

Averil Dongworth  
Chief Executive  
Barking, Havering and Redbridge  
University Hospitals NHS Trust

16 February 2012

Dear Averil,

**Tripartite Formal Agreement (TFA) Escalation meeting – Barking,  
Havering and Redbridge University Hospitals NHS Trust**

Further to our useful escalation meeting on 26 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 range of issues we discussed in the 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 national escalation process. The aim of the meeting was to discuss these issues, get clarity and an agreement on the way forward to progress towards Barking, Havering and Redbridge University Hospitals NHS Trust achieving Foundation Trust (FT) status.

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

- the financial performance of the Trust;
- the implementation of Care Quality Commission (CQC) recommendations and the lifting of conditions;
- the Trust's service performance (particularly A&E performance); and
- the timing and implications of H4NEL.

Whilst there has been progress against all of these items, there is still work to do to finalise what is set out in the clear coordinated plan including the key milestones to address the issues and delivery against these. Until the plan is finalised and there is demonstrable progress against the milestones, the Trust will remain red rated. You and your team, working with the North East London Cluster and the Strategic Health Authority (SHA) will need to continue

this work as an absolute priority. This will include introducing an accountability agreement signed by both yourselves and the SHA.

The next stage will be a further conversation at the next FT monitoring call between the Department of Health and NHS London. In the likely event that you remain red rated at this stage, we will be arranging a further escalation meeting (likely to be in late March). This meeting will include Dame Ruth Carnall as SHA Chief Executive (CE) and David Flory 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 on the coordinated plan and the work with the SHA on recalibrating the TFA timeline. It will also cover any implications of agreeing these changes 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 ([david.meek@dh.gsi.gov.uk](mailto:david.meek@dh.gsi.gov.uk)) 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', with a large, sweeping loop at the end.

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

CC:  
John Goulston, NHS London  
Dame Ruth Carnall, NHS London  
David Flory, DH

The Trust's TFA has a submission date of April 2013.

I explained that three red ratings in the DH TFA performance management process had triggered the escalation meeting and the purpose of it was to gain an understanding of the issues behind those ratings and to identify a strategy for the future on your viability, quality, finance and performance issues.

I was clear that the Trust has been red rated for three successive months due to missed TFA milestones relating to

- financial performance;
- service performance;
- CQC conditions; and
- implementation of H4NEL.

The Trust has been working with the SHA and has drafted an overall coordinated plan that includes actions to address these issues and included milestones for success at three, six, nine and 12 months

This recovery plan was used as the basis for the discussion and once finalised will set the context for the accountability agreement between the Trust and the SHA and will be the main monitoring tool used to assess progress against the TFA and other key indicators.

### **Financial Performance**

You reported that the Trust has committed to meet the £50million deficit control total although it was clear there was some significant risk associated with this.

A PMO has been established to provide stronger control on the delivery of CIP delivery and future CIP savings and schemes.

You also explained how David Stout providing support to the Trust on financial, performance and broader issues and this was proving useful to the Trust.

## **Service Performance**

You explained that broadly performance on RTT, cancer and MRSA was on track to deliver as expected but the A&E performance remained a very significant challenge.

You reiterated that the Trust was committed to meet the 95 per cent target by end of March in A&E. However, it will not meet 95 per cent in all months to March (as per recovery plan) and the trajectory to 95 per cent by end of March was still to be signed off with the SHA.

It was also mentioned that some differences in activity numbers re A&E attendances existed and these will be resolved between the Cluster and Trust.

## **CQC Conditions**

The issue of quality of care as outlined by the CQC around maternity and A&E remained a real concern despite the efforts of all involved and the progress being made, especially within maternity.

The Trust are keen to return to business as usual in maternity using King George in the short term until Queens is compliant in quality terms. The Trust, Cluster, SHA and CQC need to agree timing on this and this will then be included in the coordinated plan.

We concluded that work on the key actions to improve quality and safety was underway. Progress was being made however, there is still a very considerable amount to do and this remains a real risk and therefore a priority to resolve.

## **Patient Experience**

You reported that you don't expect the 2011 staff survey to show any significantly better results and that real time data is required to demonstrate any recent improvements.

## **H4NEL**

The original planned implementation date was 2013 and to support this a comprehensive implementation plan would be required which included detailed milestones of changes internal and external to the Trust.

Risk was noted regarding keeping staff in King George's before transition to Queens but that was required to ensure the requisite quality improvements were in train as per the Secretary of State (SofS) for Health letter. We also discussed the need to add dates to the Queen's capital OBC in the coordinated plan as well as the detail of any capital bids for the King's site.

### **Governance and Monitoring Arrangements**

You explained that the Programme Board meet monthly and this needs to be reflected in the recovery plan from January. The Board reports into the Trust Executive Committee and ultimately the Trust Board through the Quality and Safety Committee and Finance Committee. You also set out how the Board also links to the Cluster and SHA with formal quarterly reviews, planned to coincide with the quarterly milestones. This in turn fits with the TFA so that all the elements of the system work together on a single plan.

### **Next Steps**

We agreed the next steps were to sign off the coordinated plan and accountability agreement which would be in place by early March. I concluded by saying that a further escalation meeting would be held in late March with Dame Ruth Carnall, Ian Dalton and myself.

### **Other**

We noted that the SofS visiting the Trust on 20 February.