

Special Measures

Information Pack for Trusts

Contents

1. Overview of Special Measures	3
2. Improvement Directors	5
3. Partnership Arrangement – Buddy Trust	6
4. What to Expect in the next 12 months	7
a. Development and Support	7
i. Direct Support	7
ii. Practical Support	7
iii. Response to CQC Report	8
iv. Development of an Improvement Plan	9
v. Communication Plan	11
vi. Reflecting on Board Capability, leadership and culture	12
vii. Preparing for CQC re-inspection	13
b. Key Meetings	14
i. Board to Board	14
ii. Board Capacity and Capability Review	14
iii. Oversight and Assurance Group	15
iv. Integrated Delivery Meeting (IDM)	15
c. 12 month timeline	16
d. Exiting Special Measures	17
5. Useful Resources	17

Pack for Supporting Trusts who have entered Special Measures

This guide has been developed to support Trusts who have entered special measures. The pack provides an overview of special measures as well as information and tips from Trusts who have previously been in special measures and have now successfully exited. There is also a supplementary resource pack with a number of useful templates that have been developed to help Trusts plan and deliver the improvement actions required to exit special measures.

1. Overview of the Special Measures Programme

NHS Trusts and Foundation Trusts are identified as being in special measures when there are serious concerns regarding the quality of care and where it is considered that existing management cannot make the necessary improvements without support. Trusts will normally be placed into special measures by either NHS TDA or Monitor (for Trusts and Foundations Trusts respectively) following a recommendation from the Chief Inspector of Hospitals. Typically, the Chief Inspector will make such a recommendation where Trusts have been rated as 'Inadequate' in the Well-led domain and at least one other CQC domain. Following the inspection, before the decision is made if the Trust should enter special measures local stakeholders will come together at a Quality Summit to discuss the findings and to develop an improvement plan in order to address the identified concerns.

Special measures consist of a set of specific interventions designed to improve the quality of care within a reasonable time. NHS TDA and Monitor will use their respective powers to support Trusts to make the necessary improvements.

While a Trust is in special measures it will receive support, challenge and oversight to help it make the necessary improvements. This will usually include:

- The appointment of an Improvement Director ("ID") to provide support and challenge to the Trust and assurance to the TDA.
- A Partnership arrangement with a high performing organisation ("Buddy Trust")
- Direct support from the TDA to support with the delivery of the Trust's improvement plan;
- A capability review of the Trust's leadership; and
- There will be a requirement to regularly publish the progress made on the public NHS Choices and the Trust's own website.

Special Measures is designed to be a time-limited process. Trusts will be re-inspected by the CQC within 12 months of entering special measures. A Trust will successfully exit special measures when the TDA accepts the recommendation of the Chief Inspector of Hospitals following a successful inspection. Trusts can exit special measures with continued support to

help facilitate any elements of the special measures programme that the NHS TDA consider should continue after the defined period; for example, where a partner trust's programme of work is scheduled for completion a few months after special measures formally ends.

Following this re-inspection, the Chief Inspector may recommend that a Trust should continue to remain in special measures. In such instances, the special measures process will be extended for up to a further 6 months at which point the Trust will be re-inspected again and a decision made as to whether sufficient improvements have been made to exit special measures. When deciding whether to extend the time a trust spends in special measures the NHS TDA in consultation with CQC, will consider whether they are reasonably confident that the measures already under way will deliver required improvements within a designated period of time. In the case of an extension the trust will prepare a revised action plan that lists actions to address any outstanding or new concerns. The trust will publish the revised action plan on the NHS Choices website and its own website.

The expectation is that trusts will exit special measures after re-inspection within the initial 12 month period or following the extension period of six months. However if the necessary improvements have still not been made then further action will be taken. Where a trust has not improved sufficiently to be taken out of special measures at the end of the extension period, the Chief Inspector of Hospitals will write to the Secretary of State clearly setting out the reasons for the trust remaining in special measures, the areas which require improvement and what improvements in quality need to be achieved. The letter will provide a transparent explanation of the challenges facing the trust and inform decisions on a long-term solution.

The Guide to Special Measures published by the NHS TDA, Monitor and CQC can be found [here](#).

2. Improvement Directors

Improvement Directors (IDs) are appointed by NHS TDA to provide support and challenge to Trusts in special measures around the development and delivery of its improvement plans. Their primary purpose is to work with the CEO and Chair to ensure that the Trust identifies and implements the necessary improvements to the quality of care that it provides for patients, thereby supporting it to successfully exit special measures. IDs also provide assurance to the TDA regarding the delivery of the Trust's action plan.

The ID also oversees the relationship between the special measures and Buddy Trust(s) to ensure relevant support is provided. IDs will work with both Trusts to:

- Agree the detail of the support offered by the Buddy Trust to the special measures Trust.
- Agree the payments to be made to the Buddy Trust to cover costs incurred.
- Review the delivery of the planned support on a regular basis with both Trusts, and authorise payments to the Buddy Trust.

The role of the ID **does not** include:

- Accountability for improved performance; or
- Responsibility for management of the hospital or any of its staff and services.

The ownership of the Trust's action plan and accountability for its delivery remains firmly with the Trust board.

Top Tips – make the most of the ID input by:

1. Identifying what support the ID can provide
2. Using the ID to provide additional assurance
3. Initiate independent reviews, governance reviews with ID support
4. Arranging individual support and peer review
5. Using the ID's expertise to plan next steps when entering special measures
6. Using the ID's expertise to manage the consequences having been identified in special measures

3. Partnership Arrangement - Buddy Trust

Trusts in the special measures programme will be assigned one or more partner Trusts (a high-performing 'Buddy Trust') to provide mentorship, support and guidance in improving the quality and safety of care. The overarching objective of the arrangement is to enhance the delivery of the Special Measures Trust's (SMT) action plan through access to additional resource and expertise. Buddy Trusts are normally selected on the basis that they are a high performing organisation, have the relevant expertise as well as the capacity to provide the required support and have appropriate geographical proximity to the SMT.

The Buddy Trust has no management responsibility for the SMT; the SMT will retain full control of implementing the action plan and will remain accountable for this to NHS TDA and other oversight/regulatory bodies. A formal agreement between the NHS TDA, SMT and Buddy Trust will be signed off within 6 weeks of the agreement in principle between the NHS TDA and the Buddy Trust; with an initial Buddy support plan being completed within 6 weeks of the formal agreement being signed. The Buddy trust will be accountable for delivering the agreed package of support.

The details of the support package will be agreed between both Trusts and the ID, and should be aligned to the SMT's overarching improvement plan. The nature of the support provided will vary depending on the development needs of the SMT, and the strengths and capacity of the Buddy Trust, but might include:

- Mentoring and coaching of management and clinical staff
- Sharing of policies, guidelines, methodologies and expertise
- Peer networking
- Training events and workshops
- The temporary secondment of staff

Buddy Trusts will be reimbursed for the costs they incur in the provision of the support package, up to an agreed level. A breakdown of the planned support activities will be provided by the Buddy Trust and projected costs will be agreed between all parties on a quarterly basis. Payment to the Buddy Trust will be made quarterly, following agreement by all parties that the necessary support was delivered in the previous quarter.

Top Tips

1. Early development of collaborative relationship with Buddy Trust, they can help in identifying areas of support and act as a 'sounding board'
2. Prioritise practical and clinical support
3. Development of Buddy Agreement of specific key areas of improvement support,

- including agreeing tangible objectives that deliver changes which are sustainable
4. Work with Buddy Trusts to diagnose, prioritise the actions needed to tackle each area. If requiring quick bespoke expert to work in the Trust, ensure this is prioritised.
 5. Establish peer 1:1 relationships e.g. Chief Nurse and Chief Nurse

4. What to expect in the next 12 months

Having entered special measures, Trusts can expect the NHS TDA to provide a focussed and intensive period of support over the 12 months leading up to CQC re-inspection, and beyond where necessary. The NHS TDA, ID and Buddy Trust will work together to provide Trusts with the tools and practical support to achieve a step change in performance which will enable them to successfully exit special measures.

a) Development and Support

i) Direct Support

Practical financial support is provided to SMTs by NHS TDA to help deliver the agreed Improvement Plan with the Delivery and Development Team and ID. NHS TDA provides funding directly to the SMTs to help facilitate the development of the Trust in critical areas. Previous Trusts have received up to £500,000 to assist in the delivery of their Improvement Plan however, the actual funding available will depend on Trusts individual circumstances. It is important to note that funding is not provided to deliver the whole Improvement Plan, this will have to come from the Trust. Once the Improvement Plan has been agreed the Trust will work with the ID and the relevant Delivery and Development team to agree the elements with which the TDA will provide direct support.

NHS TDA regional teams can provide targeted support for identified areas of improvement. For example, if infection control has been highlighted as an area of concern, NHS TDA can provide expert support such as an Infection Control Nurse Specialist to come and assist the review of the Infection Control Plan and provide guidance.

In addition to the support offered by the NHS TDA, Trusts should also use internal resources available. For example by contacting suppliers the Trust currently use to update software or to provide developmental training on how to maximise system utilisation. Both these actions can help facilitate the implementation of the Improvement Plan and start collecting the evidence required to demonstrate improvement.

ii) Practical Support

The SMT, Buddy Trust and ID agree on the key priorities for the Trust based on the Improvement Plan. The Improvement Plan should be made in conjunction with the wider health

partners including social and primary care, local authorities and will be required to be signed off by NHS TDA and the Clinical Commissioning Group.

From the Improvement Plan, the Buddy Trust can identify where support can be provided via particular workstreams, associated costs and what that looks like in the form of a Buddy Support plan. For example, support may be in the form of staff workshops or time spent with a particular department in the Buddy Trust (see resource pack and example of a Buddy Support Plan). The Buddy Support plan is agreed by the NHS TDA and SMT. In line with their particular expertise and capacity, Buddy Trusts can provide real practical support for Trusts, such as service reviews, governance reviews and support with re-inspection preparation including clinical reviews. Trusts should identify areas where they require support, working with the ID and Buddy Trust to agree on what level of support can be provided.

The Buddy Support Plan by its nature will be dynamic and some contingency allowance should be built in to costs to enable effective response to identified development needs. However, where significant alterations need to be made to the Buddy Support Plan, these must first be approved by IDs and the SMT.

Detailed delivery plans and forecast costings should be signed off by IDs on a quarterly basis for the coming quarter. Before Buddy Trusts have their costs reimbursed each quarter, IDs SMTs and Buddy Trusts must be satisfied that the planned interventions and associated costs were delivered/incurred. To ensure correct and efficient payment of support to the Buddy Trust it is essential that all invoicing to NHS TDA corresponds to the appropriate workstream.

iii) Response to CQC report

The process following inspection of CQC sending a draft report to the Trust for accuracies and a Quality Summit being held to discuss the CQC report will be the same after every subsequent CQC inspection. Trusts should ensure that they are prepared with media statements in coordination with their CCG, Area Team and NHS TDA.

It is important that the Trust plan the handling of this information to staff and patient groups. Preparing staff for what special measures entails will help to reduce the levels of anxiety and ambiguity within the organisation and allow staff to ask questions on how this will impact on them. The NHS TDA is able to provide a contact at another Trust that has been through this process.

iv) Development of an Improvement Plan

Trusts in special measures are expected to produce an Improvement Plan based on the CQC report's findings and recommendations within 28 days. The board need to fully analyse what has been written in the report, determining a 'Must do' and a 'Should do' action plan, identifying how this links with the Trust's overarching quality strategy as well as how it feeds in with 'business as usual'. Trusts have found it useful to have a financial review of the Improvement Plan to provide assurance that it is achievable. It will be necessary to identify the key metrics which can be used to measure improvement and who in the organisation is able to assist with this. The Improvement Plan will be specific to each Trust's individual situation.

Following analysis of the CQC report, it is important that actions are taken as soon as possible and the use of the 30, 60, 90 days quality and improvement methodology is a helpful way to get momentum going. By clarifying what the vision is, and how the Trust is going to get there helps the Trust focus on a *realistic* plan of what can happen to make the required progress. Although there may be several areas highlighted for immediate improvement, being able to identify priorities and a realistic and achievable plan is critical. A realistic 30 day plan could include 'we will communicate with every member of staff about what special measures is, how it may impact them and talking about the next steps' versus 'we will address Maternity services which are inadequate and unsafe'.

The plan needs to be agreed with the ID, who is also able to assist the Trust in performing a gap analysis to determine key systems and processes that are needed to underpin successful delivery of the plan e.g. governance and assurance. Agreement of the plan with the ID will also include how the financial resourcing from NHS TDA will be spent to deliver on the improvement plan. The Buddy Trust can also provide valuable input and support in this early development stage.

Whilst implementing their Improvement Plan, Trusts need to ensure they are still able to perform 'Business As Usual' (BAU). Setting up a Project Support Office (PSO) can help to ensure that the improvement plans are co-ordinated and are on track. By having a separate team involved in the day-to-day management of the Improvement Plan, it helps to separate the BAU and Improvement Plan to make it more achievable.

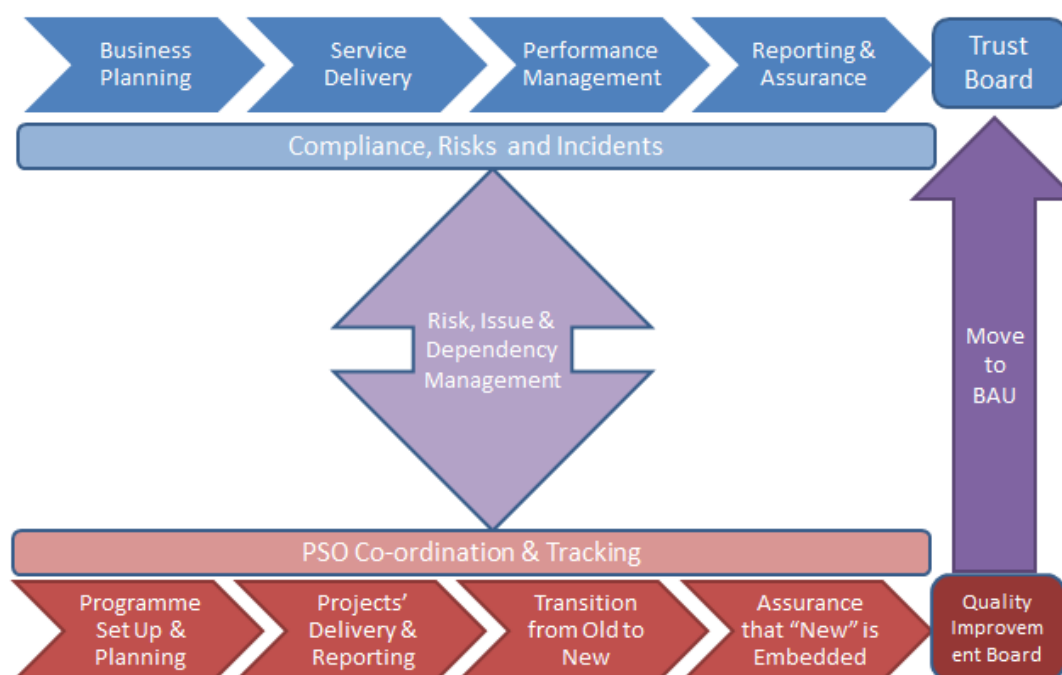


Figure 1: Framework to support implementation of Improvement Plan

Improvement plans are likely to be extensive. By grouping the plan into themes and defining projects with key milestones, Trusts have found that the plan becomes more manageable. IDs can provide guidance on how this can be structured and ordered. One example of this can be found in the resource section.

The Trust will be expected to provide evidence of improvement and as part of the governance process, systems should be established for proactively collating the evidence, whenever possible using the metrics identified, so the continued progress of improvement is made evident to the Board and any future CQC inspectors.

Top Tips

1. Appoint a Lead Director to oversee delivery of actions
2. Identify quick wins
3. Benchmark against other Trusts where applicable
4. Maintain the momentum of delivery of plan; consider weekly oversight meetings chaired by CEO
5. Identify the detail underpinning the key issues to find appropriate and sustainable solutions
6. It is important to know what the baseline performance is to be able to judge the extent of any improvements
7. Know your evidence remember the CQC has access to a range of centralised data particularly around mortality. Perform deep dives on areas of performance that appear to be an outlier when compared to national data

v) Communication Plan

A communication and engagement plan should be established and implemented with staff and stakeholders as early as possible. Even prior to the announcement that the Trust will enter special measures, the Trust's internal communication team should be involved in the development and planning of the Communication and engagement strategy, and to be prepared for significant media attention. The Trust will be in the 'spotlight' and should prepare the required information that demonstrates their responsiveness and openness to organisations that require information. This preparation may include:

- Regular Briefings
- Responses that may be required for any previous events which the media may question e.g. past serious incidents, never events
- A Staff engagement programme with key messages to inform staff about what it means to be in special measures, how this may impact on them, what action the Trust is taking and what is now expected of staff, This will help to achieve staff 'buy-in' at a time of increased challenge for the organisation

The NHS TDA communication team are able to provide regional support and guidance to Trusts. Effective communication is a key aspect in achieving delivery of the improvement plan and it will be important for the Trust to develop a consistent message which is always shared internally and externally to avoid confusion or ambiguity.

The public as well as the Department of Health will have a keen interest on the progress of Trusts in special measures. Ensuring the public progress report on the improvement plan is updated monthly on NHS Choices as well as on the Trusts own website is a key part of creating an open culture informing the public. Additionally, the Secretary of State often requires an update on the progress of SMTs and as such a monthly return for a progress report for each trust is needed, to be completed by the ID, the Trust and where appropriate, representatives from the TDA. The return date for this briefing and the NHS Choices update to NHS TDA is the 3rd Monday of each month (both templates can be found in the resource pack).

Top Tips

1. Develop and implement a short and long term engagement strategy; the strategy can be broken down into distinct areas:
 - a. Internal about the Trust's key messages
 - b. Internal about inspection process and preparation
 - c. External
 - d. If cultural issues consider an engagement plan to target key groups or areas
2. Have a consistent message throughout the Trust and for key stakeholders and the media
3. Be prepared to provide briefings for external organisations including NHS England, CQC as well as the wider media and press statements

4. Publicise improvement initiatives within the Trust as well as externally
5. Proactively keep key people informed of latest developments and progress updates
6. Know and be prepared for when and who information should be provided to
7. Stakeholder engagement
 - a. Staff Briefings, giving information as well as listening and allowing staff to ask questions
 - b. Involve staff in the decisions being made about the Trust
 - c. Support senior clinicians
 - d. Engage with local councillors and MPs
 - e. Work with the wider health and social community

vi) Reflecting on Board capability, leadership and culture

The Board should reflect honestly on recent events and challenge themselves on how aware they were of the situation and issues identified through the inspection process. This should include reflecting on what assurance systems may have been needed to be in place to have avoided reaching the stage where they have been placed in special measures as well as the issues the CQC identified. It is essential through this challenging time that the Board are able to self-reflect and acknowledge that in the next 12 months, the Trust and the Board will be subject to intense scrutiny and this will require resilience from individuals and the Board as a whole. The ID has a role in supporting individual members to help identify specific areas that may require further development.

Staff involvement and engagement is essential and should not be underestimated. Understanding attitudes to quality improvement and change will help identify areas which need to be developed in order for the Improvement Plan to succeed. For example a 'cultural change' programme may need to be incorporated into the Improvement Plan to address issues such as under reporting by staff of incidents and concerns. In addition strong clinical leadership is paramount, new posts may be required to provide support to the team, but should not be limited to clinical areas as quality improvement will be dependent on the action of the whole organisation.

Top Tips

1. Early acceptance of the consequences of being in special measures
2. Recognise what the Trust's responsibility entails for exiting special measures - consider what support is needed for Directors and staff
3. The Trust is going to be in the 'spot light' but this should be seen as an opportunity to shine and 'leap frog' other Trusts
4. Consistent role modelling and motivation from the Board is needed to maintain a culture that wants to improve
5. Link in with other organisations who have experience in this process to gain insight

6. Be open, honest, transparent and demonstrate willingness to learn from others, performing reviews and implementing best practice
7. Don't underestimate the pace of change that will be required

vii) Preparing for CQC re-inspection

The CQC can do a re-inspection at *anytime*. Trusts have found it useful to plan ahead and identify their readiness for a potential inspection. SMTs can perform:

1. Self-assessment of inspection readiness through review of the available evidence
2. Carry out mini inspections of Trust wards and departments using the key lines of enquiry as an assessment framework
3. Assess improvement progress since the last inspection by inviting independent people to review specific areas

Internal triangulation of the above information will provide the Board with a view and assurance of the extent of the progress being made against the improvement plan. Whilst a judgement needs to be made it is advisable for SMTs to complete two self-assessments/mini inspections within the 12 month period. This also provides Trusts with an opportunity to work with external stakeholders.

Trusts have found it useful to initiate a 'countdown' plan to ensure they are fully prepared for a future CQC inspection. This helps Trusts prepare, ensuring evidence files are complete, improvement and quality plans are being implemented effectively and are readily available. The SMT can utilise their Buddy Trust and ID to assist with any inspection preparation, for example the Buddy Trust's Risk Team can perform a quality check on evidence or the ID can facilitate re-inspection preparations including clinical reviews.

Top Tips

1. Work collaboratively with the CQC
2. Openly share information as required
3. CCG, Professional Bodies etc. can make unannounced visits at anytime

b) Key Meetings

i) Board to Board

After the Trust has officially entered special measures, the Board of the SMT meets with the NHS TDA Board to fully assess the position the Trust is in. The usual model for Board to Board meetings for trusts in special measures is:

- One within three months of entering special measures
- One immediately preceding CQC re-inspection
- One within six months of exiting special measures

This is not to say that Board to Boards cannot happen more frequently than outlined, this is the usual model. The NHS TDA can provide support for Trusts and individuals preparing for the Board to Board.

The Trust should reflect on the Chief Inspector of Hospitals report, and identify priority areas. Using this, the Trust will be expected to give a presentation of their current position providing a true reflection of how they are performing in these areas; in addition to what they expect to achieve in the short term and medium terms as well as in the next 12 months. This provides direct assurance to the NHS TDA board regarding the self-awareness of the board and improvements being made by the Trust. The NHS TDA board are there to provide constructive challenge for the Trust board on the areas discussed as well as other areas the Board have identified that need to be addressed.

Trusts have generally found this meeting helpful as well as challenging and being fully prepared is critical to achieving the most out of it. Following the Board to Board, the NHS TDA writes to the Chair of the Trust board detailing if any further work is required at that point.

ii) Board Capacity and Capability Review

Following the Board to Board it may be decided that a review of the Board Capacity and Capability is required. Capability Reviews have been commissioned as part of the TDA intervention process in respect of the following types of Trust:

- Those placed in special measures, initially as a result of the Keogh Review;
- Those placed in special measures as a result of an 'Inadequate' rating following inspection by the CQC's Chief Inspector of Hospitals;
- Those who have other significant performance and/or leadership issues.

Board Reviews are commissioned specifically to consider the leadership and governance of an organisation and to ensure trusts have the capability and capacity to respond to the issues they face and deliver improvements in patient services.

The model for capability reviews of NHS Trusts that was used following the Keogh review has proved successful in providing the TDA with assessments to inform its interventions and has been accepted by the Trusts involved as beneficial. Trusts have noted the effectiveness of the process used for the reviews.

iii) Oversight and Assurance Group (monthly)

Chaired by NHS TDA Delivery and Development Team (D&D), who are responsible for holding the Trust to account for the progress against the improvement plan, the Oversight and Assurance Group is the forum where issues that cannot be solved locally within the Trust can be discussed. The role of health partners in the system should not be overlooked, as a Trust in special measures reflects on the whole health community. Membership of this meeting involves key stakeholders such as CCG's, Local Authority, Healthwatch, other Trusts, and external stakeholders. Terms of Reference may be helpful for this meeting to ensure the Trust is supported in achieving the improvement plan whilst being held to account for the delivery.

This is an opportunity for Trusts to influence and demonstrate positive improvements to stakeholders focusing on one area at a time. Within the meeting areas of concern may be selected and a plan developed to perform a deep dive on. The results from this will be presented at the next meeting with actions.

NB: Some Trusts have found it helpful to merge this meeting with the monthly IDM. Assurance can be provided to the CCG by inviting them to the IDM. If any further discussions are required between the Trust and NHS TDA independent of the CCG, these can be arranged separately. The precise arrangements around meetings and membership will vary depending on individual circumstance, and will be decided by the D&D team in conjunction with the Trust.

iv) Integrated Delivery Meeting (IDM)

The monthly IDM will continue as before with NHS TDA. The Trust Board will continue to meet once a month to discuss key areas identified within their action plan, outlining the progress made to date and if this is in line with the planned improvement trajectory and will include all areas of performance i.e. Quality Sustainability and Delivery, and financial issues. This meeting is to provide assurance to NHS TDA that progress is being made, and if there are any difficulties highlighted how NHS TDA can support the Trust to resolve them.

This is not an exhaustive list of meetings, but identifies key additional meetings when in special measures. Having a weekly meeting between the Trust's Executive Team and ID can also help maintain pace in implementing the Improvement Plan.

c) Timeline of what to expect in the next 12 months

Re – inspection

Months 1-3	Months 4-6	Months 7-9	Months 10 -12
<ul style="list-style-type: none"> -Appointment of ID -Appointment of Buddy Trust -Complete 30, 60, 90 day Quality and Improvement Plan, identify with ID what can be implemented -Review Improvement Plan and financial review of plan -Agree areas in which TDA will provide direct support and funding - Appoint Lead Director who will oversee actions - Implement Programme Support Office -Clinical Involvement -Incorporate Chief Inspection preparation re-inspection into Improvement Plan - Communication and Engagement Plan -Establish Programme Board for Oversight and Improvement plan -Establish relationship with Buddy Trust and identify and prioritise areas for improvement 	<ul style="list-style-type: none"> -Prepare Board to Board (can happen at any point from entering special measures) -Possible Capacity and Capability Review -Finalise funding agreement for Trusts and Buddy Trusts - Establish processes for collecting evidence on improvements -Regular review of progress against Improvement Plan -Monthly meetings -Start publishing progress on Improvement Plan on NHS Choices monthly -Sign off and begin implementation of Buddy Plan 	<ul style="list-style-type: none"> -Ongoing monitoring of progress against Improvement Plan -Embed processes and improvements -Formal Review of Improvement Plan - Re- inspection preparation including clinical reviews - Review meetings on specific areas of improvement -Continuation of monthly meetings -Continuation and updating Buddy Plan 	<ul style="list-style-type: none"> -Preparation for re-inspection - Completion of evidence files and narrative around improvements, including process change and outcomes

N.B – Specific timings of events will vary according to individual Trusts

d) Exiting Special Measures

From the CQC report, the Boards own reflections and Improvement Plan it should be clear what the Trust needs to achieve to exit special measures. Milestones from the beginning will help provide focus to ensure key deliverables are met as well as having evidence of improvements made will become vital for the CQC re-inspection. When exiting special measures it is essential that this is just one milestone in the Trust's overall journey of continuing improvement to ensure safe, effective and quality care is consistently provided.

Upon exiting, trusts will continue to be supported by the TDA to help ensure that the improvement plan continues and that the changes made are sustainable. Trusts can usually expect to have a Board to Board within 6 months after exiting the special measures regime.

5. Useful Resources

There are numerous resources that Trusts can access to support them in their journey through special measures. The following list provides some sources which Trusts have found useful:

- Health Education England
- NHS IQ
- Professional Bodies
- Leadership Academy
- NHS Employers
- Health Foundation
- Care Quality Commission (previous CQC inspections)
- Institute for Healthcare Improvement