

## **UNDERTAKINGS**

### **NHS TRUST:**

Barking, Havering and Redbridge University Hospitals NHS Trust (“the Trust”)  
King George Hospital  
Barley Lane  
Goodmayes  
Essex IG3 8YB

Queen’s Hospital  
Rom Valley Way  
Romford  
Essex, RM7 0AG

### **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.

### **GROUNDINGS:**

#### 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 care services for the purposes of the NHS while failing to establish, implement effectively or apply the systems, standards and/or processes referred to in the following conditions of the licence issued by Monitor under Chapter 3 of Part 3 of the Health and Social Care Act 2012: FT4(5)(a) to (c), (f) and FT4(6).

## 2.2. In particular:

### *Quality issues*

- 2.2.1 A targeted inspection of the Trust by the Chief Inspector of Hospitals during 2016 resulted in the Trust being given an overall rating by the CQC of 'Requires Improvement' ("RI") and eight "must-do" actions. In addition, the Trust was rated as RI in the well-led domain. Although the Trust was rated "Good" in 5 out of the 7 services in this category, the CQC has articulated that the Trust needs to carry out further work to sustain previous improvements and ensure further progress against identified areas of concern.
- 2.2.2 In the CQC's final report dated 1 March 2017 ("the Report"), the CQC set out concerns around fundamentals of care including infection control practices, waiting times for patients in need of urgent care, those who need planned treatment, and cancer patients.

### *Leadership issues*

- 2.2.3 The Trust was rated by the CQC as RI in the well-led domain due to a lack of clarity of clinical strategy at a service level, particularly the emergency departments and outpatients, and inconsistent application of infection control policies. The CQC also found evidence that governance structures were not fully embedded at the Trust, including processes to ensure divisional risk management and document control of policies.

### *Operational issues*

#### *A&E*

- 2.2.4 At Q4 2016/17, the Trust has breached the Accident and Emergency 4 hour maximum waiting time target ("the A&E standard") each quarter since Q1 2013/14. The Trust has failed to address its A&E performance sustainably over this period, as confirmed in the Report.
- 2.2.5 The Trust has now been placed into the national group 2 for A&E performance reflecting the Trust's adverse A&E performance.

#### *Cancer*

- 2.2.6 The Trust has breached the Cancer 62 day wait standard ("the Cancer standard") for 14 consecutive quarters since Q2 2013/14. The Trust has failed to address its Cancer performance sustainably over this period, as confirmed in the Report.

- 2.3 These failings by the Trust as identified in the Report demonstrate a failure of governance arrangements including, in particular, failure to establish and effectively implement systems or processes:

- (a) to ensure compliance with the Trust's duty to operate efficiently, economically and effectively;
- (b) for timely and effective scrutiny and oversight by the Board of the Trust's operations;
- (c) to ensure compliance with healthcare standards binding on the Trust.

#### 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 governance failures in question do not continue or recur.

## UNDERTAKINGS

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

### 1. Quality Improvement Plan

- 1.1. The Trust will produce and submit to NHS Improvement its Quality Improvement Plan ("QIP") to rectify the concerns which are identified in the Report, including carrying out the "must do" actions set out in the 2016 Report such that, once there is a re-inspection by the CQC, the Trust can:
  - 1.1.1. Evidence that it has addressed the "must do" actions to the CQC's satisfaction; and
  - 1.1.2. Achieve a "Good" overall rating by CQC.
- 1.2. If there is no re-inspection by the CQC within 12 months after the date of the Report, the Trust will, at NHS Improvement's request, obtain external assurance from a third party agreed by NHS Improvement as to the Trust's progress in delivering the actions set out in paragraph 1.1 above. The timing and scope of this external assurance will be agreed by NHS Improvement.
- 1.3. The Trust will take all reasonable steps to deliver its QIP within timelines to be agreed with NHS Improvement.
- 1.4. The Trust will consult with relevant stakeholders during the finalisation of the QIP, including NHS Improvement, CQC and NHS England and will reflect their views appropriately in the QIP.
- 1.5. The Trust will demonstrate that it is able to deliver the QIP including demonstrating that it has sufficient capacity at both executive and other levels of management, (including programme management resource (PMO)), to enable delivery of the QIP.
- 1.6. 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.

## 2. Improvement Director

2.1. The Trust will co-operate and work with any Improvement Director(s) and/or PMO who may be appointed by NHS Improvement to oversee, support, and provide independent assurance to NHS Improvement on the Trust's delivery of the QIP and improvement of quality of care the Trust provides. The scope of the role will be determined by NHSI after discussion with the Trust.

## 3. Leadership and governance review

3.1. The Trust will commission an independent review into Board leadership and Trust governance ("Leadership Review"). The Trust will agree the scope of the Leadership Review with NHS Improvement and complete it within a timeframe to be agreed with NHS improvement.

3.2. The Trust will address the findings of the Leadership Review. The timing of delivery of the recommendations from the Leadership Review will be agreed by NHS Improvement and the Trust will provide assurance to NHS Improvement if requested on progress with delivery.

## 4. Operational

### A&E

4.1. The Trust will produce and submit to NHS Improvement an updated Emergency Care Action Plan ("the A&E plan") to achieve compliance with the A&E standard on a sustainable basis. The updated plan will be submitted to NHS Improvement by a date to be agreed with NHS Improvement.

4.2. The Trust will continue to work with the Emergency Care Improvement Programme (ECIP) to provide assistance in making recommendations for improvement and incorporating these into the A&E plan to be submitted to NHS Improvement.

4.3. The A&E plan will include, in particular:

4.3.1. A narrative of the current drivers of performance below the A&E standard;

4.3.2. The Trust's planned actions, in conjunction with system partners, to improve A&E performance at the Trust. The actions should include key performance indicators against each action, and expected impact on overall A&E performance; and

4.3.3. The Trust's trajectory to delivery of the A&E standard.

4.4. The Trust will implement all the actions in the A&E plan within its control within the timescales set out in the A&E plan, unless otherwise agreed by NHS Improvement.

- 4.5. The Trust will take all other reasonable steps to deliver compliance with the A&E standard on a sustainable basis within a timeline to be agreed with NHS Improvement.
- 4.6. The Trust will report to NHS Improvement on the implementation of the updated plan each month or an alternative frequency if required by NHS Improvement.

#### Cancer

- 4.7. The Trust will take all reasonable measures to ensure ongoing compliance with the Cancer standard on a sustainable basis.

### 5. General

- 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. Access will be co-ordinated through the Executive Assistant to the Chief Executive at the Trust.

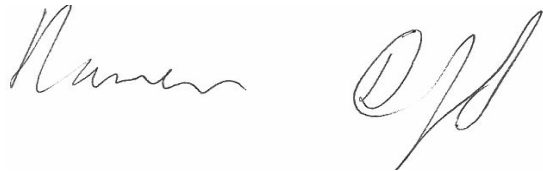
### 7. Meetings and reports

- 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.
- 7.2. The Trust will provide quarterly reports to its Board for approval on progress against the matters covered by these undertakings, and will send these to NHS Improvement at quarterly intervals.
- 7.3. Meetings and reports referred to above will be requested and co-ordinated through the Executive Assistant to the Chief Executive at the Trust

**ANY FAILURE TO COMPLY WITH THE ABOVE UNDERTAKINGS MAY RESULT IN NHS IMPROVEMENT TAKING FURTHER REGULATORY ACTION. THIS COULD INCLUDE GIVING FORMAL DIRECTIONS TO THE TRUST UNDER SECTION 8 OF THE NATIONAL HEALTH SERVICE ACT 2006 AND PARAGRAPH 6 OF THE TDA DIRECTIONS.**

**THE TRUST**

Signed

A handwritten signature in black ink, appearing to read 'Maureen Dalziel', written on a light blue background.

Maureen Dalziel, Chair of Barking, Havering and Redbridge University Hospitals NHS Trust

A handwritten signature in black ink, appearing to read 'Chris Bown', written on a light blue background.

Chris Bown, Interim Chief Executive of Barking, Havering and Redbridge University Hospitals NHS Trust

Dated 4 August 2017

A handwritten signature in black ink, appearing to read 'Steve Russell', written on a light blue background.

**NHS IMPROVEMENT**

Steve Russell (Executive Managing Regional Director, London)

Dated 08 August 2017