TFA document

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

Tripartite Formal Agreement between:

- Great Ormond Street Hospital for Children 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 was submitted to Department of Health

1 February 2011

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;

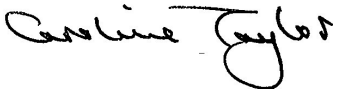
as covered in this agreement.

Dr. Jane Collins Chief Executive Great Ormond Street Hospital for Children NHS Trust	Signature:  Date: 27 May 2011

Ruth Carnall, Chief Executive NHS London	 Signature Date: 27 May 2011

Ian Dalton Head of Provider Development Department of Health	Signature  Date: 7 July 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.

Caroline Taylor Chief Executive NHS North Central London	Signature  Date: 27 May 2011

Part 3 – NHS Trust summary

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

Required information
Current CQC registration (and any conditions): Full registration with no conditions

Financial data -

	2009/10	2010/11*
	£000's	£000's
Total income	318,146	336,307
EBITDA	27,300	28,500
Operating surplus **	7,368	8,617
CIP target	17,400	16,500
CIP achieved recurrent	9,300	11,900
CIP achieved non-recurrent	100	200

Source: DH FIMS
*Unaudited figures
**Excludes impairments/IFRS adjustments

The NHS Trust's main commissioners:
NHS North Central London
National Specialised Commissioning Group
London SCG
East of England SCG

Summary of PFI schemes (if material): None

Trust Summary
Founded in 1852, Great Ormond Street Hospital for Children NHS Trust (GOSH) is an international centre of excellence in child healthcare and together with its research partner, the UCL Institute of Child Health, it forms the UK's only academic biomedical research centre specialising in paediatrics. The hospital became an NHS Trust in 1994.

The hospital is the UK's largest paediatric centre for many services including cardiac and cardiac surgery, neurosurgery, intensive care, craniofacial reconstruction, bone marrow transplants, gene therapy, and renal transplantation. Services are provided in over fifty clinical specialties.

The hospital sees children referred from across the UK and overseas, for services which are commissioned by PCTs countrywide, regional specialised commissioning groups (SCGs) and the National Specialised Commissioning Group (NSCG). 15% of the Trust's patients are referred by other teaching hospitals (quaternary referrals). 52% of all patients are from London, 40% from the rest of England, and 8% from other parts of the UK and overseas. 67% of patients are aged under 10.

In 2010/11 there will be 25,000 admissions and 137,000 out-patient attendances.

Going forward, the Trust envisages key drivers of growth as demographic factors, specialist provider rationalisation and the development of new therapies. There will be more significant growth in the following services:
Haematology / Oncology / Bone Marrow Transplant (BMT)
Cardiac surgery
Neurosurgery
Gastroenterology
Spinal surgery
Specialist neonatal and paediatric surgery (SNAPS)
Paediatric and neonatal intensive care

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	☐
Local health economy sustainability issues	☐
Contracting arrangements	☐
Financial	
Current financial Position	☐
Level of efficiencies	☒
PFI plans and affordability	☐
Other Capital Plans and Estate issues	☐
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:

Level of Efficiencies

The Trust has set annual CIP targets of £14m for 2011/12, 2012/13 and 2013/14, which are higher than the risk adjusted targets used in the LTFM. A detailed programme of all proposed CIPs for years 2011/12 and 2012/13 has been completed.

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	☐
Other key actions to be taken (please provide detail below)	☒

Describe what actions the Board is taking to assure themselves that they are maintaining and improving quality of care for patients.

The Trust's Quality Strategy defines how GOSH will deliver its principal objectives to provide safe, effective and timely care for patients and to enhance the experience of children, young persons and their families who use our services. The strategy sets out effective arrangements for monitoring and improving quality and safety. This includes defining the baseline from which improvement can be identified, the systems to monitor performance (against agreed quality standards, whether internal or externally driven), and the processes to identify failure. We use our governance and monitoring systems to manage performance.

The following programmes of work have been developed and implemented:

- Leadership for safety (Executive WalkRound, Safety on the Board agenda, Safety climate and culture surveys)
- High-risk medications (Medicines management, focusing on prescribing, dispensing, administration and reconciliation)
- Peri-operative care (Briefing, WHO checklist, surgical site infections)
- Critical care (reduction in ventilator associated pneumonia and central line infections).
- Deteriorating patient (intensive care outreach (ICON), communication tools (SBARD), early warning scores (CEWS).
- Root cause analysis for serious untoward incidents
- Human factors training

QIPP and productivity improvements

The Trust has a number of transformation initiatives in place aimed at improving the quality and efficiency of its processes. Transformation initiatives aimed at productivity will be derived from a number of themed programmes which include:

- Use of transformational techniques to streamline processes and change service models
- Procurement improvements and reviews of back office arrangements
- Automation of processes through the IT strategy – e.g. recruitment, bed management, voice recognition, asset tracking

- Medical productivity and benchmarking
- Collaboration with other providers on support services

In addition to these programmes there are some specific initiatives addressed at reducing costs: namely to reduce the inappropriate use of temporary staff and the outsourcing of further support services.

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:
The community child health services in Haringey currently provided by the Trust are due to be transferred to Whittington Healthcare in May 2011. (Lead is Whittington Healthcare)

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)	☐
Contracting arrangements	☐
Transforming Community Services	☐
Financial CIPs\efficiency	☐
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)	☐
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.	

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 workstreams	☐
Governance and Leadership Board development activities	☐
Other key actions to be taken (please provide detail below	☐
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:	

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

Date	Milestone
1 February 2011	Submission of application to DH

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.

N/A

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

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