

LICENSEE:

The Hillingdon Hospitals NHS Foundation Trust (the Licensee)
Field Heath Road
Uxbridge

DECISION:

On the basis of the grounds set out below and having regard to its Enforcement Guidance, NHS Improvement has decided to accept undertakings from the Licensee the enforcement undertakings specified below pursuant to its powers under section 106 of the Health and Social Care Act 2012 (the Act”).

Any reference to NHS Improvement in these undertakings is to be taken as a reference to Monitor.

GROUND:

1. The Licensee

The Licensee is the holder of a license granted under section 87 of the Act.

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 the Licence: FT4 (5) (c).

2.2 In particular:

- The CQC published a report on 24 July 2018 following a comprehensive inspection between March and April. The overall rating was Requires Improvement, which is the same as the 2014 inspection report. Similarly, the ratings for the individual domains did not change, except for Safe which deteriorated from Requires Improvement to Inadequate.
- The Hillingdon Hospital site, where the majority of patients are treated, was rated Inadequate overall. The Mount Vernon site was not re-inspected and remains Requires Improvement overall.
- The Safe domain was rated Inadequate, as were two services (urgent and emergency care services and surgical services). On 10 May 2018 the trust received a Requirement Notice (Regulation 12 (safe care) and 17 (good governance)) relating to issues in ED, Outpatients and Surgery services

- The Trust has performed poorly in recent National Patient Surveys including the National Inpatient Survey and the A&E Patient Survey. At the North West London Quality Surveillance Group, Hillingdon Healthwatch have confirmed that the trust national patient survey findings are aligned with their members' experiences
- The Trust has recently reported two patient death serious incidents (SIs) relating to sepsis management and escalation of the deteriorating patient. One patient died in A&E and another patient died on a Medical Ward. A joint visit with the CCGs has been arranged to provide assurance on the safety of the A&E department.

2.3 Need for action:

NHS Improvement believes that the action which the Licensee 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 Licence do not continue or recur.

UNDERTAKINGS

NHS Improvement has agreed to accept and the Licensee has agreed to give the following undertakings, pursuant to section 106 of the Act.

Quality

1. The trust will undertake a review to determine the root causes of why the lack of CQC progress was not identified and acted on previously to identify actions to address the root causes and share these findings with NHSI. We understand there is an ongoing review into A&E, Finance and Quality, and a wider governance review to inform this process.
2. The trust will develop a framework for assurance of progress and quality improvement that deals with issues raised in the CQC inspection and agree these with NHSI and system partners by December 2018.
3. The trust will put in place a framework to ensure that patient safety issues are appropriately escalated and reviewed by the Board on an ongoing basis. In particular this includes:
 - a. Ensuring that a comprehensive CQC action plan is discussed by the Board
 - b. Review of actions such that they completed within the time agreed and that key milestones and agreed outcome measures are delivered
4. The trust will review and revise the Trust's risk management policy/procedures and associated governance processes by January 2019

5. The trust will put in place a robust approach to improve medical engagement and to use a recognised tool to measure the level of medical engagement within the organization by January 2019.

In addition, we note that the undertakings below have already been agreed with NHS Improvement in relation to A&E and finance and that these will also to apply to the undertakings above.

6. The Trust will ensure adequate senior management (PMO resource) to support the executive team to deliver the undertakings above.
7. The Trust will implement sufficient programme management and governance arrangements to enable delivery of these undertakings.

The programme management and governance arrangements must enable the Board to:

- obtain clear oversight over the process in delivering these undertakings;
- obtain an understanding of the risks to the successful achievement of the undertakings and ensure appropriate mitigation; and
- hold individuals to account for the delivery of the undertakings.

8. 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.
9. The Trust will provide such reports and access to any of the trust's advisors in relation to the matters covered by these undertakings as NHS Improvement may require.

THE TRUST

Signed



(Chief Executive of Trust) Dated

26th October 2018

NHS IMPROVEMENT

Signed



Chair of the Regional Provider Support Group (London)

Dated