

Undertakings

LICENSEE:

The Hillingdon Hospitals NHS Foundation Trust (the Licensee)
Pield 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.

GROUNDINGS:

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) (d) (f) (g) and FT4 (7).

2.2 In particular:

- The Trust has not delivered the A&E standard since June 2016. Performance has deteriorated since October 2017, and particular weaknesses in non-admitted breaches have been noted.
- Feedback from ECIP and a further external review of A&E indicates that medical engagement in the ED remains a key weakness. This has not been sufficiently dealt with by the Trust despite being highlighted as a weakness in February 2017.
- In addition, the external review into A&E also cited a lack of internal capacity as one of the main barriers to improvement, with “unrealistic

workloads” and a large amount of time taken up on managing the day to day operational situation.

- The Trust has a CIP ambition of £12m for 2018/19 (5% of expenditure). The Trust delivered £10.5m CIPs in 2017/18 alongside significant support from their FIP2 partner. Given the much larger ambition for 2018/19 it is unlikely that the Trust is able to deliver this without additional support. The Trust has failed to recruit to its PMO leadership despite a number of separate rounds of recruitment.
- Given weaknesses in the PMO team, and the time spent by senior operational staff on dealing with A&E issues and discharge over winter, the Trust believes that they have not had as much senior operational staff input to developing robust plans as required.
- There does not appear to be sufficient capacity at other levels of the organisation, in terms of a PMO which is able to support the executive team in the delivery of the CIP and A&E programmes.

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.

A&E

1. The Trust will provide to NHS Improvement a Board-approved plan for A&E performance recovery (“the A&E Plan”) by a date to be agreed with NHS Improvement. This will include:
 - the key milestones and how they will be achieved;
 - what resources the Trust has in place to deliver the A&E Plan;
 - the key risks to delivery, monitoring and mitigations;
 - the key performance indicators (KPIs) to monitor the A&E Plan; and
 - how the Board will have oversight and overall governance over the A&E Plan.
2. The Trust will provide to NHS Improvement a monthly Board-approved report on progress against the A&E Plan, which includes the following:
 - progress being made against the key milestones;

- if there are any areas of slippage against milestones, how performance will be recovered and monitored; and,
 - any key risks to delivery of the Plan, and the related mitigations.
3. The Trust will engage with an external supplier, under a scope and by a date to be agreed with NHS Improvement, to provide support in the delivery of the A&E Plan
 4. The Trust will agree with NHS Improvement a set of oversight arrangements to provide assurance to NHS Improvement over the Trust's actions to deliver its A&E plan.

Finance

5. The Trust will develop a financial plan to March 2020 (“the Financial Plan”) which includes:
 - an understanding of the underlying financial position and a detailed analysis of the causes of the underlying position;
 - a well-developed CIP plan which takes into account all relevant operational productivity opportunities; and
 - a link to workforce optimisation.
6. The Trust will keep both the Financial Plan under review and provide regular highlight reports including key performance indicators and attend regular update meetings, the content and timing of which will be agreed with NHS Improvement.

Governance

7. The Trust will undertake an externally commissioned governance review to inform the strengthening of governance arrangements to be completed by a date to be agreed with NHS Improvement. The scope and supplier will be agreed with NHS Improvement
8. The Trust will address the findings of the governance review. The timing of delivery of the recommendations will be agreed by NHSI and the Trust will provide assurance to NHS Improvement if requested on progress with delivery.
9. The Trust will work with a Senior Board Advisor who may be appointed by NHS Improvement to assist the trust’s executive team with the delivery of the Plans identified within these undertakings.
10. The Trust will co-operate and work with such partner organisations (this may include one or more ‘buddy trusts’) which may be appointed by NHS Improvement to support and provide expertise to the Trust and to assist the Trust with the delivery of one or more of the Plans identified within these undertakings and the quality of care the Trust provides. The scope and scale of any such support will be directed by NHS Improvement.

Programme management

11. The Trust will ensure adequate senior management (PMO resource) to support the executive team to deliver the undertakings above.

12. 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:

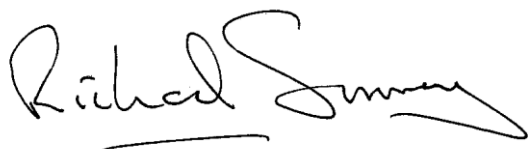
- obtain clear oversight over the process in delivering these undertakings;
- obtain an understanding of the risks to the successful achievement of the undertakings and ensure appropriate mitigation; and
- hold individuals to account for the delivery of the undertakings.

13. 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.

14. 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

A handwritten signature in black ink, appearing to read 'Richard Sumner', with a horizontal line underneath the name.

(Chair of Trust)

Dated: 11 July 2018

NHS IMPROVEMENT

Signed

A handwritten signature in blue ink, appearing to read 'Steve Bush', with a horizontal line underneath the name.

Date: 18 July 2018

Chair of the Regional Provider Support Group (London)