

## Special measures for quality reasons: what do trusts need to know?

The special measures (SM) for quality reasons programme<sup>1</sup> was introduced in July 2013 to support trusts that are considered to be in greatest need of improving the quality of care. This regulatory tool applies when trusts have serious problems or failures in quality of care, and where there are concerns that existing leadership cannot make the necessary improvements without support. It consists of a set of interventions designed to remedy these problems “within a reasonable timeframe”. This factsheet sets out the process for when a trust is placed in SM for quality reasons. Further information can be found in NHS Improvement’s (NHSI’s) guidance for trusts on *Special measures for quality reasons*.

### Why trusts are placed in SM for quality reasons

A trust may be placed in SM for quality reasons when the Care Quality Commission (CQC) rates it ‘inadequate’ in the well-led key question and ‘inadequate’ in one or more of the other key questions (safe, effective, caring and responsive). CQC’s Chief Inspector of Hospitals will normally recommend to NHSI that the trust is placed in SM for quality reasons. CQC will provide information to NHSI about its reasoning, specific areas of improvement, and what quality improvements need to be achieved. NHSI will use this information to decide whether to place the trust in SM for quality reasons and as a result in segment 4 of the Single Oversight Framework (SOF). NHSI may also place a trust in SM for quality reasons without a recommendation from the Chief Inspector, based on its own evidence.

### What happens to trusts in SM for quality reasons

NHSI will develop a package of support to address the urgent safety and quality issues that triggered SM for quality reasons (as well as any other challenges), taking into account CQC’s evidence and other evidence including financial and operational performance. The trust will be expected to produce an improvement plan and will be subject to the following interventions (not an exhaustive list):

- NHSI will normally appoint an improvement director and one or more organisations to act as a buddy
- CQC will continue to monitor quality at the trust and use its enforcement powers to protect people who use regulated services from harm and the risk of harm, and to ensure they receive health and social care services of an appropriate standard
- NHSI will review the capability of the leadership.

The expectation is that trusts will be removed from SM for quality reasons after CQC re-inspection (including a well-led assessment) within 12 months of entering SM for quality reasons. CQC and NHSI will

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<sup>1</sup> Trusts can be placed in SM for quality and/or financial reasons. It is possible for trusts to be placed in both at the same time; in this instance, there will be a joined up approach from NHSI and CQC that addresses the full range of issues at the trust. However there are some important distinctions between what happens in relation to issues of quality and finance. NHS Providers has also published [a factsheet on SM for financial reasons](#).

work closely together while a trust is in SM for quality reasons through a process of information sharing and joint review, to consider extra support or intervention and minimise the risk of re-inspection finding insufficient improvement.

NHSI will also consider whether long-term solutions, such as service reconfiguration, are needed to address structural issues affecting the trust's ability to ensure high quality sustainable services. It may be necessary for a trust to remain in SM for quality reasons beyond the initial 12 month period while these efforts continue. This work should enable CQC to decide if a viable long-term solution has been found.

## Removing trusts from SM for quality reasons

CQC's re-inspection within 12 months will judge whether there have been improvements in the quality of care and the trust's leadership. NHSI will only take a trust out of SM for quality reasons following a recommendation from CQC. Even if the quality of care is not yet 'good', if the trust shows sufficient signs of improvement and NHSI is confident that these improvements are sustainable and there is robust leadership, removal from SM for quality reasons will be considered.

NHSI will share with CQC its view of the progress the trust has made against its plan, as well as information from the improvement director and other intelligence. The re-inspection may be comprehensive or targeted on specific areas e.g. investigating a particular concern that led to SM for quality reasons. As part of any inspection, CQC will consider whether use of its enforcement powers is appropriate. CQC will usually find sufficient improvement demonstrated when (not an exhaustive list):

- All inadequate ratings across the five key questions at trust level together with the overall trust rating, have improved to at least 'requires improvement'
- For a trust with a single major site, no core service remains 'inadequate' overall
- For multi-site trusts, no core service remains 'inadequate', or – exceptionally – one or more core services remain 'inadequate' but there is significant evidence of an ongoing trajectory of improvement.

An inspection and recommendation from CQC may result in a range of outcomes for a trust in SM for quality reasons. This includes, but is not limited to, exiting SM for quality reasons with or without some continued support in place from NHSI. On removal from SM for quality reasons only, the trust will move to segment 3 of the SOF (but mandatory support may still be in place). If the trust is rated 'requires improvement' but there are concerns that improvements are not sustainable, it may remain in SM for quality reasons. If the trust was in SM for both quality and financial reasons, the trust will be removed from SM for quality reasons but remain in SM for financial reasons and therefore in segment 4 of the SOF.

NHSI and CQC can decide to extend SM for quality reasons for a "reasonable timeframe" (usually 6 months) to allow for necessary improvements in specific areas. The Chief Inspector will write to the Secretary of State setting out the reasons for recommending an extension. On agreement with the Secretary of State, CQC will then write to NHSI to trigger urgent consideration of the trust's action plans. The trust will prepare a revised action plan to address any outstanding or new concerns. In some cases CQC may proceed to use its strongest enforcement powers, including imposition of conditions, special administration or cancellation of registration.