

ENFORCEMENT UNDERTAKINGS

NHS TRUST:

The Princess Alexandra Hospital NHS Trust ("the Trust")
Hamstel Road
Harlow
Essex
CM20 1QX

DECISION:

On the basis of the grounds set out below, the Trust and NHS Improvement have agreed these undertakings pursuant to the powers exercisable by the Trust under the National Health Service Act 2006 and by the National Health Service Trust Development Authority ("the TDA") under or by virtue of the National Health Service Act 2006 and the National Health Service Trust Development Authority Directions and Revocations and the Revocation of the Imperial College Healthcare National Health Service Trust Directions 2016 ("the TDA "Directions).

In this notice, "NHS Improvement" means the TDA.

GROUND:

1. The Trust

The Trust is an NHS trust all or most of whose hospitals, facilities and establishment are situated in England.

2. Quality issues

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 below the required standards for quality.

2.2. In particular:

2.2.1 An inspection of the Trust by the Chief Inspector of Hospitals during 2015 resulted in the Trust being given a rating by the CQC of 'Requires Improvement' with identified areas for improvement in end of life care and safe care and treatment.

2.2.2 Following a subsequent comprehensive inspection by the Chief Inspector of Hospitals in June 2016, CQC found significant concerns and in particular found that some aspects of the findings had not changed since the 2015 inspection. The CQC's final report dated 19 October 2016 ('**2016 Report**') rated the Trust as 'Inadequate' overall due to significant concerns in safety, responsiveness and leadership, and the apparent disconnect between the Trust board leadership level and front line staff.

2.3 These failings by the Trust as identified in the 2016 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;
- (d) to ensure that the Trust's services are safe and of sufficient quality.

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 take all reasonable steps to address the concerns identified in, but not limited to, the 2016 Report, including carrying out the actions set out in the 2016 Report in accordance with timescales as determined by the CQC such that, upon re-inspection by the CQC within 12 months of the date of the 2016 Report (or such other date as CQC may determine), the Trust will no longer be found to be 'inadequate' in any of the CQC domains.
- 1.2. The Trust will take all reasonable steps to finalise its Quality Improvement Plan ("QIP") within timescales to be specified by NHS Improvement and in any event will submit the QIP to NHS Improvement by 28 November 2016.
- 1.3. 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. Consultation will take place via the single system oversight group, led by NHS Improvement, established to provide system support to the Trust in the development of its QIP. The Trust will modify the QIP if instructed by NHS Improvement.
- 1.4. 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 to enable delivery of the QIP.
- 1.5. The Trust will keep the QIP described above and its delivery under review. 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.
- 1.6. The Trust will ensure that the delivery of the Quality Improvement Plan (QIP) and other measures to improve quality and operational performance do not compromise its overall financial position. The Trust will keep the financial cost of its quality improvements under close review and will notify NHS Improvement as soon as practicable of any matters which are identified as potentially having a material impact on the Trust's overall financial position.

2. Improvement Director

2.1. The Trust will co-operate and work with any Improvement Director(s) who may be appointed by NHS Improvement to oversee and provide independent assurance to NHS Improvement on the Trust's delivery of the QIP and improvement of quality of care the Trust provides.

2.2 The Trust will co-operate and work with any nursing director arranged by NHS Improvement to augment the work of the Improvement Director.

3. Buddy Trust and other partner organisations

3.1. The Trust will co-operate and work with any partner organisations (this may include one or more 'Buddy Trusts') who may be appointed by NHS Improvement to:

3.1.1. support and provide expertise to the Trust; and

3.1.2. assist the Trust with the delivery of the QIP and the improvement of the quality of care the Trust provides.

3.2. The Trust will work with any such partner organisation on such terms as may be specified by NHS Improvement.

4. Leadership Review

4.1. The Trust will develop and deliver a governance action plan ('the Governance Action Plan') to address all findings of the independent review into Board leadership by Deloitte ('Leadership Review') commissioned by NHS improvement and due to be completed by 31 December 2016. The Trust will agree the Governance Action Plan with NHS Improvement within a timeframe to be agreed with NHS improvement.

4.2. The Trust will, if requested by NHS Improvement, obtain external assurance that the Governance Action Plan (including any subsequent updates) has been delivered and addressed the findings of the Leadership Review. The source, scope and timing of that assurance will be agreed by NHS Improvement and the outputs of the assurance will be provided to NHS Improvement if requested.

5. Workforce strategy

5.1 The Trust will co-operate and work with any NHS Improvement team who may be assigned to support the Trust's development of a culture and workforce strategy.

6. General

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

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

6.2.1. obtain clear oversight over the process in delivering these undertakings;

6.2.2. obtain an understanding of the risks to the successful achievement of the undertakings and ensure appropriate mitigation; and

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

7. Access

7.1. 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.

8. Meetings and reports

8.1. 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.

8.2. The Trust will provide such reports in relation to the matters covered by these undertakings as NHS Improvement may require.

8.3. 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 (Chair or Chief Executive of Trust)

Dated 05/01/17



NHS IMPROVEMENT



Signed (Chair of the Provider Regulation Committee)

Dated 19/1/17