

DRAFT ENFORCEMENT UNDERTAKINGS

NHS TRUST:

Epsom and St Helier NHS Trust ("the Trust")
Dorking Road, Epsom, Surrey,
KT18 7EG

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 establishments 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), (c) and (d).

2.2. In particular:

2.2.1 The Trust has reported a financial deficit since 2015/16 and has been in receipt of financial support from the Department of Health since 2015/16.

2.2.2 The Trust has an underlying net deficit for 2017/18 of £39million, excluding sustainability and transformation funding ('STF') and other non-recurring items.

2.2.3 The Trust does not have a financial recovery plan to reduce the underlying deficit.

2.2.4 The Trust is not delivering the 18 week Referral to Treatment (RTT) incomplete standard and does not have a plan to achieve compliance.

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 the Licence do not continue or recur.

UNDERTAKINGS

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

1. Finance

1.1. The Trust will take all reasonable steps within its control to address the underlying deficit, including the actions set out in paragraphs 1.2 to 1.8 below.

1.2. The Trust will, by a date specified by NHS Improvement, complete and submit to NHS Improvement a comprehensive analysis (by site and by service, to the extent that data availability and reasonable assumptions allow) of the underlying causes of the Trust's deficit.

1.3. The Trust will, by the end of January 2018, or such other date as specified by NHS Improvement, develop and deliver a financial recovery plan ("the Financial Recovery Plan") to reduce the underlying deficit, drawing on the Trust's analysis of the deficit and which should include all reasonable steps to address the elements of the deficit which are within the Trust's control. In developing the Financial Recovery Plan, the Trust will consult with its commissioners.

1.4. The Trust will agree the scope and detailed content of the Financial Recovery Plan with NHS Improvement but will ensure that it includes :

1.4.1. actions to ensure an improvement in the Trust's underlying deficit run rate in the second half of 2017/18 and an outturn underlying deficit for 2017/18 of less than £39m;

1.4.2. a plan for 2018/19 with recurring cost improvement plans sufficient to enable an underlying deficit materially lower than the outturn 2017/18 underlying deficit, with improvements from quarter to quarter through 2018/19;

- 1.4.3. details of provider collaboration schemes across the South West London Sustainability and Transformation Plan footprint to address the collaborative efficiency opportunities;
 - 1.4.4. reference and reconciliation to efficiency opportunities indicated by NHS Improvement's Model Hospital; and
 - 1.4.5. an evaluation of risks to the Financial Recovery Plan.
 - 1.5. The Trust will agree a clear timetable and milestones for delivering the Financial Recovery Plan with NHS Improvement and submit such progress reports as NHS Improvement shall request.
 - 1.6. The Trust will demonstrate that it has adequate capacity and capability in place to deliver the Financial Recovery Plan, if necessary procuring external support from a source and according to a scope and timescale to be agreed with NHS Improvement.
 - 1.7. The Trust will keep the Financial Recovery Plan and its delivery under review, and agree necessary amendments with NHS Improvement.
2. Funding conditions and spending approvals
 - 2.1. 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 Act 2006, the Trust will comply with any terms and conditions which attach to the financing.
 - 2.2. Where the Trust receives payments from the Sustainability and Transformation Fund, the Trust will comply with any terms or conditions which attach to the payments.
 - 2.3. The Trust will comply with any spending approvals processes that are deemed necessary by NHS Improvement.
3. Operational Performance
 - 3.1. The Trust will take all reasonable steps to achieve compliance with the 18 week RTT incomplete standard on a sustainable basis by a date to be agreed with NHS Improvement.
 - 3.2. The Trust will develop and deliver a recovery plan to achieve compliance with the RTT standard ("the RTT plan"). The Trust will submit the RTT plan to NHS Improvement by a date to be agreed with NHS Improvement.
 - 3.3. The Trust will agree the scope and detailed content of the plan with NHS Improvement but will ensure that it includes:

- 3.3.1. a narrative of the current drivers of performance below the RTT standard;
- 3.3.2. the Trust's planned actions to improve RTT performance, including key performance indicators against each action and the expected impact of each action on overall RTT performance;
- 3.3.3. the Trust's trajectory for delivering the RTT standard; and
- 3.3.4. actions the Trust is taking to improve its theatre productivity and the expected outcomes.

3.4. The Trust will agree a clear timetable and milestones for delivering the RTT plan with NHS Improvement and will submit a monthly progress report against delivery, approved by the Trust's Board, until such date as specified by NHS Improvement.

3.5. The Trust will ensure it has sufficient capacity and capability in place to deliver the RTT plan. If required by NHS Improvement, the Trust will procure external support to deliver the RTT plan from a source and according to a scope and timescale to be agreed with NHS Improvement.

3.6. If required by NHS Improvement, the Trust will commission an external review of the Trust's delivery of the RTT plan, from a source and according to a scope and timescale to be agreed with NHS Improvement. The Trust will implement any recommendations of the external review in accordance with timescales to be agreed with NHS Improvement.

4. Programme management

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

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

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

5. Meetings and reports

5.1. 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.

5.2. The Trust will 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 NHS Improvement taking further regulatory action. This could include giving formal directions to the trust under section 8 of the NHS Act 2006 and paragraph 6 of the TDA Directions.

THE TRUST

Signed



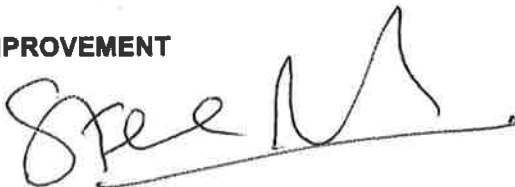
(Chair or Chief Executive of Trust)

Dated

4/1/18

NHS IMPROVEMENT

Signed



Steve Russell - Executive Regional Managing Director (London) and Chair of the Regional Provider Support Group (London)

Dated

08/01/18

