

## **NHS TRUST:**

North Bristol NHS Trust  
Southmead Road  
Bristol  
BS10 5NB

## **DECISION:**

On the basis of the grounds set out below and pursuant to the powers exercisable by NHS Improvement under or by virtue of the National Health Service Act 2006 and the TDA Directions, NHS Improvement has decided to accept undertakings from the Trust.

## **DEFINITIONS:**

In this document:

“the conditions of the Licence” means the conditions of the licence issued by Monitor under Chapter 3 of Part 3 of the Health and Social Care Act 2012 in respect of which NHS Improvement has deemed it appropriate for NHS trusts to comply with equivalent conditions, pursuant to paragraph 6(c) of the TDA Directions;

“NHS Improvement” means the National Health Service Trust Development Authority;

“TDA Directions” means the National Health Service Trust Development Authority Directions and Revocations and the Revocation of the Imperial College Healthcare National Health Service Trust Directions 2016.

## **GROUNDINGS:**

### **1. The Trust**

- 1.1. The Trust is an NHS trust whose facilities and establishments are situated in England.

## **BREACHES:**

### **2. Issues and need for action**

- 2.1. NHS Improvement has reasonable grounds to suspect that the Trust has provided and is providing health services for the purposes of the health service in England while failing to comply with the following conditions of its licence: FT4(5)(a)-(d) and FT4(5)(g).

## 2.2. In particular:

### Financial sustainability

- 2.2.1. The Trust has made progress in addressing its financial deficit since being removed from Financial Special Measures in 2017 and delivered its control total in 2017/18. However, the Trust has a forecast underlying 2018/19 deficit of between £47m and £53m and does not have a plan to materially improve this position.
- 2.2.2. The Trust has received cash support from the Department of Health and Social Care and forecasts that it will require further support.

### Emergency care

- 2.2.3. The Trust, working with local partners, has made progress in improving flow and 4-hour performance over the last 12 months. However, it has continued to be a national 4-hour performance outlier and has not achieved the 4-hour national standard throughout 2017/18 and 2018/19 to date.
- 2.2.4. The Trust has not taken appropriate action to ensure there is a robust workforce plan to meet peaks in emergency demand and internal escalation arrangements and use of data to predict surges has not delivered sustained improvement in 4- hour performance.

### RTT and 52-week wait performance

- 2.2.5. The Trust has been a regional outlier for 52-week waits for over 12 months and in September 2018, the Trust had 55 patients with 52-week wait breaches, significantly off its recovery trajectory of 19 patients waiting more than 52 weeks in this month.
  - 2.2.6. The Trust does not have an up-to-date recovery trajectory to eliminate 52-week waiters in line with national expectations.
- 2.3. These issues demonstrate a failure of governance arrangements and financial management standards, including but not limited to a failure by the Trust to establish and effectively implement systems or processes:
- 2.3.1. To ensure compliance with the Trust's duty to operate efficiently, economically and effectively;
  - 2.3.2. For timely and effective scrutiny and oversight by the Board of the Trust's operations;
  - 2.3.3. To ensure compliance with healthcare standards binding on the Trust;

- 2.3.4. For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Trust's ability to continue as a going concern);
  - 2.3.5. To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; and
  - 2.3.6. To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery.
- 2.4. Need for action:
- 2.4.1. NHS Improvement believes that the action which the Trust has undertaken to take pursuant to these undertakings, is action required to secure that the failures to comply with the relevant requirements of the conditions of the Trust do not continue or recur.
- 2.5. Appropriateness of Undertakings
- 2.5.1. In considering the appropriateness of accepting in this case the undertakings set out below, NHS Improvement has taken into account the matters set out in its Enforcement Guidance.

## **UNDERTAKINGS:**

NHS Improvement has agreed to accept, and the Trust has agreed to give the following undertakings.

### 1. Financial Sustainability

- 1.1. The Trust will develop a long-term financial model (LTFM) to achieve a sustainable financial position that aligns with the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan (the STP); the Trust's strategic direction and the STP strategic and financial context.
- 1.2. The Trust will submit the LTFM in a timescale to be agreed with NHS Improvement.

### 2. Distressed Funding

- 2.1. Where interim support financing or planned term support financing is provided by the Secretary of State for Health to the Trust under Schedule 5 to the NHS Act 2006, the Trust will comply with any terms and conditions which attach to the financing.

- 2.2. Where the Trust receives payments from the Provider Sustainability Fund, the Trust will comply with any terms or conditions which attach to the payments.
- 2.3. The Trust will comply with any spending approvals processes that are deemed necessary by NHS Improvement.

### 3. Emergency care

- 3.1. The Trust will take all reasonable steps to deliver the A&E four-hour improvement trajectory to be agreed with NHS Improvement as part of its annual operating plan submission.
- 3.2. In meeting the requirements of paragraph 3.1 the Trust will, in particular, keep under review and regularly refresh its comprehensive 4-hour improvement plan, regularly update the plan itself, as agreed by the Trust Board and by NHS Improvement (the '4-hour plan') and demonstrate that it can deliver that plan.
- 3.3. The Trust will engage effectively with lead commissioners and wider system partners to develop and deliver the 4-hour plan as part of the wider system improvement plan agreed with lead commissioners. Engagement will be measured by regular attendance at and contribution to the system A&E Delivery Board and Urgent Care Oversight, and clinical engagement via the Clinical Oversight Group (or equivalent).
- 3.4. The Trust will implement a workforce and capacity plan to support effective delivery of the 4- hour plan alongside other key operational plans, to be agreed by the Trust Board and by NHS Improvement, to a timescale to be agreed with NHS Improvement.
- 3.5. The 4-hour plan should be consistent with the Trust's Strategic Plan.
- 3.6. The Trust will ensure there is appropriate, regular use and review of Emergency Department safety and quality metrics and appropriate, regular oversight of these metrics by the Trust Board.

### 4. RTT and 52 week-wait performance

- 4.1. The Trust will take all reasonable steps to deliver national planning guidance requirements in respect of elective waiting list size and to eliminate number of patients waiting 52 weeks or more for elective care in a sustainable manner.
- 4.2. In meeting the requirements of paragraph 4.1 the Trust will, in particular, keep under review and regularly refresh the its RTT and 52 week-wait recovery plans and trajectories, as agreed by the Trust Board and by NHS Improvement (the 'RTT plan') and demonstrate that it can deliver that plan.

4.3. The Trust will demonstrate it has appropriate arrangements to maintain clinical oversight of patients waiting for long periods for elective care including appropriate clinical harm review arrangements and oversight of these arrangements by the Trust Board.

## 5. Development and delivery of plans

5.1. The Trust will ensure that the LTFM, 4-hour and RTT plan (together, the 'Plans') are developed and delivered in a robust and coherent manner which enables the Trust to meet the requirements of paragraphs 1.1, 3.1 and 4.1.

5.2. In meeting the requirements of paragraph 5.1 the Trust will ensure that the Plans:

5.2.1. Form a single, coherent and comprehensive approach to addressing the challenges facing the Trust, together with the Trust's other key plans, including but not limited to the latest version of the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan;

5.2.2. Include the actions required to meet the requirements of paragraphs 1.1, 3.1 and 4.1 with appropriate timescales, resourcing and clear accountabilities to clinical and non-clinical action owners;

5.2.3. Describe the key risks to meeting the requirements of paragraphs 1.1, 3.1 and 4.1 and mitigating actions being taken;

5.2.4. Describe how the Trust will assess progress, including the measures to be used; and

5.2.5. Are submitted by the deadlines agreed by NHS Improvement, for discussion and agreement with NHS Improvement.

5.3. The Trust will keep the Plans and their delivery under review and provide appropriate assurance to its Board regarding progress towards meeting the requirements of paragraphs 1.1, 3.1 and 4.1, such assurance to be provided to NHS Improvement on request. Where matters are identified which materially affect the Trust's ability to meet the requirements of paragraphs 1.1, 3.1 and 4.1, whether identified by the Trust or another party, the Trust will notify NHS Improvement as soon as practicable and update and resubmit the affected plan(s) within a timeframe to be agreed with NHS Improvement.

## 6. Programme management

6.1. The Trust will implement sufficient programme management and governance arrangements to enable delivery of these undertakings.

6.2. Such programme management and governance arrangements must enable the Board to:

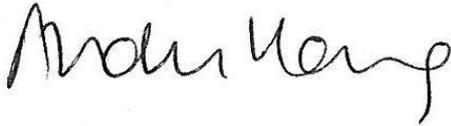
- 6.2.1. Obtain clear oversight over the process in delivering these undertakings;
- 6.2.2. Obtain an understanding of the risks to the successful achievement of the undertakings and ensure appropriate mitigation; and
- 6.2.3. Hold individuals to account for the delivery of the undertakings.

## 7. Meetings and reports

- 7.1. The Trust will attend meetings or, if NHS Improvement stipulates, conference calls, at such times and places, and with such attendees, as may be required by NHS Improvement.
- 7.2. The Trust will provide such reports in relation to the matters covered by these undertakings as NHS Improvement may require.

Any failure to comply with the above undertakings may result in NHS Improvement taking further regulatory action. This could include giving formal directions to the Trust under section 8 of the National Health Service Act 2006 and paragraph 6 of the TDA Directions.

**THE TRUST**



Signed

Andrea Young, Chief Executive , North Bristol NHS Trust

Dated: 01 April 2019

**NHS IMPROVEMENT**

Signed

Tom Edgell

Interim Delivery and Improvement Director, South-West (North) and Member of the Regional  
Provider Support Group (South)

Dated