

**NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS MEETING**

**Meeting Date:** 23 March 2016

**Title and Author of Paper:** Moving forward 'Fit for the Future', A new, more enabling Accountability Framework

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**Paper for Debate, Decision or Information:** For information

**Key Points to Note:**

The Accountability Framework was presented to CDT on the 19th October and adopted in January 2016.

It has been established in shadow form since January 2016.

The aim of this framework is to provide a regime that enables Service Lines to have a real focus on quality of care and ensuring services are sustainable.

Delivering a good patient experience and effective care and support will be at the core of our accountability framework.

The Framework provides for a devolved, high-trust and more empowered way of working across our Group, Directorate, Service Management and local departmental team structures.

**Outcome required:** Implementation.

## ***Moving forward 'Fit for the Future'***

# **A NEW, MORE ENABLING ACCOUNTABILITY FRAMEWORK**

### ***A Message from the Chief Executive***

#### **Introduction**

This paper describes a new, more enabling accountability framework. One that provides for a devolved, high-trust and more empowered way of working across our Group, Directorate, Service Management and local departmental team structures.

It seeks to enable us as a trust to unleash the creativity, innovation and expertise across our clinical and managerial structures to support the delivery of a fully engaged workforce. And to support leaders, managers and staff in the delivery of continuous improvement to achieve world class services and outcomes for our service users, patients and the local communities we serve.

#### **Building on our strengths**

NTW has been highly successful in recent years in delivering high quality, strongly performing services. This has been achieved through a combination of robust governance, assurance and monitoring arrangements which have supported the delivery of a range of safety, clinical effectiveness, service access standards and experience measures. These arrangements also enabled the Trust to achieve NHS foundation status some 6 years ago.

More recently, the Trust has begun to design and deliver some radical service transformation programmes - covering in particular our community and inpatient services - in partnership with our frontline staff, service users and carers, local authorities, commissioners and third sector colleagues.

Throughout all of these achievements, the Trust has also made significant strides in transforming many of the facilities from which we deliver our services; achieved while living within the resources available to us. This is despite significant national cost efficiency targets for NHS trusts each year. This healthy financial position has been achieved in large part by reducing our reliance on inpatient facilities, through the closure of excess ward capacity and further reductions enabled by some of the transformative work referred to above.

## **But times they are a changing...**

So why do we need a new accountability framework, given our current approach has served us well? There are a number of reasons.

First, from a service and organisational perspective, the scale and level of service, workforce and financial challenges we face are unprecedented. And they look set to continue over the next few years at least. These include the requirement of commissioners for the Trust to make significant cash releasing efficiency savings year on year while at the same time, delivering demonstrable improvements in the quality and outcomes of our services.

Our local commissioners' own budgets are under significant pressures and so we cannot rely upon securing significantly increased investment into the services we provide. And neither can we safely continue to close many more inpatient wards to help reduce our costs, other than - in the short to medium term - in the Newcastle and Gateshead areas.

Second, these service, workforce and financial challenges do not just apply to the NHS. The financial situation of councils across the NE, in particular, also makes the challenges for health and care services even greater - and some feel potentially insurmountable.

Third - and perhaps most importantly of all - from our staff's perspective, a significant number have signalled they sometimes feel a lack of 'connectedness' with, and even mistrust of, the Trust as an organisation. This is in contrast to the pride they show for the service they work in and the passion they demonstrate in seeking to provide the best possible treatment, care and support to their service users.

The reasons for some staff feeling less positive about the organisation they work for are multifactorial. Common themes would appear to include (on the basis of Speak Easy and other feedback):

- the organisation is felt to have a very top down style;
- there is perceived to be an excess level of bureaucracy associated with aspects of our governance and assurance systems;
- the reason changes are needed are not well explained and understood;
- our staff do not always feel listened to;
- some perceive that there is an inherent 'blame culture'; and
- as a result, a significant number of staff say that they do not feel valued by the Trust.

So taken together (and despite the fact our model of governance of the Trust has served us well over recent years), these challenges mean that a continuation of our current assurance-based operating model on its own, could significantly increase the

risk of NTW (working with its local authority, third sector and other partners) presiding over a managed decline of local mental health, disability and care services. And this cannot be allowed to happen.

## **A new operating model; a new accountability framework**

This document describes a new strategic operating model for the Trust, our services and our staff, underpinned by a new, more empowering accountability framework. An accountability framework that enables a more devolved, high-trust and empowered way of working across our Group, Directorate, Service Management and local departmental team structures. One that seeks to enable us as a Trust to unleash the creativity, innovation and expertise across our clinical and managerial structures to support leaders, managers and staff to enable continuous improvement to deliver world class services and outcomes.

This new approach needs to start from the perspective of our 6,000 staff. This is because evidence is increasingly demonstrating (see Michael West et al and, more recently, Salford Royal FT) that a more devolved, high-trust operating environment helps to create a fully engaged, valued and motivated workforce. One that is more ready and willing to contribute greater ideas and effort towards the Trust's strategy and priorities.

The key to achieving this is a willingness - and self-confidence - to embrace an operating model that seeks to unleash the creativity, innovation, passion and skills of all 6,000 of our staff. And so that we can all work in much greater partnership with our service users and carers, other providers, local authorities, commissioners, third sector colleagues for the benefit of the local communities we are here to serve.

The philosophy underpinning such an approach is: "when faced with the scale of challenges that health and care services undoubtedly are, there is much greater chance of success with a fully engaged, valued and trusted workforce". One where those closest to the 'coal face' can not only spot the scope for further efficiencies and service improvements, but also where staff are encouraged to exploit these opportunities to improve and redesign services. And all within a climate where they are supported to act through taking informed decisions.

## **Leading and managing through the transition**

Undertaking and enabling this degree of complex managerial and cultural change is not without its risks. We need to avoid throwing the baby out with the bathwater but rather build on our current strengths. This will require open and honest conversations to manage the transition. We will need to unleash the creativity and energy in our workforce, but without abandoning the hard won gains achieved through our current assurance-based system.

The guiding principles above will frame the scope of the 'licence to operate' for individuals, teams and the various levels of our management structures. As such, they help provide clarity around roles, responsibilities and the expectations of each other as part of this more devolved, empowering operating model.

The new approach will also need to make clear what, individually and collectively, we are being held to account for delivering and within what resource envelope. But this will need to be achieved with much less top down governance and assurance, but rather through achieving a fully engaging workforce who, together, are focussed on a drive for continuous improvement in pursuit of world class services and health and care outcomes for those we are here to serve.

All of this will of course need to be achieved against the very challenging environment for public services. So the ask will be very demanding. So part of the new operating model will be a need to set out clearly the revised accountability arrangements to support and ensure the achievement of 'must do' clinical and service standards, commissioner and regulators' requirements and the corporate governance and financial operating requirements of the Trust.

### **The 'must do' standards and requirements**

The 'must do' standards and requirements for the Trust, as part of a publicly-funded NHS, cannot be determined on our own as a Trust. Some will be set for us in statute (e.g. NHS constitution commitments), some by regulators (e.g. CQC essential standards and Monitor's compliance code), some by commissioners (e.g. CQUIN standards) and some locally with service users and carers and partners (e.g. to better integrate physical health and mental health and to better join up NHS and social care services around the needs of the individual).

But to create the 'space' that will encourage and enable greater creativity, innovation and empowerment of frontline staff, we must ensure that the external standards and requirements are kept as small as is possible, without failing in our responsibilities in line with our licence to operate as an NHS foundation trust and as a good partner.

To achieve this, work is underway to determine:

- which of our current safety, effectiveness, service user experience and performance standards must remain 'must dos';
- which will be set as local 'stretch' targets that Groups, Directorates, Service Management Teams and support Departments will negotiate as part of their annual business plan and accountability agreements; and
- which will be determined as local priorities for innovation and change.

## ***Moving forward 'Fit for the Future'***

### **NTW Accountability Framework 2016-17**

#### **Introduction**

The Trust was established in April 2006 and became a foundation Trust in December 2009. Since then the Trust has developed a quality driven Integrated Business Plan which is focused on providing good quality care to its existing population. Its strategy is to develop and reform these services, improving quality whilst reducing costs in an ever increasingly difficult financial climate.

#### **Trust Vision**

The Trust vision is to **'improve the well-being of everyone we serve through delivering services that match the best in the world'**.

We have committed to delivering this vision through 7 key objectives:

- Modernising and reforming services, in line with local and national strategies and the needs of individuals and communities; providing first class care in first class environments.
- Maximising the benefits of NHS Foundation Trust status and being a sustainable and consistently high performing organisation.
- Supporting the provision and development of high quality services by being a model employer, an employer of choice, and making the best of the talents of all of our workforce
- Fully embracing and supporting service user, carer, and public involvement, including our membership in all aspects of our work
- Providing high quality evidence-based and safe services supported by effective integrated governance arrangements
- Improving clinical and management decision making through the provision and development of effective information
- Being an influential organisation that supports and enables social inclusion.

We have developed through our staff 3 core Trust Values, which are to be:

- **Caring & Compassionate**
- **Respectful**
- **Honest & Transparent**

## **Introduction to the NTW Accountability Framework**

Northumberland Tyne and Wear NHS Foundation Trust (NTW) is a well-established high performing provider of Mental Health and Disability Services. The aim of this framework is to provide a regime that enables Service Lines to have a real focus on quality of care and ensuring services are sustainable.

Delivering a good patient experience and effective care and support will be at the core of our accountability framework. In the current year we are working with current agreed deliverables. Through development of the Trust Strategy we aim to put the service user at the centre of everything we do. This will drive the accountability framework in coming years.

This document should be read in conjunction with 'NTWs Decision Making Framework'.

This framework covers: Planning, Oversight and Escalation.

The framework and approach is aimed to be:

- **Proportionate and consistent**
- **Open and transparent**
- **Respectful and supportive**

The framework has been prepared taking into account the following national Frameworks:

- Monitors Risk Assessment Framework
- TDAs 'The Accountability Framework for NHS Boards'

## **What are Service Lines?**

Monitor describes SLM as 'Service Line Management (SLM) identifies specialist areas and manages them as distinct operational units. It enables NHS foundation Trusts to understand their performance and organise their services in a way which benefits patients and delivers efficiencies for the Trust. It also provides a structure within which clinicians can take the lead on service development, resulting in better patient care.'

Service lines are the units from which the Trust’s services are delivered, each with their own focus on particular conditions or procedures and their own specialist clinicians. Each unit also has clearly identified resources, including support services, staffing and finance.

Service Line Management is essential for the effective understanding of how we are deploying our resources (financial and non-financial) to meet the needs of our service users. It is also essential to enable effective decision making, accountability and the effective implementation and performance monitoring of our change programme.

Levels of autonomy and decision making processes are outlined in ‘NTW’s Decision Making Framework’.

NTW has 3 discrete Service Lines (Inpatient, Community & Specialist Care), in NTW these are referred to as ‘Groups’. Within each Group are defined Business Units, known as Directorates, which in turn are broken down further in Care Streams:

<b>Community Care</b>	
Community Locality	Northumberland
	Sunderland
	Newcastle
	Gateshead
	North Tyneside
	South Tyneside
Access & Liaison	Access & Treatment
	Personality Disorders
	Psychological Therapies
	Self-Harm & Liaison

<b>Inpatient Care</b>	
Adult Mental Health	Inpatients Newcastle & Gateshead
	Inpatients Northumberland & North Tyneside
	Inpatients Sunderland & South Tyneside
	Allied Health Professions
Older Peoples Organic & Functional and Learning Disabilities	Older Peoples Organic & Functional South and Learning Disabilities
	Older Peoples Organic & Functional North

<b>Specialist Care</b>	
Children & Young People	CYP Community
	CYP In-patient & Regional
Specialist Adult	Forensic
	Neurological
	Specialist



## **The Framework: Planning**

Service Lines will develop detailed plans for the coming year and outline plans for their medium term. These plans will be assessed and approved based on their:

Alignment with:

- NHS Forward View Planning Guidance
- Monitors Annual Planning Guidance for FTs
- NTW's Strategy and Integrated Business Plan

Plans will include impact on:

- Service
- Financial
- Workforce
- Risks to Delivery

Oversight and monitoring will then be applied to delivery of said plans.

## **Oversight**

NTW follows the Oversight model described in the TDAs 'The Accountability Framework for NHS Boards', applying the methodology described for NHS Boards to Groups:

- Strategic plan translated into performance measures and goals
- Measures and goals clearly defined
  - Clearly Defined Metrics
  - Clear thresholds
  - Principles outlined for translation of metrics into ratings
- Measures are easily tracked
  - Clear process for how metrics are compiled
  - Reports are automated as much as possible
- Effective oversight dialogue
  - Structured Meetings
  - clear approach for review conversations
- Escalation and intervention
  - Clear guidance on what interventions are appropriate and when

The elements of the oversight model follow those identified for Foundation Trusts in Monitors 'Risk Assessment Framework', these are:

- Quality Governance
- Continuity of Service/Financial Sustainability

In year monitoring will cover:

**Quality Governance**

- Performance against national standards
- CQC information
- Performance against contract quality standards
- Clinical Quality metrics including Workforce

**Continuity of Service/  
Financial Sustainability**

- Year to Date contribution
- Forecast contribution

## Escalation

A risk rating will be applied to both elements:

<b>Quality Governance Risk Rating</b>				
<b>Rating</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Performance against national standards	All Achieved	In month below standard	In month below standard	Quarterly standard breached
CQC Information	No Concerns	No Concerns	Concerns raised	Concerns raised
Performance against contract quality standards	All Achieved	In month below standard	Quarterly standard breached	Quarterly standard breached
Clinical Quality Metrics	All Achieved	In month below standard	Quarterly standard breached	Quarterly standard breached

<b>Continuity of Service/Financial Sustainability Risk Rating</b>				
<b>Rating</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
YtD contribution	Exceeding Plan	In line with/just below plan (within 0.5% of turnover)	Up to 2% of turnover below plan	More than 2% of turnover below plan
Forecast contribution				

Escalation will occur for each element of monitoring as follows:

Rating	Description	Monitoring	Action
4	No evidence of concerns	Quarterly Monitor	
3	Emerging or minor concern	Quarterly Monitor	Improvement Plan
2	Material risk	Monthly or greater Monitoring	Improvement Plan
1	Significant risk	Monthly or greater Monitoring	Improvement Plan Potential intervention and loss of autonomy

\*The improvement plan will address the areas of concern with clear actions and timescales for improvement.

\*\* Level of autonomy as detailed in NTW's 'Decision Making Framework'

## Governance Arrangements and Oversight Dialogue

The Board of Directors has the ultimate authority, accountability and control of the Foundation Trust. It has a Scheme of Decisions Reserved to the Board and delegates as appropriate to standing committees or senior management. This is articulated in NTW's 'Decision Making Framework'.

The operational management of the Trust is delivered through a service line management approach. With 3 Service Lines of:

- Inpatient Care Group
- Community Care Group
- Specialist Care Group

## Corporate Decision Making Team

The Executive management team under the leadership of the Chief Executive has the overall accountability for delivery and monitoring of all aspects of the Trust's business to deliver corporate objectives and strategic direction. It is supported in this role by a wider senior management team of Group Directors, Group Nurse Directors, Group Medical Directors and corporate support staff.

## **Group and Directorate Management Teams**

Trust core business is managed by a Group operational structure. Operational management arrangements are consolidated through the Group Business Meeting.

## **Service Line Monitoring**

The Executive management team meet with each Group to review their performance against their annual plan. This monitoring is conducted in line with the escalation process outlined above.