

**ANNEX 1
ENFORCEMENT UNDERTAKINGS**

NHS TRUST:

Northampton General Hospital NHS Trust
Cliftonville
Northampton
NN1 5BD

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.

GROUND:

1. The trust

The trust is an NHS trust all or most of whose hospitals, facilities and establishment are situated in England.

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)(a) to (e), and FT4(6)(a) to (f).

2.2. In particular:

Operational Performance

2.2.1. The trust has failed to achieve the A&E 4 Hour Access Standard of 95% in 2018/19. The trust did not deliver its recovery trajectory in 2017/18, or 2018/19, failing to deliver above 90% for all 12 months. The Trust have not delivered the



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A&E 4 Hour Access Target of 95% in Q1 of 2019/20. The Trust has also failed to deliver against the 2019/20 Operational plan for Q1 2019/20.

Financial position

2.2.2. In 2017/18 the Licensee planned to meet its control total deficit (excluding provider sustainability fund) of £22.3m but did not meet this plan and reported a deficit of £27m.

2.2.3. In 2018/19 the Licensee met its planned control total deficit of £27.7m but this position was predicated on delivery of £5.9m of cost improvements classified as non-recurrent.

Quality

2.3. Initial feedback letters from CQC inspection that took place June and July 2019 identified particular concerns in relation to culture within the organisation

The 2018 Staff Survey identified the Trust was in the lowest quintile for 11 out of 53 questions and positive outlier in none. There was deterioration in 8 questions; 4 themes from the previous year.

The 2019 GMC Trainee Survey at trust level identifies Northampton General Hospital NHS Trust as a negative outlier for overall satisfaction at 68.18, this is a significant deterioration from previous years.

Specific concerns have been escalated by HEE in relation to clinical oncology and culture within this specialty

2.4. Need for action:

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 Licence do not continue or recur.

2.5. Appropriateness of Undertakings

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. Operational performance (Urgent and Emergency Care)



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- 1.1. The trust will take all reasonable steps in order to meet its projected operational performance and achieve sustainable compliance with the 4-hour access standard, in line with the 19/20 operational plan.
- 1.2. The trust will submit to NHS Improvement an updated improvement plan to achieve compliance with the standard on a sustainable basis with a date for submission to be agreed by NHS Improvement. The plan will be delivered in a timeframe to be decided by NHS Improvement.

2. Financial Performance

- 2.1. The Licensee will ensure that robust financial recovery plans and governance arrangements are in place in 19/20 to:
 - 2.1.1. deliver its financial recovery plans, 19/20 control total and planned CIPs;
 - 2.1.2. minimise the revenue cash support requirement; and
 - 2.1.3. recurrently reduce its I&E deficit.
- 2.2. The Licensee will take all reasonable steps to ensure that the 19/20 CIP plan for £13.6m, as set out in plans submitted to NHS England and Improvement in May 2019, is fully delivered with full assessment being completed on the impact of schemes on quality and the Licensee's underlying financial position.
- 2.3. The Licensee will comply with planning guidance issued by NHS England and NHS Improvement in January 2019 and June 2019 related to receipt of the financial recovery fund in 2019/20.
- 2.4. The Licensee will work constructively with Northamptonshire STP partners to develop a long-term plan in line with guidance issued by NHS England and NHS Improvement in June 2019. This long-term plan will demonstrate recurrent financial improvement as measured by I&E run-rate and planned financial outturn and as agreed with NHS England and Improvement.
- 2.5. The Licensee will develop a long-term financial model (LTFM) that aligns with the Northamptonshire STP's agreed long-term plan, the Licensee's strategic direction and the STP's strategic and financial context. The Licensee will agree the LTFM with its Board, system leads and partners and share it with NHS England and NHS Improvement by February 2020.
- 2.6. The Licensee will take all reasonable steps to ensure that appropriate governance arrangements are in place to deliver its LTFM and its system's long-term plan.

3. Funding conditions and spending approvals

- 3.1. 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 National Health Service



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Act 2006, the Trust will comply with any terms and conditions which attach to the financing.

3.2. Where the Trust receives payments from the Provider Sustainability Fund, the Trust will comply with any terms or conditions which attach to the payments.

3.3. The Trust will comply with any spending approvals processes that are deemed necessary by NHS Improvement.

4. Quality

The trust will take all reasonable steps to address any concerns which are identified in the 2019 CQC report, including carrying out the actions set out in the CQC report in accordance with such timescales as determined by the CQC.

The trust will share the quality improvement plan that is put in place and reflects the actions required to address CQC findings, including milestone and measures of improvement. The Trust will ensure robust governance arrangements are in place to oversee delivery and impact of this improvement plan.

The trust will put in place a set of actions required to address the staff survey results 2018; GMC trainees survey 2019; and the Health Education England concerns. These will either be incorporated in to the Trust Quality Improvement Plan, or if addressed through a separate process, action plans and measures of improvement will be shared with NHS Improvement

As a minimum the Trust will provide reporting information against quality improvement plan milestones and measures of improvement to NHS Improvement on a quarterly basis

As a minimum the Trust will provide reporting information against action plans to address staff survey; GMC survey and HEE concerns to NHS Improvement on a quarterly basis

5. Programme management

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

5.2. Such programme management and governance arrangements must enable the board to:

5.2.1. obtain clear oversight over the process in delivering these undertakings;

5.2.2. obtain an understanding of the risks to the successful achievement of the undertakings and ensure appropriate mitigation; and

5.2.3. hold individuals to account for the delivery of the undertakings.

6. Access

6.1. The trust will provide to NHS Improvement direct access to its advisors, programme leads and the trust's board members as needed in relation to the matters covered by these undertakings.



7. Meetings and reports

7.1. The trust will:

- 7.1.1. 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; and
- 7.1.2. 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 the NHS Improvement taking further formal action. This could include giving directions to the trust under section 8 of the National Health Service Act 2006 and paragraph 6 of the TDA Directions.

THE TRUST

Signed (Chair or Chief Executive of Trust)



Dated

*November 2019 as endorsed by
The Trust Board.*

NHS IMPROVEMENT

Signed (Chair of the Regional Support Group – Midlands and East)



Dated 08.10.19

