Epsom and St. Helier University Hospitals NHS Trust

Date of Trust Board meeting: 4th November 2011
Title of Paper: Ratification of Tripartite Formal Agreement (TFA).
Introduction/Summary: The Tripartite Formal Agreement confirms the commitments being made by the Trust, their Strategic Health Authority (SHA) and the Department of Health (DH) that will enable achievement of NHS Foundation Trust (FT) status.
Patient safety implications: Quality Assurance and clinical productivity and efficiency considerations are reported in Part 5, page 9 of the TFA.
Risks: Key milestones to the achievement of foundation trust status are identified in Part 8, page 15.
Financial implications: The current financial position of the Trust is reported on Part 3, page 5 of the TFA.
Legal advice and implications: N/A
Consultation (including patient and public involvement): N/A
Communications: The TFA will be published on the Trust website.
Reviewed by/action taken? The latest TFA was circulated to Trust Board members in draft form in September 2011.
Recommendations: The Board is asked to ratify the TFA and for publication on the Trusts website.
Author and Lead Officer (if different): Matthew Hopkins, Chief Executive
Date(s) for further review. February 2012

EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST

RATIFICATION OF TRIPARTITE FORMAL AGREEMENT

TRUST BOARD MEETING: 4TH NOVEMBER 2011

INTRODUCTION

1. The Tripartite Formal Agreement (TFA) confirms the commitments being made by the Trust, the Strategic Health Authority (SHA) and the Department of Health (DH) that will enable achievement of NHS Foundation Trust (FT) status.

TRIPARTITE FORMAL AGREEMENT

2. The objective of the TFA is to identify the key strategic and operational issues facing the Trust (Part 4) and the actions required at local, regional and national level to address these (Parts 5, 6 and 7).

3. Part 8 of the agreement covers the key milestones that will need to be achieved to enable the FT application to be submitted to the date set out in Part 1 of the agreement.

MONITORING OF KEY MILESTONES

4. NHS London monitors the TFA milestones monthly. In addition, the financial performance, progress against the cost improvement plans, operational performance and quality measures are also monitored. Performance and delivery against these measures is RAG rated in agreement with the South West London cluster before final submission to NHS London.

5. Future monitoring will be provided quarterly to the Trust Board.

RATIFICATION OF THE TFA

6. Board members will have seen the draft TFA which was submitted to NHS London at the end of September and outside of the normal Trust Board meeting cycle.

7. The Board is asked to note the letter included in this paper from the Interim Regional Director of Provider Development at NHS London which confirms approval of the Trust's latest TFA submission. Once ratified, this TFA will be published on the Trusts website.

RECOMMENDATION

8. The Board is asked to ratify the TFA and for publication on the Trusts website.

NHS London

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6th October 2011

Matthew Hopkins
Chief Executive
Epsom & St Helier University Hospitals NHS Trust
St Helier Hospital
Wrythe Lane
Carshalton,
Surrey SM5 1AA

Dear Matthew,

Subject: Tripartite Formal Agreement

I am pleased to inform you that the Tripartite Formal Agreement (TFA) for your organisation has been signed by Ian Dalton, Managing Director of Provider Development (see attached).

From week commencing Monday 10th October you can publish your TFA. Once published, please share the web link for your TFA with:

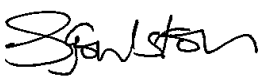
alex.joiner@dh.gsi.gov.uk
cath.lovatt@dh.gsi.gov.uk
deodita.fernandes@london.nhs.uk

(Please note that you should share the contents of the TFA with your Board before publishing this document).

The SHA is required to send information regarding the milestones relating to non-FT trusts to DH on a monthly basis. We have been following a process since June and will continue to do so via the Monthly TFA Monitoring Templates that are circulated to Trusts.

If you have any queries regarding the monitoring process, please do not hesitate to contact me.

Yours sincerely,



John Goulston
Interim Regional Director of Provider Development

cc: Dame Ruth Carnall, Chief Executive, NHS London
Andrew Woodhead – Head of M&A
Mark Johnson, Programme Lead
Ann Radmore, SWL Cluster Chief Executive

TFA document

Supporting all NHS Trusts to achieve NHS Foundation Trust status by April 2014

Tripartite Formal Agreement between:

- Epsom and St. Helier University Hospitals NHS Trust
- NHS London
- Department of Health

Introduction

This tripartite formal agreement (TFA) confirms the commitments being made by the NHS Trust, their Strategic Health Authority (SHA) and the Department of Health (DH) that will enable achievement of NHS Foundation Trust (FT) status before April 2014.

Specifically the TFA confirms the date (Part 1 of the agreement) when the NHS Trust will submit their "FT ready" application to DH to begin their formal assessment towards achievement of FT status.

The organisations signing up to this agreement are confirming their commitment to the actions required by signing in part 2a. The signatories for each organisation are as follows:

NHS Trust – Chief Executive Officer
SHA – Chief Executive Officer
DH – Ian Dalton, Managing Director of Provider Development

Prior to signing, NHS Trust CEOs should have discussed the proposed application date with their Board to confirm support.

In addition the lead commissioner for the Trust will sign to agree support of the process and timescales set out in the agreement.

The information provided in this agreement does not replace the SHA assurance processes that underpin the development of FT applicants. The agreed actions of all SHAs will be taken over by the National Health Service Trust Development Authority (NTDA)[1] when that takes over the SHA provider development functions.

The objective of the TFA is to identify the key strategic and operational issues facing each NHS Trust (Part 4) and the actions required at local, regional and national level to address these (Parts 5, 6 and 7).

Part 8 of the agreement covers the key milestones that will need to be achieved to enable the FT application to be submitted to the date set out in part 1 of the agreement.

Standards required to achieve FT status

The establishment of a TFA for each NHS Trust does not change, or reduce in any way, the requirements needed to achieve FT status.

That is, the same exacting standards around quality of services, governance and finance will continue to need to be met, at all stages of the process, to achieve FT status. The purpose of the TFA for each NHS Trust is to provide clarity and focus on the issues to be addressed to meet the standards required to achieve FT status. The TFA should align with the local QIPP agenda.

Alongside development activities being undertaken to take forward each NHS Trust to FT status by April 2014, the quality of services will be further strengthened. Achieving FT status and delivering quality services are mutually supportive. The Department of Health is improving its assessment of quality. Monitor has also been reviewing its measurement of quality in their assessment and governance risk ratings. To remove any focus from quality healthcare provision in this interim period would completely undermine the wider objectives of all NHS Trusts achieving FT status, to establish autonomous and sustainable providers best equipped and enabled to provide the best quality services for patients.

[1] NTDA previously known as the Provider Development Authority – the name change is proposed to better reflect their role with NHS Trusts only.

Part 1 - Date when NHS foundation trust application will be submitted to Department of Health

1st March 2014 - St Helier only (as Epsom part of Trust to merge with existing FT)

Part 2a - Signatories to agreements

By signing this agreement the following signatories are formally confirming:

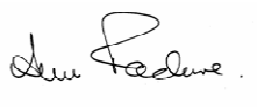
- their agreement with the issues identified;
- their agreement with the actions and milestones detailed to support achievement of the date identified in part 1;
- their agreement with the obligations they, and the other signatories, are committing to;

as covered in this agreement.

Matthew Hopkins (CEO of NHS Trust)	Signature:  Date: 28th September 2011
Dame Ruth Carnall DBE Chief Executive Office, NHS London	Signature  Date: 28th September 2011
Ian Dalton, Managing Director of Provider Development	Signature  Date: 30th September 2011

Part 2b – Commissioner agreement

In signing, the lead commissioner for the Trust is agreeing to support the process and timescales set out in the agreement.

Ann Radmore, CEO South West London Sector	 Signature Date: 28th September 2011

Part 3 – NHS Trust summary

Short summary of services provided, geographical/demographical information, main commissioners and organisation history.

Current CQC registration (and any conditions):

The Trust is registered with the Care Quality Commission for 2010/11 with no conditions.

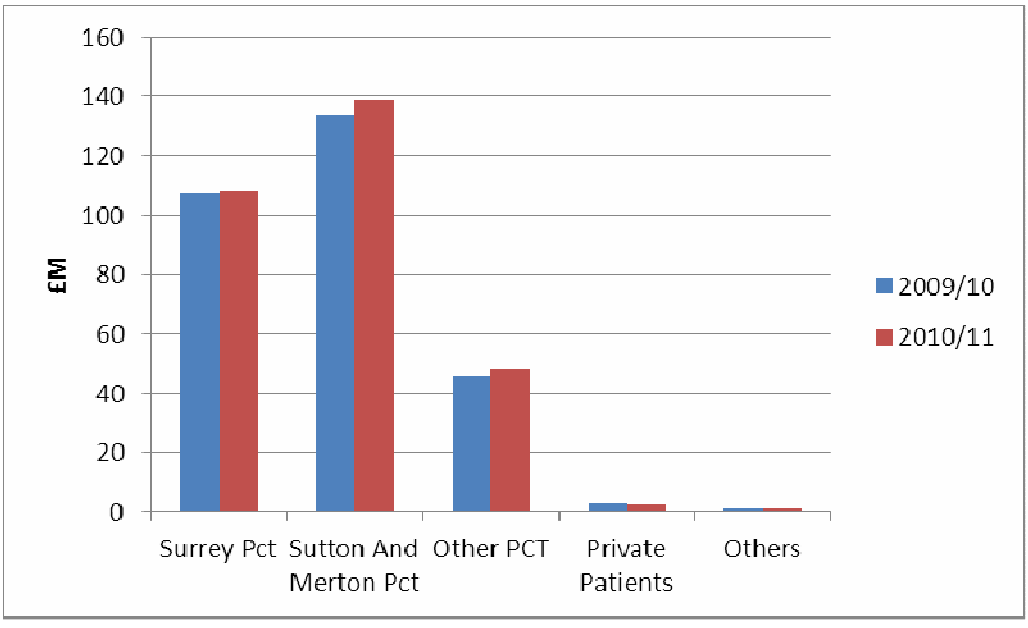
Financial data (figures for 2010/11 should to be based on latest forecast)
Figures are £000's

	2009/10	2010/11
Total income	327,548	334,761
EBITDA	17,749	17,800
Operating surplus\deficit*	-495	8,601
CIP target	13,008	18,492
CIP achieved recurrent	7,139	6,087
CIP achieved non-recurrent**	2,380	9,485

* 2009/10 Includes £9,132k Impairment of Fixed Assets

** Not recorded in 9/10 FIMS - estimate 25% Non Recurrent
Data from 2009/10 Final Accounts (TRU's) & 2010/11 Final Accounts

The NHS Trust's main commissioners
The Trust has two main commissioners-NHS Sutton and Merton which is part of NHS London and NHS Surrey which is part of NHS South East Coast.
The Chart below shows the main sources of Trust income for the last two complete financial years,



Summary of PFI schemes (if material)

Epsom and St Helier University Hospitals NHS Trust ("ESTH" or "the Trust") is a large acute Trust that was created in 1999 from the merger of two former NHS Trusts. The Trust provides a full range of services for parts of South West London and Surrey. It also provides tertiary level renal care, pathology and neonatal intensive care services to a wider catchment area.
The Trust's two district general hospitals, Epsom General Hospital, providing 288 beds, and St Helier Hospital, providing 521 beds, both offer an extensive range of acute services, including 24-hour A&E.

The Trust also provides services from Sutton Hospital, the Elective Orthopaedic Centre (EOC, which is based at Epsom General Hospital and includes a further 53 beds) and Queen Mary's Hospital for Children (which is integral to the St Helier Hospital site).

Epsom General has been developed as the elective site where A&E and emergency medical services are retained and are supported by an ITU/HDU for those patients requiring on site critical care facilities.

St. Helier Hospital's services are designed to deal with all emergency surgery work in addition to an A&E and associated emergency medical services. Renal services are located at St. Helier Hospital.

The total income for the trust in 2010/11 was £334.7m

Over the last three years, the Trust has moved to a cumulative breakeven position, and repaid a short term loan It has also met its other key financial performance targets, return on capital, its external finance and capital resources limit. A technical Retained Deficit of £6.4m was reported in 2009/10.This was due to £9.1m impairment of fixed assets.

Part 4 – Key issues to be addressed by NHS trust

Key issues affecting NHS Trust achieving FT	
Strategic and local health economy issues	
Service reconfigurations	☐
Site reconfigurations and closures	☐
Integration of community services	☐
Not clinically or financially viable in current form	X
Local health economy sustainability issues	X
Contracting arrangements	☐
Financial	
Current financial Position	☐
Level of efficiencies	☐
PFI plans and affordability	☐
Other Capital Plans and Estate issues	X
Loan Debt	☐
Working Capital and Liquidity	☐
Quality and Performance	
QIPP	☐
Quality and clinical governance issues	☐
Service performance issues	☐
Governance and Leadership	
Board capacity and capability, and non-executive support	☐

Please provide any further relevant local information in relation to the key issues to be addressed by the NHS Trust:

The following is an extract from the Business Case "Options for the future of Epsom and St. Helier NHS Trust" presented to the Trust Board on 10th December 2010:

Epsom St Helier's key commissioning bodies have been working with their respective Strategic Health Authorities to produce plans that deliver both recurrent balance in the future and the required level of savings to meet the NHS's requirement to deliver £15bn savings over the forthcoming years. To put this in context NHS Surrey has a requirement to save £180m over the next three years and NHS Sutton and Merton £30 to £40m over the same time period. In addition, parts of Surrey actually under spend, the worst overspending GP groups are all clustered around the Epsom site meaning that a disproportionate amount of the savings required will need to come from Epsom GP's. Effectively, the two PCTs are required to reduce expenditure with ESTH by a further £30m recurrently beyond the expected position for 2010/11. This level of savings will significantly impact the Trusts ability to meet its financial duties and its ability, in the current configuration, to meet the minimum monitor standards for a Foundation Trust.

Better Healthcare Closer to Home ("BHCH") is a broad programme of service development, led by NHS Sutton and Merton, designed to respond to the national, regional and local drivers for change The new model of care looks to move clinical activity from acute towards primary care settings, thereby providing healthcare in environments which give better access for patients. ESTH income levels for those services transferred to new settings, is likely to reduce accordingly and this reduction increases the extent of financial pressures on the Trust.
The overall impact of these commissioning plans on the trust has been assessed and based on the information available there is strong evidence that the trust is not financially sustainable in its current configuration.

10th December ESTH Trust Board Resolution.

"The current organisational form of the Trust, following detailed analysis would fail the Monitor Risk rating and therefore this does not support the best route to Foundation Trust status."

"As such, the Board is asked to support the recommendation that it actively pursues alternative solutions for both Epsom and St Helier hospitals. This will be achieved under the NHS London guidance for transactions."

Part 5 – NHS Trust actions required

Key actions to be taken by NHS Trust to support delivery of date in part 1 of agreement	
Strategic and local health economy issues Integration of community services	☒
Financial Current financial position	☒
CIPs	☒
Other capital and estate Plans	☒
Quality and Performance Local / regional QIPP	☒
Service Performance	☒
Quality and clinical governance	☒
Governance and Leadership Board Development	☒

Describe what actions the Board is taking to assure themselves that they are maintaining and improving quality of care for patients. Please provide any further relevant local information in relation to the key actions to be taken by the NHS Trust with an identified lead and delivery dates:

Quality Assurance

The Trust Board receives reports and detailed scorecards relating to clinical quality and patient safety at every Board Meeting. The Patient Safety and Quality Committee (PSQ) has delegated responsibility from the Trust Board as the lead committee for risk to manage all clinical and non-clinical risks. It does this through a range of subcommittees and regular reports received in order to provide assurance to or to highlight concerns to the Trust Board.

The Clinical Governance Committee and the Risk Committee are the two main committees that provide assurance to the PSQ and to the Trust Board. The PSQ directly receive a detailed quality scorecard to enable the committee to review patient safety, quality and experience metrics independently.

The Trust has an established performance management and quality framework which reports, via sub committees, to the Trust Board. All clinical directorates have specific scorecards which measure a range of clinical & quality and experience indicators on a monthly basis. The monthly review of this information allows us to monitor our performance against key measures such as infection rates, waiting times and aspects of the patient experience, including experiences of single sex accommodation and communication.

Clinical Productivity & Efficiency

As part of the annual planning process for 2012/13, the Trust will develop a clinical productivity programme within the overall Quality and Cost Improvement Programme (QCIP). The trust intends to use the productivity opportunity analysis supplied by NHS London, cross checked with the PwC workforce benchmarking analysis used to underpin the 2011/12 QCIP, to develop the clinical productivity plan.

The clinical productivity plans will be developed by site, given the likely de-merger occurring

during Q4 of the financial year, and the joint transition planning required prior to the beginning of the 2012/13 financial year.

The summary timetable to develop the clinical productivity plan (QCIP 2012/13) is set out below:

30 Sept 2011	Submit 1st Draft plans followed by Exec Review during next 2/52
18 Oct 2011	Submit 2nd Draft Plans followed by Exec Review during next 2/52
31 Oct 2011	Corporate Directorates submit draft Plans
30 Nov 2011	All Present 3rd draft Plans to CE/CDs Sign off Plans

The Quality & Cost Improvement Programme Board will oversee the compliance with this timetable and monthly updates will be provided to the Finance and Investment Committee (sub committee of the Trust Board) at regular intervals. The quarterly milestone monitoring schedule is set out in the table below:

w/b 24 Oct 2011	Q2 CEO reviews of QCIP delivery and overall quality and financial performance against 2011/12 plan
w/b 23 Jan 2012	Q3 CEO reviews of QCIP delivery and overall quality and financial performance against 2011/12 plan. Review of progress with 2012/13 clinical productivity plan (QCIP) implementation
w/b 23 April 2012	Q4 CEO reviews of QCIP delivery and overall quality and financial performance against 2011/12 plan. Review of clinical productivity plan (QCIP) implementation in 2012/13
w/b 23 Jul 2012	Q1 CEO review of QCIP delivery and overall quality and financial performance against 2012/13 plan
w/b 22 Oct 2012	Q2 CEO reviews of QCIP delivery and overall quality and financial performance against 2012/13 plan
w/b 21 Jan 2013	Q3 CEO reviews of QCIP delivery and overall quality and financial performance against 2012/13 plan and preparation for 2012/13 clinical productivity plan (QCIP) implementation
w/b 22 April 2013	Q4 CEO reviews of QCIP delivery and overall quality and financial performance against 2012/13 plan

Strategic Plan for FT Status

NHS London, in conjunction with NHS South East Coast and ESTH, has established a Transaction Board (TB) to oversee the selection, development and execution of a transaction in order to create new financially sustainable organisations that will be able to secure FT status by April 2014.

The Transaction Board includes representatives from all key stakeholders and the first meeting of the Board was held on the 22nd February 2011.

The Transaction Board considered the benefits and risks associated with the available transaction routes and agreed at its meeting on 17th March 2011 that it would pursue an NHS contested process open to NHS Trusts and Foundation Trusts

The Transaction Board has an independent Chair, an SRO and Transaction Director appointed. Resources have been made available to fund a suitably qualified team, key posts of which have been recruited to.

The following are extracts from the TB's agreed Governance framework:

Rationale and remit

- The Epsom & St Helier Transaction Programme Board will be accountable for all aspects relating to the direction and management of the Transaction
- The Transaction Board has been established to drive, monitor and manage the process of divestment of the Epsom & St Helier NHS Trust on behalf of NHS London, South East SHA, Sutton & Merton NHS and NHS Surrey.

Objectives of the board

- To identify a route for all parts of the Epsom St Helier University NHS Trust to make FT status by March 2014, by finding the best partners for each site of the Trust.
- To ensure that the process of divestment is carried out in accordance with DH policy & SHA guidance
- To ensure that the programme proceeds at a pace that will enable all elements of the existing Trust to become a Foundation Trust by March 2014

Part 6 – SHA actions required

Key actions to be taken by SHA to support delivery of date in part 1 of agreement	
Strategic and local health economy issues Local health economy sustainability issues (including reconfigurations)	**x**
Contracting arrangements	☐
Transforming Community Services	☐
Financial CIPs\efficiency	**x**
Quality and Performance Regional and local QIPP	☐
Quality and clinical governance	☐
Service Performance	☐
Governance and Leadership Board development activities	☐
Other key actions to be taken (please provide detail below)	**x**

Please provide any further relevant local information in relation to the key actions to be taken by the SHA with an identified lead and delivery dates.

SWL Sector Strategic actions:

There are three key strategic work streams operating in parallel related to Epsom & St Helier Trust:

- the demerger of the Trust through the Transaction Board, the merger or acquisition of each hospital site and the progress to FT status
- the Better Services Better Value strategy programme across sites in NHS SW London
- the management of the capital build on the St Helier site

Each of these work streams needs to be aligned to produce a single strategic response.

NHS SW London is a voting member of the Epsom and St Helier Trust Transaction Programme Board, working with other key stakeholders on a robust, timely process to establish viable FT end-states for both Epsom and St Helier hospital sites.

All organisations within SW London have identified the level of QIPP savings that will be required, both for the next financial year and for each year to 2014/15. Regular monitoring through normal performance management mechanisms will drive realisation of the savings in 11/12, with longer term savings being driven through the SW London strategy programme. ESH, along with other SW London providers will need to be an active participant in the strategy programme and the SW London cluster will need to ensure the programme is driven forward in line with indicative timelines to provide clarity as early as possible on strategic service change.

Regular bilateral and multi-lateral meetings have been held since the inception of Better Services Better Value London strategy work and Epsom & St Helier is a full collaborative partner in the ongoing work to describe a clinically and financially sustainable healthcare economy in SW London. Current clinical assumptions indicate that reconfiguration of acute

services is a likely response. Options for the St Helier site will be aligned through the Programme Boards of the ESH Transaction and the SW London Strategy programme. Within this programme there maybe a need for transitional funding to be identified to aid the transfer of the St Helier site to St Georges (as the only bidder for this site). Further support may be needed from NHS Surrey for similar support for the Epsom site when it transfers to the selected partners.

NHS SW London is fully committed to securing and utilising the capital funding identified for replacement of acute capacity at the St Helier site. Staged progress with the enabling and decant works will run in parallel with the development of both the strategy and transaction timelines. It is anticipated that timescales for service specification (through the strategy work and the transaction) will need to align with the requirements for FBC for the capital build.

The Transaction programme and the benefits that may be secured are an important part of the overall strategy. The SHA will provide support to the transaction process and encourage suitably qualified candidate organisations where this is desirable, feasible and fits with the overall strategic approach.

The SHA recognises that the affordability of the redevelopment project remains dependant on transitional funding in the short term until the longer term financial benefits are able to be realised. The SHA will confirm the arrangements for transitional funding in support of the capital re-development project at the earliest opportunity.

The Transaction Programme is dependent on the early availability of commissioning intentions which support the delivery of the strategic objectives.

Part 7 – Supporting activities led by DH

Actions led by DH to support delivery of date in part 1 of agreement	
Strategic and local health economy issues Alternative organisational form options	☐
Financial NHS Trusts with debt	☐
Short/medium term liquidity issues	☐
Current/future PFI schemes	☐
National QIPP work streams	☐
Governance and Leadership Board development activities	☐
Other key actions to be taken (please provide detail below	**X**

Please provide any further relevant local information in relation to the key actions to be taken by DH with an identified lead and delivery dates:

Support from the DoH is required in understanding and managing the CCP involvement with the process.

As the current Epsom and St Helier NHS trust will be dissolved and there remains uncertainty around the future of SHAs and Clusters, there are issues about potential liabilities and warranties that are potentially required by bidding organisations to cover these. Support from the DoH is therefore required to work through how these issues are to be handled.

Part 8 – Key milestones to achieve actions identified in parts 5 and 6 to achieve date agreed in part 1

Milestone	St Helier Hospital	Epsom Hospital
Quarterly reviews of finance, quality & performance	31 July, 31 October 31 January, 30 April	31 July, 31 October 31 January, 30 April
Tender Return Date	11 November 2011	11 November 2011
Evaluation Completed	13 January 2012	13 January 2012
Trust Board }		
Transaction Board }	W\C 23 January 2012	W\C 23 January 2012
OBC to NHSL	16 February 2012	16 February 2012
CCP Process Starts	February 2012	February 2012
FBC to Trust Board }		
FBC to Transaction Board }	August 2012	August 2012
FBC to NHSL	September 2012	
SW London Commissioner decision on Better Services Better Value	Autumn 2012	
Monitor Process Starts	May 2014	September 2012
DoH Transaction Board	October/November 2012	October/November 2012
Sec Of State	December 2012	December 2012
New Trust Established	1 Jan 2013	1 Jan 2013
Completion of 12 months trading	Jan 2014	
Submission of FT application to Secretary of State	1 March 2014	
Submission of FT application to Monitor	1 May 2014	
FT Status Achieved	September 2014	1 Jan 2013

Provide detail of what the milestones will achieve\solve where this is not immediately obvious. For example, Resolves underlying financial problems – explain what the issue is, the proposed solution and persons\organisations responsible for delivery.

Describe what actions\sanctions the SHA will take where a milestone is likely to be, or has been missed.

The Transaction Board has agreed due to requests from two of the 3 bidders that the timetable for submission of bids was too short and in order to allow bidders to submit good quality bids and to bring local stakeholders with them in doing so bid should be submitted on 11 November 2011. This has pushed back the timetable as indicated above.

Discussions with Monitor would suggest that the FT bidders (Epsom site) should be able to acquire the site on January 1 2013, thus meeting the deadline of March 2014. This would be subject to the agreed transfer agreement not adversely affecting the preferred bidders Monitor risk rating significantly.

The St Helier site would also carry out it's transaction on the same date, thus avoiding issues of one part of the Trust being in 'limbo'. The acquiring Trust would need to trade for a year before its submission to Monitor although it has been indicated that the SHA and DoH approval could be granted before the year had passed, meaning that potentially the deadline could be met. The current FT date assumes that this slips by a quarter into 2014. This will also need to be clarified with Monitor more formally, otherwise the date will slip to the last quarter of 2014 or even first quarter of 2015.

NHS London's monthly performance monitoring process will highlight challenges to FT pipeline milestones with regard to quality, service performance & finance and address these in monthly performance improvement meetings with the trust (and include the Cluster). In addition, NHSL's Provider Development Directorate will link this to a NHSL TFA tracker and where a milestone not related to in year performance is likely to be missed, the Regional Director of Provider Development will hold a review meeting with the Trust Chief Executive. Where required, these meetings will include relevant SHA Directors and be chaired by the SHA Chief Executive. These meetings may also involve the SHA Chair, the Trust Chair or a Board to Board meeting. The outcome of the milestone review meeting will be a recovery plan with escalation to DH where necessary.

Key Milestones will be reviewed every quarter, so ideally milestones may be timed to quarter ends, but not if that is going to cause new problems. The milestones agreed in the above table will be monitored by senior DH and SHA leaders until the NTDA takes over formal responsibility for this delivery. Progress against the milestones agreed will be monitored and managed at least quarterly, and more frequent where necessary as determined by the SHA (or NTDA subsequently). Where milestones are not achieved, the existing SHA escalation processes will be used to performance manage the agreement. (This responsibility will transfer to the NTDA once it is formally has the authority)

Part 9 – Key risks to delivery

Risk	Mitigation including named lead
Outcome of SWL Provider Landscape review impacts on agreed transaction route and or slippage on SW London commissioner decisions	CEO SWL Sector is key Transaction Board member and will ensure that there is coherence between the Transaction planning and execution and provider landscape reviews Lead-Ann Radmore.
GP commissioning intentions do not support the Transaction route	GP commissioners are represented on the TB and will be consulted appropriately. Commissioning intentions included sufficient detail in order to allow for effective transaction planning and preparation of consistent and informative financial plans.
Delays to the Transaction timetable arise	The Programme will be managed using Government approved processes and will have gateway reviews at key stages. Where there are early indications that the timetable is at risk, appropriate management action will be instigated thus minimising the risk to achieving milestones and the April 2014 deadline.
There is a low level of interest from potential NHS partners	There will be extensive effort to secure strong levels of interest from NHS partners. However, in the event that sufficient interest from NHS partners is not forthcoming, or is not compliant with the demands of the transaction timetable, alternative transaction routes (which may include a management contract or operating franchise) are available.
Challenge to agreed transaction route from external stakeholders	Ensure that stakeholder engagement strategy is well developed and communication is effective.
Compliance with regulations and or DH Transaction guidance	The Programme Governance has been developed to ensure that there will be continual review of guidance and relevant legislation in the programme.
Requirement to consult extends the timetable	The requirement and extent of consultation is not clear and draft planning has been accomplished thus far in the expectation that consultation will be limited in scope or not be required at all. In the event that consultation is more extensive, the potential impact on the timetable will be assessed and the TB will respond accordingly.
Referral to CCP extends the agreed timeline.	Consult with CCP at earliest opportunity in order to confirm CCP involvement and ensure that plans are developed accordingly.
Insufficient Transaction Team resources	TB will ensure that the capacity and capability of the team is commensurate with the requirements of the agreed programme of work. Adequate funding must be provided from agreed sources.