

Appendix 2

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Rt. Hon. Jeremy Hunt Secretary of State for Health

19 January 2016

Dear Secretary of State

MEDWAY NHS FOUNDATION TRUST

As you know, Medway NHS Foundation Trust has been in special measures since July 2013 following its inspection by Bruce Keogh's team. I am writing to advise you of my findings and proposed next steps following our latest inspection.

We had previously inspected this trust in April 2014, to check progress after approximately 12 months in special measures. As a result of that inspection, the trust was rated 'inadequate' for safety and for how responsive and well-led its services were. The overall rating was 'inadequate'.

Our latest inspection, in August 2015, checked progress after a further period in special measures. We have now finalised our report. This shows that, rather than getting better, performance across a range of core services worsened between April 2014 and August 2015. In particular:

 Patient flow into, through and out of the hospital continued to be poor and was impacting on the trust's ability to deliver on a range of national targets including its 2 week waits, 18 week pathways and 6 week diagnostic pathways

- Governance processes remained poorly established; recruitment and retention of nursing and support staff remained a significant problem and was impacting on the ability of the trust to provide safe and effective care.
- Clinical, nursing and executive leadership remained fragmented and underdeveloped and the trust continued to be unable to address its high mortality rates.
- The trust continued to be in breach of a range fundamental standards.

Based on these findings, I had little confidence that the trust had the capability to resolve these issues in a timely way or independently of any external support. CQC therefore served the trust with a warning notice contrary to Section 29a of the Health and Social Care Act 2008. This outlined the significant concerns we had and the requirement for the trust to make significant improvements. We also discussed our findings with Monitor at a senior level. It was our shared view that this situation should not be allowed to continue without further intervention.

At the time of our inspection Guy's and St. Thomas' NHS Foundation Trust was working with Medway NHS Foundation Trust in an advisory role.

Monitor, with my full support, subsequently asked Guy's and St. Thomas' to enhance their involvement with Medway by seconding senior staff to take on the role of directing and developing the trust's services.

On 8 January 2016 I attended the Quality Summit which followed publication of the CQC inspection report. This was very well attended by senior staff of Medway NHS FT, colleagues from Guy's and St. Thomas' NHS FT, local commissioners from NHS England, Monitor and others. The trust had accepted in full the findings of our report and have developed an extensive improvement plan. I was particularly encouraged to see how deeply involved the team from Guy's and St. Thomas' now are. Given this I believe it would be reasonable to extend the period of special measures for a further period of three months. However, I have also asked the trust to monitor a small number of key parameters on a weekly basis so that all stakeholders can assess whether progress is truly being maintained.

Should progress not be made, I am ready to use CQC's enforcement powers. These might include a Notice of Proposal to cancel the registration of Medway NHS Foundation Trust. This would of course be subject to appeal to the First Tier Tribunal.

As you know, cancellation would mean that the trust would not be able to provide regulated activities. At the point of issuing the Notice of Proposal, it is my expectation that those with statutory responsibility for the commissioning of those services currently delivered by the trust would address the issue of the need for alternative provision. I am therefore copying this letter to local Clinical Commissioning Groups and NHS England, so that they can work with Monitor to ensure the necessary contingency plans for alternative provision are in place.

Yours sincerely,

PROFESSOR SIR MIKE RICHARDS

Chief Inspector of Hospitals

Copies to:

Jim Mackey, Chief Executive, Monitor
Dr. Peter Green, Chief Clinical Officer, Medway CCG
Patricia Davies, Accountable Officer, Dartford, Gravesham and Swale CCG's.
Dr. James Thallon, Regional Medical Director, NHS England (South East)
Sally Allum, Director of Nursing, NHS England (South East)
Pennie Ford, Director of Assurance and Delivery, NHS England (South East)

Appendix 1 Ratings grids for Medway NHS Foundation Trust – 2014 and 2015

Comprehensive Inspection April 2014

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

Comprehensive Inspection August 2015

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Requires improvement	Inadequate	Inadequate	Inadequate
Medical care	Inadequate	Inadequate	Good	Inadequate	Inadequate	Inadequate
Surgery	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Critical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
Outpatients and diagnostic imaging	Inadequate	N/A	Good	Inadequate	Inadequate	Inadequate
Overall	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate