentions from the Mid Nottinghamshire Review agreed framework.</li> <li>• Nursing strategy to be published.</li> <li>• Align supporting strategies to the Clinical Strategy. Including IT, Estates, Communications, Research and Innovation, Workforce and Organisational Development strategies.</li> </ul>	<ul style="list-style-type: none"> <li>• July 2013</li> <li>• July 2013</li> <li>• Oct 2013</li> <li>• Oct 2013</li> <li>• Clinical Plan Oct 2013 - Supporting strategies, Nov 2013 – Jan 2014</li> </ul>	NHS England facilitated external surgical input at Newark Hospital. External, Health Planner, support to develop, Clinical Strategy. Extensive Patient and Staff Engagement and consultation to develop Patient Experience and Organisational Development Strategies. Engagement and Consultation with Stakeholders in progressing Mid Nottingham’s Review: Local Authorities, EMAS, NUH, Nottinghamshire Healthcare NHS Trust, PwC and CCG’s Keogh Assurance review – Partly Assured	Actions completed – awaiting independent verification

# Sherwood Forest Hospitals - Our improvement plan (2 of 4)

Summary of Keogh Concerns	Summary of Urgent Actions Required	Agreed Timescale	External Support/ Assurance	Progress
5. Concern over the strategy, facilities and governance at Newark Hospital.	<ul style="list-style-type: none"> <li>• Ensure there is overnight doctor cover at Newark every night.</li> <li>• Immediate review as to whether the facilities at Newark have detrimentally impacted on patient safety over the last six months. Agreement action plan .</li> <li>• Area Team alignment review to include Newark strategy.</li> <li>• Review staffing arrangements at Newark Hospital including anaesthetists .</li> <li>• Review of medical arrangements at Newark to consider adequacy., including day and out of hours cover and consultant round timings to provide consultant rounds five days a week. Review to cover surgery, procedures and Major Incident Unit.</li> <li>• Independent surgeon review of choice of surgical procedures being undertaken. Head of surgery from a regional hospital to consider the issue around the identification of safe surgeries.</li> <li>• Independent study into mortality and the impact on Newark residents.</li> <li>• Review governance arrangements at Newark Hospital as part of the Trust Governance Action Plan to ensure that management arrangements and reporting structures are robust.</li> <li>• Newark strategy to be developed through July stakeholder event involving Clinical Commissioning Group, local authority, patients and the Trust. To include communication and engagement strategies.</li> </ul>	<ul style="list-style-type: none"> <li>• July 2013</li> <li>• July 2013</li>   <li>• July 2013</li> <li>• July 2013</li> <li>• Review July, external validation Aug 2013</li>   <li>• July 2013.</li> <li>• Aug 2013.</li>   <li>• Oct 2013</li>   <li>• Oct 2013</li> </ul>	<p>NHS England to supported a review of medical arrangements. - Dr Quinn report received.</p> <p>5 key work streams developed to deliver Newark Strategy, wide engagement with stakeholders: Local authorities, EMAS, Nottinghamshire Healthcare NHS Trust, CCG's , Public, patients and governors. Health watch England consulted regarding Newark Strategy.</p> <p>Keogh Assurance review – Assured.</p>	Delivered
6. Greater focus on quality at Board level	<ul style="list-style-type: none"> <li>• Comprehensive development programme for the Board</li> <li>• Quality strategy to be developed including assurance framework and implementation plan. First draft presented to Trust Board</li> </ul>	<ul style="list-style-type: none"> <li>• Commencing July 2013</li> <li>• Sept 2013</li> </ul>	<p>PwC Quality governance report and action plan. IMD and April Consulting external support to develop Patient Safety and Quality Strategy, with feedback from extensive Patient and Staff engagement and consultation events</p> <p>Keogh Assurance review – Partly Assured.</p>	Actions completed – awaiting independent verification
7. Ward performance information and organisational learning	<ul style="list-style-type: none"> <li>• Up to date ward dashboards to be in place in all wards .</li> <li>• Agree a process , with NHS England ,for discussing results with ward staff at all levels to ensure learning is taken forward.</li> </ul>	<ul style="list-style-type: none"> <li>• From July 2013</li> <li>• Aug 2013</li> </ul>	<p>Visit to Norfolk and Norwich NHS FT implement key elements of Ward dashboard</p> <p>David Thorpe, Personal Adviser to Secretary of State visited wards and took a sample ward board for presentation to Secretary of State of good practice.</p> <p>Keogh Assurance review – Partly Assured.</p>	Actions completed – awaiting independent verification



## Sherwood Forest Hospitals- Our improvement plan (3 of 4)

Summary of Keogh Concerns	Summary of Urgent Actions Required	Agreed Timescale	External Support/ Assurance	Progress
8. High number of patient moves/outliers	<ul style="list-style-type: none"> <li>The Trust will complete a risk assessment before moving a patient.</li> <li>Bed modelling to ensure correct forecast capacity requirements are identified.</li> <li>Targets to be defined and communicated for maximum bed moves and outliers.</li> </ul>	<ul style="list-style-type: none"> <li>July 2013</li> <li>July 2013</li> <li>Sept 2013</li> </ul>	Advice from Portsmouth NHS Trust regarding process and implementation of risk assessment/outlier decision making tool Keogh Assurance review – Partly Assured	Actions completed – awaiting independent verification
9. Insufficient time for handovers between shift changes	<ul style="list-style-type: none"> <li>As part of immediate review into staffing levels, ensure appropriate handover times and the ward lead has knowledge of all patients on the ward.</li> <li>Ward handover arrangements to be reviewed as part of the nursing staffing levels and establishment review.</li> </ul>	<ul style="list-style-type: none"> <li>July 2013</li> <li>Oct 2013</li> </ul>	CCG unannounced visits provide assurance Keogh Assurance review – Partly Assured	Actions completed – awaiting independent verification
10. Patient experience.	<ul style="list-style-type: none"> <li>Patient experience and engagement strategy to be written in partnership with staff, patients, carers and governors. To be proactive in its approach to engaging with patients and their families and carers.</li> <li>Extensive consultation and engagement events 'In Your Shoes' completed.</li> </ul>	<ul style="list-style-type: none"> <li>Oct 2013</li> </ul>	April Consulting external consultancy to carry out extensive Patient and Carer consultation and engagement events – outcomes of which form the Patient Experience strategy Keogh Assurance review – Partly Assured	Actions completed – awaiting independent verification
11. National Early Warning System rolled out without an updated policy	<ul style="list-style-type: none"> <li>Revised observation and early warning policy to be published in August 2013 and disseminated to all staff, ensuring that staff at Newark Hospital are also aware of the revised policy.</li> <li>Training to support the revised policy to be delivered to all relevant staff, including those at Newark Hospital.</li> <li>Audit process implemented to ensure every ward is compliant with the policy.</li> </ul>	<ul style="list-style-type: none"> <li>Aug 2013</li> <li>Aug 2013</li> <li>Sept 2013</li> </ul>	Nurse Consultant project lead, also lectures on Student Nurse Training at Nottingham University , specialising in Critical Care. Recruitment of interim Medical Director to sponsor implementation and roll out. Keogh Assurance review – Partly Assured	Actions completed – awaiting independent verification
12. Whistle blowing policies	<ul style="list-style-type: none"> <li>The policy has been reviewed and amended to ensure that staff do not perceive that they will be monitored if they blow the whistle. A revised policy will be submitted to the Trust Board for approval at the September meeting.</li> </ul>	<ul style="list-style-type: none"> <li>Oct 2013</li> </ul>	All Trade Unions and Patient Representatives consulted with prior to publication Keogh Assurance review – Assured	Delivered

## Sherwood Forest Hospitals- Our improvement plan (4 of 4)

Summary of Keogh Concerns	Summary of Urgent Actions Required	Agreed Timescale	External Support/ Assurance	Progress
13. Supporting structures and services	<ul style="list-style-type: none"> <li>• Root cause analysis review to identify the causes of the radiology backlog.</li> <li>• Review the impact of the radiology backlog on patient care and safety.</li> <li>• Terms of reference for the review to be agreed with commissioners.</li> <li>• Development of actions to prevent the radiology backlog issue reoccurring. This should include clear and explicit standards against which performance should be measured.</li> <li>• Similar actions to the radiology reporting to be agreed for clinic attendance letters.</li> <li>• Clear the backlog of radiology reporting.</li> </ul>	<ul style="list-style-type: none"> <li>• Aug 2013</li> <li>• End of Sept 2013</li> <li>• Aug 2013</li> <li>• Aug 2013</li>   <li>• July 2013</li> <li>• July 2013</li> </ul>	<p>CCG receive regular assurance reports.            External resource to provide diagnostic and RCA report in respect of Radiology – Joint report commissioned by CCG and the Trust            Keogh Assurance review – Partly Assured</p>	<p>Actions completed – awaiting independent verification</p>

# Sherwood Forest Hospitals - How our progress is being monitored and supported

Oversight and improvement action	Timescale	Action owner	Progress
Monitor has overseen the appointment of new leadership and a number of independent reviews including: quality, board and financial governance to tackle problems first identified in 2012.	Implemented	Trust/Monitor	Delivered
Monitor requires the Trust to deliver action plans from the Keogh review, and deliver improvements in its financial position.	August 2013	Trust/Monitor	On Track to deliver
Monthly accountability meeting with Monitor to track delivery of action plan.	Aug 2013 to July 2014	Trust Chief Executive /Monitor	On Track to deliver
Advice from Barnsley FT particularly complaints handling.	Aug 2013	Trust Chief Executive	Delivered
Appointment of Improvement Director.	September 2013	Monitor	Delivered
Meetings of the Trust Board sub-committee on Quality which will review evidence about how the trust action plan is improving our services in line with the Keogh recommendations.	Monthly Sept 2013 to July 2014	Trust Chairman	On Track to deliver
Trust reporting to the public about how our trust is improving via monthly briefings to local media.	Monthly	Trust Chief Executive	On Track to deliver
Local economy level consideration of whether the trust is delivering its action plan and improvements in quality of services by a Quality Surveillance Group (QSG) composed of NHS England Area Team, Clinical Commissioning Groups, Monitor, Trust Development Authority, Care Quality Commission, Local Authority and Healthwatch.	Sept 2013 to July 2014	Quality Surveillance Group	On Track to deliver
Re-inspection.	By July 2014	CQC	On Track to deliver