

THE ROLE OF THE NHS TRUST DEVELOPMENT AUTHORITY [NHS TDA]

Presentation by:

Sean Overett

Senior Delivery & Development Manager
NHS Trust Development Authority (London)

Links to presentation and useful resources:

Presentation available at:

[http://www.patientsforumlas.net/uploads/6/6/0/6/6606397/presentation_introductiontda_april2015\(so\).pptx](http://www.patientsforumlas.net/uploads/6/6/0/6/6606397/presentation_introductiontda_april2015(so).pptx)

NHS TDA The Accountability Framework for Trust Boards available at:

http://www.ntda.nhs.uk/wp-content/uploads/2015/04/TDA_framework_final.pdf

The Healthy NHS Board available at:

<http://www.ntda.nhs.uk/wp-content/uploads/2013/04/NHSLeadership-HealthyNHSBoard-20131>

Code of Conduct and Accountability for Trust Boards available at:

<http://www.ntda.nhs.uk/wp-content/uploads/2013/04/CODE-OF-CONDUCT-AND-ACCOUNTABILITY-FOR-NHS-BOARDS.pdf>

The NHS Constitution available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf

Guide to the Healthcare System in England available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/194002/9421-2900878-TSO-NHS_Guide_to_Healthcare_WEB.PDF

Guidance on the NHS Complaints Procedure and Process is available on the NHS Choices website available at:

<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/complaints/Pages/NHScomplaints.aspx>

Introduction:

The chair welcomed Sean Overett, and asked the meeting to note the requirement that NHS employees not be seen to bring into question their impartiality in the period before a General Election. Therefore whilst all questions would be answered, some responses might have to wait until after the election. Sean offered to return and attend the June LAS Forum Meeting along with any deferred responses to questions if the members thought it would be useful.

Sean Overett gave a presentation on the role of the NHS Trust Development Authority (NHS TDA):

The following note summarises the key points from the presentation, includes the answers to questions responded to within the meeting and additionally provides supplementary information which has been included with the aim of adding value or clarity to the presentation and discussion.

In addition to the presentation itself, Sean recommended that LAS Patient Forum members read the following publications which had informed his presentation and would inform his responses to questions from LAS Forum members:

- **The 2014-15 Accountability Framework for Trust Boards**, which covers the NHS TDA's oversight and escalation mechanisms and the development and support offer to NHS Trusts;
- **The Healthy NHS Board**, which describes the critical role that the board plays in shaping and exemplifying an organisational culture that is open, accountable and compassionate and puts patients first; their role in prioritising the development of a people strategy that truly hears, supports and nurtures all staff and enables and rewards a culture of innovation and improvement and finally offers new insights to boards as they ensure that the organisation builds transparent, accountable relationships and partnerships with patients and the public, key partners and stakeholders;
- **Code of Conduct and Accountability for Trust Boards**, describes the basis on which NHS organisations should seek to fulfil the duties and responsibilities conferred upon them by the Secretary of State for Health. which describes the Board's clear responsibility for corporate standards of conduct and acceptance of the Code should inform and govern the decisions and conduct of all board directors.
- **The NHS Constitution**, which establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively;
- **The Guide to the Healthcare System in England**, which explains organisations in the healthcare system and how they work together and includes the Statement of NHS Accountability. It covers providing care, commissioning care, safeguarding patients, empowering patients and local communities, education and training , supporting providers of care and the role of the Secretary of State for Health;
- **NHS Complaints Policy**, which explains how patients can give feedback or make a complaint about NHS care or treatment. It includes information on the NHS complaints arrangements, and what patients can expect when they make a complaint. The guidance should be read alongside the NHS Constitution.

Following the abolition of Strategic Health Authorities (SHAs) in 2013, the NHS TDA became responsible for overseeing the performance management and governance of NHS trusts, including clinical quality, and managing their progress towards foundation trust status. The NHS TDA plays its part in safeguarding the core values of the NHS ensuring a fair and comprehensive service across the country and promoting the NHS Constitution. It is accountable nationally for the outcomes achieved by NHS trusts and for financial stewardship within the NHS trust system.ⁱ

Over the past two years the goal of NHS trusts and all NHS providers has remained the same; to provide high quality, sustainable services to patients. As a result, the role of the NHS TDA remains unchanged: to oversee and hold to account NHS trusts across all aspects of their business, while providing them with support to improve services and ultimately achieve a sustainable organisational form. Hence the objectives of NHS Trusts and the TDA are the same, and the Trust's success is the TDA's success.

The range of services provided by NHS Trusts covers the entire spectrum of healthcare, from acute hospitals to ambulance services through to mental health and community providers; the size of organisation varies from very small providers through to some of the largest organisations in the NHS, and therefore each Trust has a set of unique challenges.

The NHS TDA recognises that there is not going to be a 'one size fits all' solution to the challenges Trusts face. The TDA's goal is first and foremost to help each and every NHS Trust to improve the services they provide for their patients. Although a relatively small team the NHS TDA is able to oversee and support all the number and different types of organisations:

- Because there is in fact a lot of similarity between organisations, (e.g. time to treatment, the need for patient engagement; the need to meet nationally agreed standards and implement agreed clinical and operational guidelines); by working with all NHS Trusts the learning and experience from one setting can be shared and applied elsewhere;
- Because it has built a team of staff with a wealth of varied knowledge, skills and experience, from across the NHS (e.g. Doctors, Nurses, Pharmacists, managers, patient support staff and technical experts);
- Because it has developed and/or co-developed a core set of processes (e.g. *The Accountability Framework* and the *Annual Planning Guidance*),
- Because it works in partnership with key organisations (see presentation slides) including CQC, Monitor and NHS England, and,
- Because it tailors its time and the range of interventions and support that it provides to each Trust - so that its time is spent on the key issues that will add value to patient care, outcomes and experience.

The NHS TDA knows what is going on at each Trust by having a local multidisciplinary team responsible and engaged with each of them; a team consisting of clinical quality, delivery and development, business support (finance) and workforce and with access to national NHS TDA leads and teams for strategy and patient experience. The NHS TDA also works with key partner organisations and clinicians. This enables the collection of a wide range of information, including:

- NHS TDA generated, (e.g. performance, benchmarked information against similar organisations);
- Trust generated, (e.g. Board and committee papers, performance, finance and activity reports, complaints and serious incidents and reports);
- Family & Friends Test;
- Results of local audits, quality reports
- Attendance at key Trust meetings including those regular meetings looking at clinical quality, planning, performance management, finance, serious incidents, transformation and planning; and like today attending and speaking with patient and user groups.

The NHS TDA multidisciplinary teams then cross check and benchmark the information so as to ensure consistency of approach, and to evaluate if any variations are understood and whether any learning can be shared, or if advice, support or intervention is required. Where appropriate this is also undertaken between the four teams across England to ensure a national consistent understanding and approach.

In response to a question as to choice with regard to which Trust people work with, Sean explained that each Trust is important whatever the differences between them. NHS TDA staff work with their specific Trusts for a variety of reasons; some apply for specific posts, some are allocated and sometimes there is a choice available. However the key issue is that the NHS TDA is able to provide each Trust with the full range of skills, knowledge and experience that they need. With Trusts at different stages and with different opportunities and different needs it makes for an interesting and challenging job.

A key area of interest to the group was patient engagement, the degree of involvement patients have in the work of the NHS TDA and how NHS TDA ensures appropriate patient engagement takes place within each Trust and what is done if they don't. As outlined in *The Accountability Framework* the aspiration of the NHS TDA remains a simple one: to support NHS trusts to deliver high quality, sustainable services for the patients and communities they serve, and in line with the recommendations of the Francis Inquiry, the achievement of Foundation Trust status will only be possible for NHS trusts that are delivering the key fundamentals of clinical quality, good patient experience and national and local standards and targets, within the available financial resources.

While other organisations may be better placed to respond to individual patient enquiries or complaints, the TDA will seek assurance over serious incidents and whistleblowing cases ensuring that correct processes have been followed and actions taken. Individual callers will be signposted by the NHS TDA to the most appropriate body that can help them, PALs, CCGs, and Trust etc. However the NHS TDA does ensure that Trusts engage with patients; there are clear requirements for each Trust:

- To demonstrate how it engages with patients as well as how it responds to complaints and responds and learns from serious incidents.
- *The Accountability Framework* has introduced a number of significant changes to the foundation trust assessment process, including the option to bring forward Monitor's assessment of quality governance and the embedding of public and patient engagement more thoroughly into the process.
- The NHS TDA has a national lead for patient experience which includes patient engagement and Sean said that he would discuss with them how best to illustrate how this all works.

The TDA's planning guidance also makes clear that every healthy NHS Trust Board should have a planned strategy on engagement that they should risk rate and update on a regular basis. It states that NHS Trusts should develop a broad engagement strategy that should include plans to report on engagement with:

- Patients and carers;
- Staff;
- Stakeholders; and,
- Communities

There were a number of questions about Trust Boards; how they are appointed; how equality and diversity is evaluated; their accountability and what happens if a Board does not agree with the NHS TDA's recommendations.

- The Secretary of State for Health has statutory responsibility for the health of the population of England and uses statutory powers to delegate functions to NHS organisations that are thus accountable to him and to Parliament. NHS Trusts provide services to patients (these may be acute services, ambulance services, mental health or other special services, e.g. for children) and must ensure that they are of high quality and accessible.
- NHS Trusts are established under statute as corporate bodies to ensure that they have separate legal personalities. Statutes and regulations prescribe the structure, functions and responsibilities of their boards and prescribe the way their chairs and directors are to be appointed.
- All Chairs and Non-Executive Directors, (NEDs), of NHS Trusts are required, on appointment, to subscribe to the Code of Conduct. Breaches of this Code of Conduct should be drawn to the attention of the NHS TDA. NHS managers are required to take all reasonable steps to comply with the requirements set out in the Code of Conduct for NHS Managers. Chairs and Non-Executive Directors of NHS boards are responsible for taking firm, prompt and fair disciplinary action against any executive director in breach of the Code of Conduct for NHS Managers.
- There was a robust process for the appointment of Trust Boards (see *The Healthy NHS Board*), which describes the process;
- Ongoing assurance is obtained by monthly Board statements; Trust Boards undergo observations and assessment whilst individual Trust Board members undergo assessments and interviews.
- Effective Trust Boards give priority to engaging with key stakeholders and opinion formers within and beyond the organisation. Engaging effectively is vital for the Board and the organisation to demonstrate its openness, transparency and accountability. There are also some circumstances where involving the public is underpinned by a legal obligation.ⁱⁱ
- NHS TDA require an Engagement Strategy from each Trust; and,
- Senior NHS TDA staff periodically meet with the Chief Executives and the Chairs of Trusts

A member of the Forum raised the issue of ‘The CE of a hospital Foundation Trust paid a considerable amount for a consultant to plan a new hospital building’, asking if the NHS TDA had a view on this use of a Trust’s (public) money?’ Obviously the details of the case were not known, however Sean was able to say:

- Monitor is responsible for overseeing Foundation Trusts; and the NHS TDA for non-Foundation Trusts, so this case was not within the remit of NHS TDA and therefore the TDA would not be able to comment on it.
- It is absolutely essential that all NHS Trusts use every penny they receive towards improving services for patients and as described in *The Accountability Framework* the NHS TDA has the responsibility for approving all significant capital investments proposed by non-Foundation trusts/NHS trusts up to a limit that has been delegated to the NHS TDA by the Department of Health. When assessing investment proposals, the NHS TDA will consider whether they are consistent with the trust’s clinical strategy and ensure that they clearly demonstrate a high level of engagement with the clinical staff within the organisation and the wider health economy where applicable. Capital schemes can substantially improve the way care is delivered for patients. However developments can be complex and for this reason effective clinical leadership and stakeholder engagement is key to successful delivery and realising anticipated benefits

Questions asked by LAS Forum members the response to which will be deferred until after the election and provided for the June meeting of the Forum

Q1: What do you do with Trust Boards that may not agree with your recommendations?

Q2: With the arrival of the new Health and Social Care Act, what does the TDA do about seeing health and social care work together?

ⁱ <http://www.nhs.uk/NHSEngland/thenhs/about/Pages/authoritiesandtrusts.aspx>

ⁱⁱ See Section 242 of the NHS Act 2006 as amended. For CCGs Section 14 2 of the Health and Social Care Act 2012