

Ian Wilson  
Chief Executive  
South West London and St George's  
Mental Health NHS Trust

2 February 2012

Dear Ian,

**Tripartite Formal Agreement (TFA) Escalation meeting – South West  
London and St George's Mental Health NHS Trust**

Further to our useful escalation meeting on 18 January 2012, I am writing as agreed to record the main details we discussed. I have at annex 1, provided an overview of the full conversation.

As you are aware, the Trust having been red rated for three consecutive months relating to numerous indicators in TFA monitoring, has triggered the first stage of the agreed escalation process. The aim of the meeting was to discuss these issues, get clarity and an agreement on the way forward to progress towards South West London and St George's Mental Health NHS Trust achieving Foundation Trust (FT) status.

Following the discussion, I reflected that there are two main areas of concern to be resolved:

- the finalisation of the Trust's report into safety and quality issues identified by the Care Quality Commission (CQC) and the resulting resolution of those issues; and
- the level and impact of support by commissioners to the Trust's strategy.

Whilst there has been progress against both of these items, there is still work to do and until there is a resolution to the issues, the Trust will remain red rated. You and your team, working with the South West London Cluster and the Strategic Health Authority (SHA) will need to continue this work as an absolute priority. As we agreed, you will work with the South West London Cluster to review the position with both of these issues and be prepared to respond to questions about a possible revised application submission TFA date when we next meet.

The next stage will be a further conversation at the next FT monitoring call between the Department of Health and NHS London. On the assumption you will remain red rated at the next stage, we will be arranging a further escalation meeting at the next level in February. This meeting will include Dame Ruth Carnall as SHA Chief Executive (CE) and Ian Dalton as the Senior Responsible Officer for the FT pipeline and at this session we will be considering the work you have done since our meeting and the work with the SHA on recalibrating the TFA timeline and a revised submission date. It will also cover any implications of agreeing a new date on the organisation as a whole.

I hope this accurately reflects our discussion and if you have any queries feel free to contact me.

With reference to annex 1, please come back to David Meek or me if you feel I have misrepresented or omitted anything material from our discussion.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Matthew Kershaw', enclosed within a large, loopy oval shape.

**MATTHEW KERSHAW**  
**DIRECTOR OF PROVIDER DELIVERY**

CC:

John Goulston, NHS London;  
David Meek, DH;  
Angela Lamb, DH; and  
Andrew Morgan, DH

### Background

The Trust's TFA has a submission date of May 2012.

The Trust has been red rated for three successive months due to missed milestones for securing commissioner support to the Trust's FT application and the SHA's Safety and Quality Gateway Review not being able to complete due to a lack of evidence as to the robustness of the Trust's quality governance arrangements and the need to resolve CQC compliance actions.

Ian Wilson, interim CE (in post for just over two weeks) presented an overall view of the organisation gained from his time in post to date. The key points included:

- new leadership – new interim CE in post and new Chair in post from May;
- new values being imbedded;
- financially OK;
- pretty sound performance (although benchmarking is difficult); and
- 50 per cent of commissioners satisfied with South West London and St George's as a provider and 50 per cent are not (Richmond, Kingston).

We raised provider alternatives to commissioners that were not satisfied with the response being either South London and Maudsley NHS FT or the Private Sector (the Priory).

It was said that a quality paper (already well in progress) would be presented to an early February Trust Board and then shared with the SHA, Cluster and Matthew Kershaw at the Department of Health.

A number of unannounced reviews had taken place. Four task and finish groups were in place.

The Trust is dealing with five boroughs, five Clinical Commissioning Groups and five Primary Care Trusts (PCTs). One executive is allocated to each borough to work on increasing the managerial profile out in the boroughs.

It was noted that historic consultation was not good and stakeholder engagement was necessary.

The Trust's aims and objectives needed to be refreshed and a new interim Director of Strategy had been appointed. Board structures were to be simplified. The CE feels that the NEDs are good – with one being replaced by 31 March.

The timeline for the end of March commissioner support was discussed and the ability of the Trust to show a financially viable downside case in light of

one or both of Kingston and Richmond PCT wishing to procure business from elsewhere.

It was said that loss of one of the PCTs income was probably manageable, but loss of both would be problematic.

Further discussions on a revised timeline would need to include agreement to go out to consultation at the March Board together with a revised Integrated Business Plan in March.

It would likely be the end of April where the key decision point of whether the Trust could achieve FT status on its own or an alternative solution be required.

The Trust was asked to work with the SHA in a recalibration of its TFA timeline that could be signed off at the February escalation meeting.