

ENFORCEMENT UNDERTAKINGS

LICENSEE:

North West Anglia NHS Foundation Trust (the Trust)
Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

DECISION

On the basis of the grounds set out below, and having regard to its Enforcement Guidance, NHS Improvement has decided to accept 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"). In this document, "NHS Improvement" means Monitor.

GROUND:

1.0 Licence

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

2.0 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 (h), and FT4(6)(a) to (f).

2.2 Operational performance

2.2.1 The Trust continues to fail to deliver the 4 Hour Access Standard despite ongoing targeted support and regional and national escalation. The Trust has not delivered its 2019/20 plan in any quarter this year and remedial actions have failed to deliver the improvement targeted.

2.2.2 The Trust is currently out of national reporting for RTT due to data quality issues. The Trust had experienced a growth in the backlog prior to stopping reporting which exceeded the March 19 baseline position. The Trust has indicated that a significant number of 52ww patients have been identified by

the ongoing validation exercise and these are expected to be cleared before the end of March.

2.2.3 The Trust has not maintained its backlog at or below the March 2019 baseline agreed in the Operational Plan for 2019/20. The Trust is also out of reporting due to data quality concerns and there have been a high number of 52ww breaches linked to a Patient Administration System transfer and lack of capacity to meet referral demand.

2.2.4 The Trust has breached the 62 Day Cancer standard across the year and performance has deteriorated in the last quarter. Some evidence of improvement noted in the last month broadly in line with the submitted trajectory, but this needs to be carefully monitored if the recovery expected by year end is to be delivered.

2.3 Quality

2.3.1 An inspection of the Trust by the CQC published March 2018 resulted in the Trust being given an overall rating by the CQC of 'Requires Improvement' with the well-led domain being rated 'Requires Improvement'.

2.3.2 The overall concerns in the inspection report published December 2019 were risk assessment and management as outlined by the following 'must do's' in the CQC report:

- ensure leaders and teams, across all services, always identify and escalate relevant risks and issues and identify actions to reduce their impact
- ensure relevant risks and issues that are escalated are correctly categorised and investigated in line with national guidance for investigating incidents, including serious incidents

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 Licence do not continue or recur.

UNDERTAKINGS

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

3.0 Operational performance

3.1 Accident & Emergency (A&E)

- 3.1.1** The Trust will take all reasonable steps in order to meet its projected operational performance and achieve sustainable compliance with the 4-hour A&E standard, in line with the Trust trajectory as set out in the UEC remedial action plan submitted to NHS England and NHS Improvement in December 2019.
- 3.1.2** Via regular performance oversight meetings, the Trust will keep NHS Improvement updated about its Urgent and Emergency Care improvement plans and those of the wider system aimed at achieving compliance with the standard on a sustainable basis.
- 3.1.3** The Trust will continue to engage fully and work with the Emergency Care Improvement Team, and any other external support offerings as recommended by NHS Improvement, to provide assistance in making recommendations for improvements. These recommendations should be incorporated into the Urgent and Emergency Care action plan.
- 3.1.4** The Trust will ensure that the plans are co-produced with and endorsed by the A&E Delivery Board (North Alliance) the System A&E Delivery Board.
- 3.1.5** The Trust will keep the Urgent and Emergency Care plan and its delivery under review and provide appropriate assurance to its Board regarding progress towards meeting the requirements in paragraph 3.0.
- 3.1.6** The Trust will ensure its A&E recovery plan describes key risks and mitigations, be based on realistic assumptions, reflect collaborative working with key system partners and other stakeholders, set out the key performance indicators which the Trust will use to measure progress, be consistent with the Trust's other key plans, including but not limited to those plans described elsewhere in these undertakings, and the Sustainability and Transformation Plan; and, support the trust in delivering the control totals set by NHS Improvement. Revised remedial action plan covering the above to be submitted to NHS England and NHS Improvement by 13 March 2020.

3.2 Referral to Treatment Time (RTT)

- 3.2.1** The Trust will take all reasonable steps to recover and sustain performance against the 18-week Referral to Treatment Standard (as set out in the 2019/20 operational plan) and to take all reasonable steps to have no patients

breaching 52 weeks wait by the end of March 2020; any remaining patients must have a clear plan and TCI date scheduled.

- 3.2.2 The Trust will share the Board approved 'return to reporting' action plan with NHS Improvement by 28 February 2020 (following board sign-off on 25 February 2020) which responds to the recommendations from the IST deep-dive review (final report shared with Trust on 23 December 2019).
- 3.2.3 Following completion of demand and capacity modelling work the Trust will develop a robust RTT recovery plan with detailed milestones, success metrics and specialty trajectories to ensure the Trust clears its backlog to the plan level and delivery at this level is sustainable. Plan to be shared with NHS England and NHS Improvement by 31 March 2020
- 3.2.4 The Trust will take all reasonable steps in order to return to reporting on the date identified within the plan and will keep its delivery under review and provide appropriate assurance to its Board regarding progress towards.
- 3.2.5 The Trust will demonstrate that it has sufficient capacity to meet referral demand and has appropriate internal governance systems and processes in place to ensure that the waiting list does not exceed the March 2019 baseline.
- 3.2.6 The Trust will ensure its RTT recovery plan describes key risks and mitigations, be based on realistic assumptions, reflect collaborative working with key system partners and other stakeholders, set out the key performance indicators which the Trust will use to measure progress, be consistent with the Trust's other key plans, including but not limited to those plans described elsewhere in these undertakings, and the Sustainability and Transformation Plan; and, support the trust in delivering the control totals set by NHS Improvement.

3.3 Cancer

- 3.3.1 The Trust will take all reasonable steps to recover and sustainably maintain performance against the eight national cancer standards.
- 3.3.2 The Trust's cancer recovery plan will be aligned with and consider the impact of implementing the Trust's RTT recovery plan as set out in section 2 above. The Trust will provide NHS Improvement with a revised copy of the recovery plan, assured and signed off by the Trust Board, with clearly identifiable milestones, success metrics and KPIs by 13 March 2020.
- 3.3.3 The Trust will ensure that it has robust and regular programme management of the cancer recovery plans in place. This should include but should not be limited to:

- Weekly review of the 44-62 day patient cohort for the forthcoming fortnight to ensure all reasonable steps are taken to avoid the patient waiting longer than 62 days.
- Weekly review of all patients booked to breach 62 days at the Trust's access meeting, with an action log maintained and monitored of actions given to divisional management to bring patient treatment forward to avoid incurring further breaches.
- Senior management review of patients waiting longer than 104 days to review changes and escalate and challenge these for further action.
- Senior management review of the patients with a confirmed no cancer diagnosis appearing on the PTL due to administrative process delays.

3.3.4 The Trust will identify any further areas of support required from the IST and or the Cancer Alliance to support its recovery of cancer performance, including implementation of best practice pathways across tumour sites, and engage with the NHS Improvement regional team to procure such support.

3.3.5 The Trust will ensure its cancer recovery plan describes key risks and mitigations, be based on realistic assumptions, reflect collaborative working with key system partners and other stakeholders, set out the key performance indicators which the Trust will use to measure progress, be consistent with the Trust's other key plans, including but not limited to those plans described elsewhere in these undertakings, and the Sustainability and Transformation Plan; and, support the trust in delivering the control totals set by NHS Improvement.

4.0 Quality Improvement

- 4.1 The Trust will take all reasonable steps to address the concerns identified in, but not limited to, the CQC Report dated December 2019, including carrying out the actions set out in the CQC Report in accordance with timescales as determined by the CQC.
- 4.2 The Trust will provide their CQC Improvement Plan to NHS England and Improvement by 28 February 2020.
- 4.3 The Trust will demonstrate that it is able to deliver its Quality Improvement Plan (QIP) by a date to be agreed with NHS Improvement, including demonstrating that it has sufficient capacity and capability at both executive and other levels of management to enable delivery of the QIP.
- 4.4 The Trust will ensure an improvement plan is in place that addresses the need to assess and manage risks effectively. The improvement plan will include timescales for delivery, measurements of success and have a robust governance process around it to ensure delivery.

- 4.5 The Trust will ensure it has in place clear board governance processes which support delivery of the QIP, and that any impact of the QIP on operational and financial performance are clearly considered at all stages of decision making.
- 4.6 The Trust will keep the QIP and its delivery under review. Where matters are identified which materially affect the Trust's ability to deliver the QIP, whether identified by the Trust or another party, the Trust will notify NHS Improvement as soon as practicable and update and resubmit the QIP within a timeframe to be agreed by NHS Improvement.
- 4.7 The Trust will ensure that the delivery of the QIP and other measures to improve quality and operational performance do not compromise its overall financial position. The Trust will keep the financial cost of its quality improvements under close review and will notify NHS Improvement as soon as practicable of any matters which are identified as potentially having a material impact on the Trust's overall financial position.
- 4.8 The Trust will deliver its Quality Improvement Plan in line with the timescales set out including demonstrating that it has sufficient capacity and capability at both executive and other levels of management to enable delivery of the QIP.
- 4.9 The Trust will continue to implement the Quality Improvement Strategy approved by the Trust Board in July 2019 in order to deliver sustainable improvements in the quality of care it delivers and address the issues raised in previous CQC inspections.
- 4.10 The Trust will implement the Quality Improvement Strategy in accordance with the timescales in that plan, unless otherwise agreed with NHS Improvement, with the aim of moving from a CQC rating of 'Requires Improvement' to a CQC rating of 'Good' and on to 'Outstanding'.

5.0 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:
- 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.

6.0 Access

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

7.0 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; and
- provide such reports in relation to the matters covered by these undertakings as NHS Improvement may require.

THE TRUST

Signed (Chair or Chief Executive of the Trust)

C Walker

Dated

30/4/20

NHS IMPROVEMENT

Signed (Chair or member of the Regional Support Group – East)

EMR

Dated

30/4/20.

