

**NHS TRUST:**

Imperial College Healthcare NHS Trust  
The Bays  
South Wharf Road  
St Mary's Hospital  
London  
W2 1NY

**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 equivalent conditions to that of the Monitor Licence: FT4(5)(a), (c) and (d).

## 2.2. In particular:

### Finances

- 2.2.1. The Trust went into deficit in 2015/16 and was unable to agree its control total at the beginning of the 2016/17 financial year. After intensive support as part of the Financial Improvement Programme, a revised control total of a deficit of £16.8m was accepted and delivered. The Trust has recently accepted a revised control total of £25.1m deficit before STF and £4.5m deficit after STF. This will be reflected in reporting from month 5.
- 2.2.2. The Trust has started to develop a financial recovery plan to return to surplus.

### Operational performance

- 2.2.3. The Trust has failed to meet the A&E waiting time target since June 2015.
- 2.2.4. The Trust is not delivering the RTT incomplete performance target.
- 2.2.5. The Trust has a number of patients waiting more than 52 weeks for elective treatment.
- 2.2.6. The Trust's endoscopy booking process is not fully functioning which means that a considerable number of patients have not had their scope appointments within the DM01 target time standard.

## 2.3 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 equivalent Licence conditions do not continue or recur.

## **UNDERTAKINGS**

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

### 1. Finances

- 1.1. The Trust will take all reasonable steps to return to underlying surplus by the start of 2021/22 with year on year improvements in the underlying position, including the actions set out in paragraphs 1.2 to 1.5 below.

- 1.2. The Trust will by the end of January 2018, or such a date as specified by NHS Improvement, develop a financial recovery plan (the "Financial Recovery Plan") to return to surplus by the start of 2021/22,.
- 1.3. 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. Including agreeing a cost improvement plan to deliver 2018/19 control total recurrently.
- 1.4. The Trust will take all reasonable steps to ensure adequate capacity and capability is in place to deliver the Financial Recovery Plan.
- 1.5. The Trust will keep the Financial Recovery Plan under review, and agree necessary amendments with NHS Improvement.

## 2. Emergency care

- 2.1. The Trust will take all reasonable steps in order to achieve sustainable compliance with the four hour A&E target, including the actions set out in paragraph 3.2 to 3.5 below.
- 2.2. The Trust will take all reasonable steps to maintain its A&E target at or above 90% throughout Winter 2017/18.
- 2.3. The Trust will take all reasonable steps to achieve and maintain a performance of 95% by the end of March 2018, or such other date as specified by NHS Improvement.
- 2.4. The Trust will, by a date to be agreed with NHS Improvement, develop and submit to NHS Improvement a dashboard allowing the Trust Board to track the effectiveness of the Improving Patient Flow plan.

## 3. Referral to Treatment standard

- 3.1. The Trust will take all reasonable steps to validate the accurate number of patients waiting more than 52 weeks and ensure that all patients waiting over 52 weeks for elective treatment have either received treatment or been discharged by such date as specified by NHS Improvement.
- 3.2. The Trust will develop and submit an RTT recovery plan by a date to be agreed with NHS Improvement; such plan will confirm that the RTT incomplete performance target will be achieved by a date specified by NHS Improvement.

#### 4. Data Quality

- 4.1. The Trust will commission an independent review by end November 2017 of the clinical and administrative processes within its elective pathways, and the clinical oversight of those processes which ensure patients do not suffer avoidable harm, in order to assure NHS Improvement that the processes are fit for purpose.

#### 5. 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 Trust 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. Meetings and reports

- 6.1. 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.

- 6.2. 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 National Health Service Act 2006 and paragraph 6 of the TDA Directions.

**THE TRUST**

Signed



Ian Dalton CBE

(Chief Executive Officer)

Dated: 7 November 2017

**NHS IMPROVEMENT**

Signed



Regional Director.

[Chair OR Member] of the Regional Provider Support Group (London)

Dated: 23 November 2017.

