

ANNEX OF UNDERTAKINGS

NHS TRUST:

London North West 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.

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

2.1.1 has provided health services for the purposes of the health service in England while failing to comply with condition FT4(5)(a) and (d) of the Licence; and

2.1.2 is providing health services for the purposes of the health service in England while failing to comply with conditions FT4(5)(c) and FT4(6) of the Licence.

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2.2. In particular:

- 2.2.1 The trust has been in deficit since it was created in October 2014 and has a plan to deliver a deficit of £49.5 million in 2017/18 including sustainability and transformation funding (STF).
- 2.2.2 The trust is in breach of operational performance standards for accident and emergency (A&E) and cancer services. Monthly A&E all type performance within four hours has been below 90% since September 2016.
- 2.2.3 Monthly cancer 62 day GP referral service performance at the trust has been below the national standard and below the agreed recovery trajectory since January 2017.

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 conditions of the Licence do not continue or recur.

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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, including but not limited to the actions in paragraphs 1.2 to 1.8 below. As part of this, the trust will take all reasonable steps to improve its financial position and minimise its external funding requirement, which may include meeting any benchmark specified by NHS Improvement.
- 1.2. The trust will continue to deliver the Financial Recovery Plan covering the two years 2016/17 and 2017/18 to reduce the underlying deficit to £60 million in March 2018.
- 1.3. In line with the timetable for the 2018/19 planning round, the trust to submit a Medium Term Financial Recovery Plan covering the two years 2018/19 onwards to further reduce the underlying deficit.
- 1.4. The trust will provide to NHS Improvement direct access to its operational and financial advisors (where applicable) and the trust's board members, including the Turnaround and Transformation Director, as needed in relation to the Medium Term Financial Recovery Plan.
- 1.5. The trust will continue to demonstrate to NHS Improvement that it is able to deliver the Medium Term Financial Recovery Plan including demonstrating that it has sufficient executive capacity and a handover plan from the existing transformation Director provided Kingsgate to the trust executive. The trust will keep the Medium Term Financial Recovery Plan and its delivery under review. Where matters are identified which materially affect the trust's ability to meet the requirements of paragraph 1.1, whether identified by the trust or another Party, the trust will notify NHS Improvement as soon as practicable and update and resubmit the Medium Term Financial Recovery Plan within a timeframe to be agreed with NHS Improvement. As part of the medium to long term financial recovery plan the trust will continue to work with system partners and NHSI to deliver the opportunities of the SAHF programme for the Acute sector which will underpin long term financial sustainability.
- 1.6. The trust will consult and agree with NHS Improvement:
 - 1.6.1 the appointment and scope of any key operational and financial advisors in relation to the Medium Term Financial Recovery Plan; and
 - 1.6.2 executive capacity to support the delivery of the Medium Term Financial Recovery Plan, including key executive appointments.

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- 1.7. The references to the Financial Recovery Plan and Medium Term Financial Recovery Plan are to the plan as submitted under the terms of paragraph 1.2 or to any subsequent revised versions as agreed with NHS Improvement as appropriate.
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. Quality
 - 3.1. The trust should confirm a recovery plan and agreed timeframe with NHS Improvement for delivery of monthly A&E all type at 90% in February and 95% in March 2018.
 - 3.2. The trust should agree a recovery plan and timeframe with NHS Improvement for delivery of the 62 day GP referral cancer service to the national standard.
 - 3.3. The trust should work with an A&E Improvement Director approved by 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.

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

THE TRUST

Signed 

JACQUELINE DOCHERTY DBE
CHIEF EXECUTIVE

(Chair or Chief Executive of Trust)

Dated 3rd November 2017

NHS IMPROVEMENT

Signed


23 Nov 2017

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

Dated

