

ENFORCEMENT UNDERTAKINGS

LICENSEE

Blackpool Teaching Hospitals NHS Foundation Trust ("the Licensee")
Blackpool Victoria Hospital
Whinney Heys Road
Blackpool
Lancashire
FY3 8NR

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").

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

GROUND

1. Licence

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

BREACHES

2. Quality and Target Breaches

2.1 NHS Improvement has reasonable grounds to suspect that the Licensee has provided and is providing healthcare services for the purposes of the NHS in breach of the following condition of its licence: FT4(5)(c).

2.2 In particular:

2.2.1 the Care Quality Commission ("CQC") carried out an inspection of the Licensee in November 2017, with the report being published in March 2018, and found the Licensee to be "Requires Improvement" overall with Urgent and Emergency Care Services deteriorating to "Inadequate" in the "Safe" domain and "Requires Improvement" in the "Responsive" domain;

2.2.2 the Licensee has been a national outlier for mortality indices (HSMR and SHMI) in the majority of reporting periods since June 2014 and has six CQC mortality outlier alerts as of January 2019;

- 2.2.3 during the calendar year of 2018 the Licensee's performance against the 4-hour A&E maximum waiting time target was in the range of 80.7% to 87.2%. The Licensee's type 1 A&E performance (patients treated in the main Blackpool Victoria A&E department) in 2018 ranged from 48.2% to 64.3%. In the period of 1 January 2019 to 22 January 2019 the Licensee reported 26 12-hour breaches.
- 2.2.4 The Licensee has not delivered the Cancer 62-day target since May 2018, with performance dropping to 81.6% in November 2018.

2.3 The matters set out above demonstrate a failure of governance arrangements, in particular a failure to establish and effectively implement systems and/or processes to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions.

3 Need for Action

NHS Improvement believes that the action which the Licensee has undertaken to take pursuant to these undertakings is action to secure that the breaches in question do not continue or recur.

4 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

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

1. Quality Improvement and Target Breaches

- 1.1. The Licensee will implement the action plan that it has developed to address the concerns in the CQC inspection report which was published in March 2018 ("the CQC Action Plan") in accordance with the timescales in that plan, unless otherwise agreed with NHS Improvement.
- 1.2. The Licensee will revise the CQC Action Plan to include any subsequent concerns raised by the CQC that NHS Improvement specifies should be addressed in the CQC Action Plan. If the Licensee is required to update the CQC Action Plan under this sub-paragraph 1.2, all references in these undertakings to the CQC Action Plan will be to the CQC Action Plan as revised under this sub-paragraph.
- 1.3. The Licensee will ensure that its oversight and assurance process in relation to the CQC Action Plan is robust.
- 1.4. The Licensee will by 30th September 2019, (unless otherwise agreed with NHS Improvement identify the workforce and associated governance structures required to effectively address the concerns identified by the CQC relating to patient safety and mortality indices, set out in the March 2018 CQC inspection report.

- 1.5. The Licensee will by 30th August 2019, unless otherwise agreed with NHS Improvement] commission a medical engagement survey according to a scope agreed with NHS Improvement.
- 1.6. The Licensee will, by a date to be agreed with NHS Improvement, develop a Quality and Performance Improvement Plan which will, as a minimum:
 - 1.6.1. address the actions arising out of sub-paragraphs 1.4 and 1.5;
 - 1.6.2. include specific actions to bring the mortality indicators back within the expected range;
 - 1.6.3. identify comprehensive actions to (i) put it on a robust trajectory towards achieving sustainable compliance with the 4-hour maximum waiting time Accident and Emergency target; (ii) eliminate 12 hour breaches in Accident & Emergency; and (iii) deliver the Cancer 62 day waiting target;
 - 1.6.4. include a robust trajectory, with appropriate milestones for the delivery of key objectives to underpin recovery against the above identified targets;
 - 1.6.5. include metrics and KPIs to monitor delivery of the performance improvement;
 - 1.6.6. incorporate all issues, findings, recommendations and associated actions arising from the reviews carried out by Emergency Care Intensive Support Team ("ECIST"); and
 - 1.6.7. include clear timescales for implementation and schedule all necessary actions for completion in a manner that will lead to conclusion of all actions by a date to be agreed between the Licensee and NHS Improvement.
- 1.7. The Quality and Performance Improvement Plan will be developed in collaboration with key stakeholders within the local health and social care system and will be reviewed and approved by the Licensee Board by 31st May 2019, (unless otherwise agreed with NHS Improvement].
- 1.8. The Licensee will implement the actions in the Quality and Performance Improvement Plan within the timescales in that Plan, unless otherwise agreed with NHS Improvement.
- 1.9. To support delivery of the above points NHS Improvement will appoint an Improvement Director to support the Licensee. The Licensee is required to work collaboratively with the Improvement Director.

2. Reporting

- 2.1. The Licensee will provide regular reports to NHS Improvement on its progress in meeting these undertakings and will continue to attend the established Quality Improvement Board, or, if NHS Improvement stipulates, conference calls or alternative meetings that NHS Improvement may require. These meetings will continue to take place once a month unless NHS Improvement otherwise stipulates, at a time and place to be specified by NHS Improvement and with attendees specified by NHS Improvement.
- 2.2. The Licensee will on request provide NHS Improvement with details of any assurances on which the Board has relied in relation to the Licensee's progress in delivering these undertakings.
- 2.3. The Licensee will comply with any additional reporting or information requests made by NHS Improvement.

The undertakings set out above are without prejudice to the requirement on the Licensee to ensure that it is compliant with all the conditions of its licence including those conditions relating to:

- compliance with the health care standards binding on the licensee; and
- compliance with all requirements concerning quality of care.

Any failure to comply with the above undertakings will render the Licensee liable to further formal action by NHS Improvement. This could include the imposition of discretionary requirements under section 105 of the Act in respect of the breach in respect of which the undertakings were given and/or revocation of the licence pursuant to section 89 of the Act.

Where NHS Improvement is satisfied that the Licensee has given inaccurate, misleading or incomplete information in relation to the undertakings: (i) NHS Improvement may treat the Licensee as having failed to comply with the undertakings; and (ii) if NHS Improvement decides so to treat the Licensee, NHS Improvement must by notice revoke any compliance certificate given to the Licensee in respect of compliance with the relevant undertaking.

LICENSEE

Signed

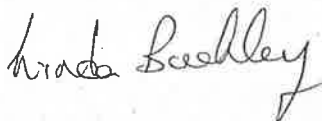


Pearce Butler
Chairman

Dated 25th APRIL 2019

NHS IMPROVEMENT

Signed



Dated: 19th March 2019