

Appendix 1: Draft Undertakings

NHS TRUST:

West London Mental Health NHS Trust (the Trust)
1 Armstrong Way
Southall

DECISION:

On the basis of the grounds set out below and pursuant to the powers exercisable by NHS Improvement under or by virtue of the National Health Service Act 2006 and the TDA Directions, NHS Improvement has decided to accept undertakings from the Trust.

DEFINITIONS:

In this document:

“the conditions of the Licence” means the conditions of the licence issued by Monitor under Chapter 3 of Part 3 of the Health and Social Care Act 2012 in respect of which NHS Improvement has deemed it appropriate for NHS Trusts to comply with equivalent conditions, pursuant to paragraph 6(c) of the TDA Directions;

“NHS Improvement” means the National Health Service Trust Development Authority;

“TDA Directions” means the National Health Service Trust Development Authority Directions and Revocations and the Revocation of the West London Mental Health National Health Service Trust Directions 2016.

GROUNDINGS:

- The Trust

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

- Issues and need for action

- NHS Improvement has reasonable grounds to suspect that the Trust has provided and is providing health services for the purposes of the health service in England while failing to comply with the following conditions of the Licence: FT4 (4) (a), FT4 (5) (b) (d) (f) (g), FT4 (6) (b), and FT4 (7).

- o In particular:

Finances

- There was a lack of both effective financial control measures to help deliver the 2017/18 financial plan, coupled with poor oversight and governance by the board. There was no evidence of follow up at board level of key risks relating to financial stability or of discussion at committee level of finance.
- The CIP target for 2017/18 is £9.4m, which is required for the Trust to achieve its Control Total (CT) excluding STF of £3.9m. A significant value of this CIP target is unidentified (over 30%), and the Trust does not expect to achieve the target. The Trust expects to achieve the CT through non-recurrent measures.
- The Trust's CT for 2018/19 excluding STF is £3.8m which will require an increased level of efficiencies given £3m of the 2017/18 plan is to be delivered through the non-recurrent land sale. There is no evidence of a medium-term financial plan to deal with the additional challenges in 2018/19.

Quality

- Consistent leadership and oversight of the CQC action plan was unclear at times with both the interim Director of Nursing and Medical Director leading the work, without getting the full support of other Board members. The Board did not receive regular reports on the implementation of the CQC action plan, impact assessments on the quality of care or assurance on how the CIP programme and financial position would affect the successful delivery of the CQC action plan.

2.3 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 failures to comply with the relevant requirements of the conditions of the Licence do not continue or recur.

UNDERTAKINGS

NHS Improvement has agreed to accept and the Trust has agreed to give the following undertakings.

- Finances
 - o The Trust will undertake an externally commissioned Well-Led review to inform the strengthening of governance arrangements
 - o The Trust will develop a revised balanced financial plan (the Financial Plan) leading up to March 2019 which includes:
 - an understanding of the underlying financial position;
 - detailed analysis of the causes of the underlying position;
 - a link to workforce optimisation; and,
 - stretching and deliverable agency plans and trajectories
 - o The Trust will develop a robust plan to deal with the requirements of the CQC inspection and deliver the improvements highlighted by Health Education England
 - o The Trust will continue to work with NHS Improvement to secure assurance of delivery of the 6 quality themes as agreed as part of the Quality Risk Profiling Tool meetings.
 - o The Trust will ensure CCG engagement and support in the business changes required such that the Trust remains a sustainable entity and is able to transform its services in line with the agreed transformation and the commissioning intentions.
 - o The Trust will agree a clear timetable and milestones for delivering the Financial Plan with NHS Improvement and submit such progress reports as NHS Improvement shall request.
 - o The Trust will take all reasonable steps to ensure adequate capacity and capability is in place to deliver the Financial Plan.
 - o The Trust will keep the Financial Plan under review, and agree necessary amendments with NHS Improvement.

- Leadership and Programme management

- o The Trust will appoint an Improvement Director to lead the development and implementation of a sustainable clinical model which will assure compliance with the 2018/19 Financial Control Total.
- o The Trust will ensure adequate senior management (PMO resource) to support the Improvement Director and the Directors of Finance and Nursing to deliver the undertakings above.
- o The Trust will implement sufficient programme management and governance arrangements to enable delivery of these undertakings.

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

- obtain clear oversight over the process in delivering these undertakings;
- obtain an understanding of the risks to the successful achievement of the undertakings and ensure appropriate mitigation; and
- hold individuals to account for the delivery of the undertakings.

- Meetings and reports

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

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 17th January 2018

NHS IMPROVEMENT

Signed



Chair of the Regional Provider Support Group (London)