

## UNDERTAKINGS

### NHS TRUST:

London North West University Healthcare NHS Trust (“the Trust”)  
Northwick Park Hospital  
Watford Road  
Harrow HA1 3UJ

### 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.

The undertakings below supersede the undertakings accepted by NHS Improvement on 23 November 2017, except for paragraphs 1.6, 2.1, 2.2, 2.3 and 3.3 of those undertakings, which are to be discontinued.

### 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.

### GROUNDINGS:

#### 1. The Trust

The Trust is an NHS trust all 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(4)(a) and (b); and FT4(5)(a), (b), (c), (d) and (f).

2.2. In particular:

### Finance

- 2.2.1. The Trust has been in deficit since it was created in October 2014 although it has delivered an outturn deficit better than its agreed control total over the past two years.
- 2.2.2. The Trust has forecast an underlying exit deficit for 2017/18 of £82.4 million, excluding sustainability and transformation funding ('STF')

### Operational Performance and Governance

- 2.2.3. From March to May 2018, NHS Improvement conducted an investigation into the Trust's performance with elective care standards which concluded that in its opinion the Trust had not adequately:
  - 2.2.3.1. informed its Board and Finance and Performance Committee about performance against the Referral to Treatment standard ('RTT') and the 62-day GP cancer standards;
  - 2.2.3.2. allocated sufficient operational capacity to be in place to deliver the performance required;
  - 2.2.3.3. met its existing undertakings accepted by NHS Improvement on 23 November 2017; and
  - 2.2.3.4. implemented programme management and governance arrangements to deliver performance and comply with its undertakings.
- 2.2.4. In respect of the 62-day GP Cancer standard which the Trust is required to meet, the Trust has not sufficiently reduced its backlog position to ensure a sustainable position, nor provided assurance that the standard will continue to be met.
- 2.2.5. The Trust's performance against the A&E national standard has not been achieved. However, there has been sustained improvement in both absolute and comparative terms (against London and peer trusts) over the year to date. Further work by the Trust (with LAS, CCG's and Local Authorities) is required in relation to patient flow (including governance and bed planning) to ensure that its improved performance is sustained through the Winter period.

### Quality

- 2.2.6. The Care Quality Commission's ('the CQC') inspection report dated 30 August 2018 concluded that the Trust's overall rating remained as 'Requires Improvement'. The CQC's inspection report specified 37 'must-do' actions related to six core services. The Trust also received four Warning Notices on 29 June 2018 and five requirements notices on 30 August 2018.

2.2.7. Ongoing issues raised by the CQC at the Trust remain in relation to maternity, poor junior doctor feedback, safer staffing levels and infection prevention and control.

2.3 The CQC outcome demonstrates the need for further improvements to address the following, in particular,

2.3.1. a need to strengthen and clarify the:

- (a) board and committee structures;
- (b) responsibilities for its Board, for committees reporting to the Board and for executive boards reporting into the Board committees; and

2.3.2. a need to improve implementation of systems and/ or processes:

- (c) to ensure compliance with the Trust's duty to operate efficiently, economically and effectively;
- (d) to identify and manage material risks to compliance with the conditions of the Licence with which NHS trusts must comply.

2.4 Need for action:

NHS Improvement believes that the actions outlined in the undertakings below are required to comply with the relevant requirements of the conditions of the Licence.

## **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 to deliver its services on a clinically, operationally and financially sustainable basis. As part of this, the Trust will take all reasonable steps to further improve its financial position and minimise its external funding requirement, which may include meeting any benchmark specified by NHS Improvement.
- 1.2. By 31 January 2019, the Trust will produce a Board approved report setting out a breakdown of the fundamental drivers of the Trust's underlying deficit.
- 1.3. By 31 March 2019, the Trust will produce a three-year financial recovery plan, approved by its Board

### **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 Provider Sustainability Fund, the Trust will comply with any terms or conditions which attach to the payments.
- 2.3. The Trust will comply with any reasonable spending approvals processes proposed by NHS Improvement.

### 3. Operational Performance and Governance

- 3.1. To address the recommendations in June 2018 arising from the NHS Improvement investigation into governance and operational delivery of elective care ('the Review'), the Trust will undertake an assessment to establish whether there is sufficient management capability and capacity to deliver the operational standards, including:
  - 3.1.1. by 30 November 2018, completion of a review of the management capacity to deliver referral to treatment within 18 weeks ('RTT') and Cancer performance within 62 days with a plan to resource appropriately; and
  - 3.1.2. by 31 March 2019, completion of a review of the management capacity to deliver all aspects of operational performance and development of an implementation plan to resource as needed.
- 3.2. In addition to the review of management capacity referred to in paragraph 3.1. above a strategic plan is required to deliver compliance recurrently against the national standard for RTT within a credible timeline, including:
  - 3.2.1. demand and capacity analysis and management;
  - 3.2.2. waiting list management and training;
  - 3.2.3. data validation;
  - 3.2.4. management capacity; and
  - 3.2.5. any other programmes of work identified by the Trust;

This should be completed and be in place by 31 March 2019. A similar plan for Cancer should be developed which ensures ongoing compliance with the standard at a speciality level (as well as in aggregate) and to the same timeline.

To address the current underperformance against national priorities a tactical plan is also required showing month by month the expected backlog reduction, outsourcing/insourcing and throughput to improve performance such that the Trust may evidence that:

- all reasonable endeavours are being taken to ensure there are no 52 week waiters by March 31<sup>st</sup> 2019
- there will be no increase in the waiting list when comparing 31<sup>st</sup> March 2018 to 31<sup>st</sup> March 2019
- and that the 62 day standard will be met recurrently from 30<sup>th</sup> November 2018

This tactical plan should be completed by 30<sup>th</sup> November 2018. The Trust will obtain external assurance on these plans via NHS Improvement's Intensive Support Team.

- 3.3. By 30 November 2018, the Trust will develop a Board approved plan confirming it will make all reasonable endeavours and take actions to ensure:
- 3.3.1. the 4 Hour A&E standard (all type) meets the trajectory already agreed with NHSI; and
  - 3.3.2. that there are no Hospital Handover delays beyond 30 minutes and a plan to reduce these to no more than 15 minutes.
- 3.4. In response to the Well Led Review commissioned by the Trust and undertaken by Deloitte, the Trust will:
- 3.4.1. share a copy of the Well Led Review with NHS Improvement by 30 November 2018;
  - 3.4.2. develop a Board approved plan to address the recommendations arising out of the Well Led Review by 30 November 2018;
  - 3.4.3. put in place revised governance arrangements in line with the Board approved plan;
  - 3.4.4. by March 2019, obtain external assurance of the revised governance arrangements.
- 3.5. In response to the Review into the Trust's governance and operational delivery of elective care, the Trust will, by the 31st January 2019, develop a Board approved plan to demonstrate progress against each of the recommendations (including those covered above) and actions to address any residual issues.
- 3.6. In line with the recommendations of the Review, the Trust will provide NHS Improvement with monthly progress updates against paragraphs 3.1 to 3.5 of these Undertakings and ensure that such progress updates are reviewed and approved at each meeting of the Trust's Board.

#### 4. Quality

##### *Quality Action Plan*

- 4.1. By 31 October 2018, the Trust had produced an Action Plan to ensure compliance against the CQC recommendations including completion of a review of CQC 'must do' actions. This must be updated as a live document until all the issues are addressed.
- 4.2. By 31 December, the Trust will have completed the actions to deliver the issues identified in the CQC compliance letters.
- 4.3. The Trust will ensure that actions are completed within the time agreed and that key milestones and agreed outcome measures are delivered.

##### *Maternity*

- 4.4. The Trust will engage in an external review of learning from recent Serious Incidents (SIs) in maternity led by NHS England's national team and will include any recommendations arising out of the external review in the Trust's Quality Improvement Plan and monitor implementation of the recommendations in-year.

- 4.5. The Trust will engage with an NHS Improvement Maternity Improvement Director to improve the CQC rating for the Trust's maternity service.

#### *Infection Prevention and Control ('IPC')*

- 4.6. By 31 December 2018, the Trust will undertake reviews of IPC to assess underlying themes and remedial action to be implemented. The terms of these reviews will be agreed with the clinical commissioning groups participating in the reviews.

#### *Patient Experience*

- 4.7. By dates to be agreed with NHS Improvement, the Trust will undertake improvement actions to reasonably address staff engagement and patient feedback using the NHS Improvement Patient Experience Framework.

#### *Workforce Review*

- 4.8. By 31 December the Trust will carry out a safer staffing review to identify improvements that might reasonably be made in this area.

#### *Medical engagement*

- 4.9. The Trust will continue its efforts to improve medical engagement (the active and positive contribution of doctors within their normal working roles to maintain and enhance the performance of the organisation) and use a recognised tool to measure the level of medical engagement within the organisation.

#### *Governance and Risk Management*

- 4.10. The Trust will undertake a governance review to ensure that the right systems and processes are in place to address the issues identified by the CQC and ensure any new challenges are escalated quickly. This review will include ensuring that risk management processes including the QIA process are fully tested and improved.

#### *External Assurance*

- 4.11. If there is no CQC re-inspection of the Trust schedule to take place before December 2019, the Trust will obtain external assurance from a third party agreed with NHS Improvement as to the Trust's progress in delivering the CQC improvement plan. The timing of this external assurance will be agreed with NHS Improvement.

### 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 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 hold individuals to account for the delivery of the undertakings.

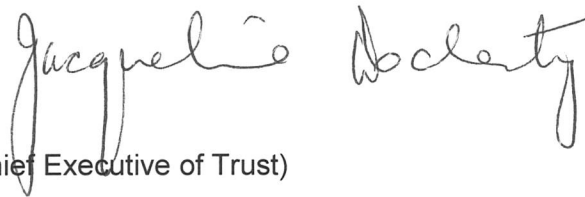
6. Meetings and reports

- 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 reasonably 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



(Chair or Chief Executive of Trust)

Dated

18/12/2018

**NHS IMPROVEMENT**

Signed



Executive Regional Managing Director (London), acting as a member of the Regional Provider Support Group (London)

Dated 20/12/2018