East Lancashire Hospitals NHS
NHS Trust

Good Governance Institute

Buddying in the NHS

an assessment of collaborative models for transformation and change

A paper from the Good Governance Institute and East Lancashire Hospitals NHS Trust

May 2018

GGI exists to help create a fairer, better world. Our part in this is to support those who run the organisations that will affect how humanity uses resources, cares for the sick, educates future generations, develops our professionals, creates wealth, nurtures sporting excellence, inspires through the arts, communicates the news, ensures all have decent homes, transports people and goods, administers justice and the law, designs and introduces new technologies, produces and sells the food we eat - in short, all aspects of being human.

We work to make sure that organisations are run by the most talented, skilled and ethical leaders possible and work to fair systems that consider all, use evidence, are guided by ethics and thereby take the best decisions. Good governance of all organisations, from the smallest charity to the greatest public institution, benefits society as a whole. It enables organisations to play their part in building a sustainable, better future for all.

GGI

GGI have considerable experience in supporting Trusts pursuing formal partnership or buddying arrangements. In particular, we have been the governance partner of University Hospitals Birmingham Foundation Trust when they supported both George Eliot Hospitals NHS Trust, and Medway NHS Foundation Trust. We are currently working with East Lancashire Hospitals NHS Trust as they buddy with North Lincolnshire and Goole NHS Foundation Trust.

In working with these organisations, our particular activities have included:

- Undertaking differential levels of governance review, including capacity and capability assessments, advice and support on improving and implementing governance structures, and risk analysis
- Whole-board development sessions and coaching
- Subject matter expertise including the development of internal resources such as staff and governor induction manuals, and quality and safety guidance

East Lancashire Hospitals NHS Trust

East Lancashire Hospitals NHS Trust was established in 2003 and is a large integrated health care organisation providing acute secondary healthcare for the people of East Lancashire and Blackburn with Darwen.

The Trust was recently rated as 'Good' by the CQC where it was noted that:

From a position of special measures in 2013 to an overall rating of Good has clearly been a story of steady and sustained improvement by all concerned.

The Trust is a recognised system leader and is currently supporting North Lincolnshire and Good NHS Foundation Trust through a buddying arrangement. Working with GGI, the Trust is committed to sharing the learning from this arrangement broadly across the NHS.

Acknowledgements

GGI and East Lancashire Hospitals NHS Trust would like to place on record their thanks to all those who gave up their time to talk to the review team as part of this work and whose contributions have helped improve the report and its wider value to others.

Introduction

The NHS is experiencing a period of significant upheaval. Responding to a range of financial, organisational, population and workforce pressures, Sustainability and Transformation Partnerships, and the new models of care they are nurturing, are reshaping how care is delivered in England, with emphasis placed on joining up services, improving individual health and wellbeing, and keeping people out of hospital by offering a wider range of services within the community.

This underlines a shift in thinking amongst policymakers where focus is increasingly placed on integration and collaboration rather than competition to drive up performance and quality of care.

However, despite there being a logical acceptance that partnership working can support improvement in an NHS context, there is, to date, little by way of systematic evaluation of approaches to buddying and, as a result, a limited evidence base to support the pursuit of buddying as an improvement methodology.

As collaboration across the health and social care sector begins to become commonplace, improvement approaches such as buddying will need to be better understood by NHS Boards with a clear rationale for their implementation. This paper therefore aims to foster wider discussion on approaches to buddying in the NHS. It begins by presenting a brief review of the existing literature relating to buddying and partnership arrangements, before looking at examples of buddying from within the NHS and beyond. Finally, by drawing on the knowledge of those with first-hand experience of buddying in the NHS, it presents a summary of key learning for prospective buddying organisations.

Methodology

This report captures the views of a wide range of NHS professionals, academics, and others with either direct experience of buddying in an NHS context, or a particular interest and expertise in buddying or similar improvement methodologies.

The report does not seek to identify specific areas of best practice within the NHS, nor champion one approach to buddying or partnership working over another, but rather presents a thematic analysis of the key learning across the breadth of buddying arrangements in the NHS, and wider sectors.

What is buddying?

Buddying is a form of partnership working between two organisations. It has typically been implemented following regulatory intervention and is used as a means to share best practice and support improvement. It was introduced to the NHS in 2013, following Sir Bruce Keogh's review into high hospital mortality rates at 14 trusts. This review identified several common challenges across these organisations and, in particular, that there was a need for these to receive

considerable and sustained external support from a range of external sources to improve. In particular, they need help to establish networks with leading organisations within and outside the NHS.[1]

Consequently, nine of the fourteen trusts reviewed received buddying support from a high-performing trust to lead improvement in identified challenge areas. Although these arrangements varied in scope and scale, they typically proved beneficial for those organisations involved, with subsequent reviews suggesting that the model should be promoted within the provider sector as a mechanism for driving improvement and sharing learning.[2] The final 'Keogh trust', North Cumbria University Hospitals NHS Trust, exited special measures in March 2017.

There have been a number of subsequent buddying arrangements in the NHS including between Brighton and Sussex University Hospitals NHS Trust and Western Sussex Hospitals NHS Foundation Trust, North Lincolnshire and Goole NHS Foundation Trust and East Lancashire Hospitals NHS Trust, both of which are ongoing.[3]

1) Keogh, Bruce, Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report, 2013, p30
2) Foundation Trust Network, Review of buddying arrangements, with a focus on trusts in special measures and their partnering organisations, 2014, p1
3) Brighton and Sussex University Hospitals NHS Trust, New buddying arrangement between BSUH and Western Sussex announced, 2017, https://www.bsuh.nhs.uk/new-buddying-arrangement-bsuh-western-sussex-announced/, Web, 31 May 2018

Principles of collaboration and partnership

Partnership working can often be challenging and complex, particularly in an NHS context where emphasis, until recently, has typically been placed on competition rather than collaboration as a means of delivering improvement.

With this in mind, to help facilitate successful partnership arrangements it may be useful for the organisations involved to design and apply a set of partnership principles at the outset of the relationship which describe how the organisations, and individuals within them, will behave when working together.

Within the NHS, The NHS Terms and Conditions of Services Handbook outlines a set of principles for partnership working that apply to all staff directly employed by NHS organisations. These include:

- building trust and a mutual respect for each other's roles and responsibilities
- openness, honesty and transparency in communications
- top level commitment
- a positive and constructive approach
- commitment to work with and learn from each other
- early discussion of emerging issues and maintaining dialogue on policy and priorities
- commitment to ensuring high quality outcomes
- where appropriate, confidentiality and agreed external positions
- making the best use of resources
- ensuring a "no surprise" culture[4]

The Handbook also notes the importance of developing good formal and informal working relationships that respect points of difference. These principles form a good basis for entering into any partnership arrangement, and we consider these in more detail within this paper.

Partnership Principles are more prevalent within the third sector, where collaborative working is often a means of achieving scale and sharing resource and expertise. Notable examples include the Global Humanitarian Platform's Principles of Partnership and Civicus and the International Civil Society Centre's Partnership Principles. These emphasise factors such as equality, responsibility, accountability and vision as crucial to the success of any partnership arrangement.

4) NHS Employers, NHS Terms and Conditions of Service Handbook, 2017, p9

Previous reviews of buddying arrangements

Although peer learning has long existed in the NHS in various guises, the concept of inter-organisational buddying was first introduced in 2013 as a consequence of Sir Bruce Keogh's review into high hospital mortality rates at 14 NHS trusts.

Whilst recognising the unique contexts of each of these trusts, the review was also able to identify a number of common issues, including:

- that each of the trusts tended "not to be well-linked to professional networks and other centres of knowledge"[5]
- and that there were "many examples of clinical staff who were not following the latest practice and being 'behind the curve' in some key areas"[6]

The review ultimately concluded that

These trusts will need considerable and sustained external support from a range of external sources to improve. In particular, they need help to establish networks with leading organisations within and outside the NHS.[7]

As a consequence, eleven trusts were placed into special measures, with nine of these receiving focused support from high-performing organisations in areas of identified weakness. These were the NHS' first buddying arrangements.

The experience of these organisations, and those that have subsequently entered into buddying or partnership arrangements in the NHS, has often been positive and successful.[8] Indeed, the need for greater partnership working and integration of services is emphasised in the NHS Five Year Forward View and is being realised through the development and implementation of Sustainability and Transformation Partnerships.[9] Despite this, there is, to date, scant literature exploring the merits of the buddying approach to improvement, and none that incorporates a full quantitative analysis. This is perhaps because of its relative newness as an improvement tool, that a range of approaches to buddying have been adopted, as well as the various contextual issues that need to be considered in any evaluation and that will likely impact on the success of any arrangement. As noted by the King's Fund,

research will also find it hard to disentangle the impact of buddying from the changes in leadership and governance that are running alongside it.[10]

That being said, since the publication of the Keogh Review several studies have deliberated on the effectiveness of previous buddying arrangements in the NHS. These include:

- Sir David Dalton's review Examining new options for providers of NHS care
- The Health Foundations' Partners for improvement: ingredients for success
- the Foundation Trust Network's Review of buddying arrangements, with a focus on trusts in special measures and their partnering organisations
- the CQC's Special measures: one year on – A report into progress at 11 NHS Trusts that were put into special measures in July 2013
- NHS Improvement's Learning from improvement: special measures for quality, and
- the King's Fund's Future organisational models for the NHS

We reflect on each of these individually below.

5) Keogh, Bruce, Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report, 2013, p28
6) Ibid, p11
7) Ibid, p30
8) Foundation Trust Network, Review of buddying arrangements, with a focus on trusts in special measures and their partnering organisations, 2014, p1
9) NHS England, Five Year Forward View, 2014, p4
10) The King's Fund, Future organisational models for the NHS, 2014, p8

A proponent of standardisation[11], Sir David Dalton's 2014 review, exploring new options and opportunities for providers of NHS care, suggested that "ambitious organisations with a proven track record should be encouraged to expand their reach and have greater impact," with leaders of successful organisations becoming 'system architects', bringing their expertise to bear in improving the performance of others.[12]

Arguing that buddying had struggled to bring about meaningful change as "the buddying trust provides advice, guidance and experiential and technical know-how without delegated decision-making authority," Dalton called for an expanded and formalised buddying approach from successful and stable organisations to those who face short term difficulties.[13] The report gives particular attention to the need to develop a new credentialing system that would 'kitemark' the most outstanding organisations within the NHS, and which would include an assessment of an organisation's ability.

to transfer and encourage assimilation of its practices into another organisation, thereby improving that organisation's performance.[14]

The implementation, by NHS Improvement, of acute care collaboration vanguards, exploring the use of buddying, partnerships, federations, and formal consolidation of organisations through mergers and acquisitions as a means of driving improvement are a response to this. An initial review of learning from these vanguards, by NHS England, has highlighted six common areas in which collaborative working is driving improvement:

1) Standardising clinical practice
2) Optimising clinical support services
3) Optimising corporate support services
4) Making the best use of workforce and developing talent
5) Building innovative external partnerships
6) Supporting integrated health systems[15]

Notably, in August 2016, four foundation trusts (Guy's and St Thomas' NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust, Royal Free London NHS Foundation Trust, and Salford Royal NHS Foundation Trust), each of whom have experience of buddying arrangements, became the first trusts to be accredited by NHS Improvement to lead and develop groups of NHS providers. This suggests that there is merit in the buddying approach as a means of identifying those organisations best placed to lead system-wide improvements, and also in demonstrating the replicability of processes. This is important as, as The King's Fund have noted:

An unanswered question is whether leaders who have succeeded in one organisation can do the same in another, especially where there is a history of poor performance. From this perspective, the impact of partnering may say as much about the leadership of the hospitals providing support as it says about the leadership of the hospital receiving it.[16]

The introduction of new models for collaboration makes the case for buddying to be understood as one option along a continuum of support opportunities for challenged organisations or those going through significant organisational change. These range from more informal support, to buddying, all the way through to full acquisitions and mergers. Research by The King's Fund demonstrates in which instances the different improvement options might be pursued, but importantly any decision must be taken recognising local context and in the best interest of patients and the public.[17]

11) Dalton, David, Successful NHS trusts should buddy up with those in difficulty, 2015, https://www.theguardian.com/healthcare-network/2015/apr/21/successful-nhs-trusts-buddy-up-difficulty-long-term-management, Web, 31 May 2018
12) Dalton, David, Examining new options for providers of NHS care, 2014, p8
13) Ibid, p43
14) Ibid, p37
15) NHS England, No hospital is an island: Learning from the Acute Care Collaboration vanguards, 2018, p3
16) The King's Fund, Future organisational models for the NHS, 2014, p8
17) Ibid, p8

Figure 1 Organisational options

Source: adapted from Pearson (2011)

Likewise, The Health Foundation's *Partners for improvement: ingredients for success* includes a typology of interest[18] and practices in partnering in the NHS:

Nature	
Mandated:	Partnering that has been brokered by a body outside of the organisation, such as a regulator.
Voluntary:	Partnering that has been instigated by the involved organisations.
Scale	
Individual:	Partnering that primarily occurs through a limited number of individuals or services within the partner organisations.
Structural:	Partnering which is of larger scale and more formally constituted. This could include mergers, acquisitions and contractual agreements.
Form	
Merger:	Partnering where two organisations combine their resources to form a new organisation.
Acquisition:	Partnering where one organisation becomes subsumed by another.
Buddying:	Partnering where individuals or organisations with more experience help, mentor, advise, or train others.

18) Miller, Robin et al., Partners for improvement: ingredients for success, 2017, p3

As with this review, The Health Foundation stress that:

while buddying schemes are popular across occupational sectors, there is little academic research available on the effects or effectiveness of these more informal forms of partnership.[19]

before highlighting four key ingredients for a successful partnership:

- A recognition that leading and managing partnering is different
- Trust and collaboration amongst individuals is key
- Developing meaningful data is vital
- The environment can make or break partnerships[20]

The Foundation *Trust's Review of buddying arrangements, with a focus on trusts in special measures and their partnering organisations* was written to inform the Dalton Review and is the most comprehensive analysis of buddying arrangements in the NHS to date, incorporating interviews with the nine 'Keogh trusts' that received buddying support, as well as one that received support subsequent to these, a general call for evidence, and a focussed survey to capture the breadth of buddying arrangements in the sector. The review concluded that:

the weight of evidence suggests that buddying can play an important role in any trust's improvement regime, whether it is part of the special measures process or not

and that this was largely different to that which could be achieved through regulatory enforcement.[21] Several key points of learning were emphasised for those organisations considering a buddying arrangement in the future, including:

- The importance of building strong personal relationships across leadership teams
- The need for clear terms of reference and timeframes for improvement so that all involved parties, including regulators, share expectations, and understand the level of commitment required
- Ensuring there is a suitable cultural alignment across the organisations involved, as well as the necessary level of expertise in improvement areas
- That the cost and resource implications for the involved parties are taken into account to ensure that the partnership is "at least cost neutral for those trusts in special measures, and provides appropriate incentive and recompense for those trusts acting as buddies"
- Considering wider factors that might impact on the effectiveness of the programme including geographical proximity[22]

It will be important that these are appropriately considered at the on-boarding stage of any partnership arrangement.

The CQC's report *Special measures: one year on – A report into progress at 11 NHS Trusts that were put into special measures in July 2013* builds on these themes, highlighting several indicators as being important factors for the success of an organisation in exiting special measures. These include:

- Strength of leadership within the trust
- An acceptance of the scale of the problems faced by the trust
- Alignment or engagement between managers and clinicians
- Willingness to accept external support and advice from buddy trusts, rather than remaining insular[23]

19) Miller, Robin et al., Partners for improvement: ingredients for success, 2017, p3
20) Ibid
21) Foundation Trust Network, Review of buddying arrangements, with a focus on trusts in special measures and their partnering organisations, 2014, p1
22) Ibid, p2
23) Care Quality Commission, Special measures: one year on, 2014, p3

The report also includes case studies on each of the Keogh trusts, which makes clear the important role that buddy organisations have played in supporting these to exit special measures. For example, with regards to the buddying of George Eliot Hospital Trust with University Hospitals Birmingham NHS Foundation Trust, the report highlights how the arrangement gave access to advice, support and systems and processes that the George Eliot would not otherwise have had access to, and which "had been very positive," allowing the Trust to "continue to make rapid and significant improvements in performance."[24] Importantly, the impact of buddying was said to be more significant "in trusts that recognise their own problems and have better alignment between managers and clinicians."[25]

In contrast, the King's Fund's work looking at Future organisational models for the NHS strikes a more cautious tone, arguing that "there is…a risk that standards in high performing hospitals may fall if their leaders are distracted by the work involved in helping hospitals in difficulty," and that there would be "obvious reputational risks for supporting hospitals if poorly performing ones do not improve."[26] This is mirrored in the Health Foundation's response to the Dalton Review which contends that "buddying may be a stretch too far for trusts that are performing well, and lead to a dip (temporary or longer) in performance."[27] As we outline later in this paper, buddy organisations will need to appropriately consider how they can support struggling organisations, the level of resource they can commit, as well as any external support they might require.

24) Care Quality Commission, Special measures: one year on, 2014, p29
25) Ibid, p13
26) The King's Fund, Future organisational models for the NHS, 2014, p9
27) The Health Foundation, Health Foundation's response to Sir David Dalton's Review, 2014, https://www.health.org.uk/news/health-foundation%E2%80%99s-response-sir-david-dalton%E2%80%99s-review, Web, 31 May 2018uk/new-buddying-arrangement-bsuh-western-sussex-announced/, Web, 31 May 2018

Examples of buddying from within the NHS

Medway NHS Foundation Trust and Guy's and St Thomas' NHS Foundation Trust

Medway was put into special measures in July 2013 following Sir Bruce Keogh's review into mortality rates. An enhanced buddy arrangement was agreed with Guy's and St Thomas' NHS Foundation Trust in order to support the implementation and delivery of an 18-month recovery plan to ensure widespread, lasting improvement for patients.

The collaboration involved a small and highly experienced team from Guy's and St Thomas', who assisted the leadership at Medway to introduce and embed best practice, strengthen clinical leadership and support the significant changes that were needed to improve patient care and standards.

In March 2017, Medway was taken out of special measures, with the CQC commending the 'substantial improvements' which had been made. In particular, as a result of the buddying arrangement the Trust was rated 'good' for effectiveness, care and leadership.

North Cumbria University Hospitals NHS Trust and Northumbria Healthcare NHS Foundation Trust

North Cumbria was placed into special measures in July 2013 following Sir Bruce Keogh's review. To support improvement at the organisation, a formal buddying arrangement with neighbouring Northumbria Healthcare NHS Foundation Trust was arranged. In particular, this involved specific senior leadership support, and the transference of systems and processes from Northumbria.

North Cumbria was also part of the Success Regime, a national initiative supporting the most challenged health and care systems in the country by providing access to support, expertise and resources at a national level. The programme sees local health and care organisations working more closely together as a 'system', and united in a common purpose, approach and set of ambitions.

In March 2017, North Cumbria exited special measures, with the CQC particularly highlighting improvements to the patient environment and cleanliness, and praised changes to the trust's senior management and approach.

George Eliot Hospital NHS Trust and University Hospitals Birmingham NHS Foundation Trust

George Eliot was also placed in special measures in July 2013 following Sir Bruce Keogh's review. Following this and to support improvement at the Trust, it was buddied with University Hospitals Birmingham NHS Foundation Trust. Particular support focused on the sharing best practice and providing advice, support and access to systems and processes that enabled the Trust to make rapid and significant improvements in performance.

In 2014, the Trust was rated 'Good' by the CQC and exited special measures. The CQC identified a number of areas of outstanding practice and praised its leadership, effectiveness, responsiveness, and care.

Brighton and Sussex University Hospitals NHS Trust and Western Sussex Hospitals NHS Foundation Trust

In August 2016, the CQC recommended that Brighton and Sussex University Hospitals NHS Trust be placed into special measures after an inspection rated that trust as 'Inadequate'.

Following this Western Sussex Hospitals NHS Foundation Trust entered into an interim buddying arrangement with a view to a longer-term partnership between the two organisations. Initial steps include:

- The Chief Executive and Chair of Western Sussex fulfilling these roles at Brighton and Sussex, with other members of the Western Sussex leadership team also providing support
- The establishment of an Improvement Oversight Group, including the Brighton and Sussex and Western Sussex, to oversee the development of the long-term arrangement and timeframes involved

This relationship is ongoing.

North Lincolnshire and Goole NHS Foundation Trust and East Lancashire Hospitals NHS Trust

Following an inspection, carried out in November 2016, North Lincolnshire and Goole Foundation Trust received an 'Inadequate' rating from the CQC, and the Trust was placed in special measures.

To support improvement in the organisation, the Trust entered into a buddying arrangement with East Lancashire Hospitals NHS Trust with a focus on providing strategic advice and peer support, as well as hands on work to enhance service delivery.

The relationship is ongoing.

Wider examples of partnership working from within the NHS and elsewhere

External peer review and learning

Although peer review is recognised as a valuable improvement tool and has a long history within the NHS, recent studies suggest that "it is sparingly applied."[28] This is unfortunate as professional external peer review, effectively implemented, can improve quality, uphold standards, and offer ideas for improvements in a cost-effective manner. It is also a mechanism through which staff, both clinical and non-clinical, can be made familiar with best practice, and become better socialised and networked within the system. Importantly, peer review and learning are typically free from associations with performance management and regulation.

If properly applied peer review should yield benefit and learning for both the reviewer and those being reviewed and, in the course of this study, several examples of effective peer review and learning were highlighted to us.

Perhaps the most notable example of peer review within the NHS is the National Cancer Peer Review programme (now the part of the Quality Surveillance Program). Introduced in 2001 to help drive up standards of care, improve outcomes, and reduce deviation in quality, cancer peer review visits are undertaken by multi-disciplinary teams, including patients, across each of the 34 cancer networks. In particular this programme has helped:

- Ensure immediate risks are identified and resolved
- Improve service and pathway design
- Increase clinician knowledge of best practice and NICE guidance
- Improve the quality of patient and clinician engagement[29]

Another example is the paired learning programme introduced by Imperial College Healthcare NHS Trust, and adopted by Guy's and St Thomas' NHS Foundation Trust, Great Ormond Street Hospital for Children NHS Foundation Trust, and others, which seeks to:

bring managers and junior doctors together to improve communication, peer learning and understanding of each other's roles and the impact each has on patient care.[30]

It has reportedly broken-down boundaries between doctors and managers, aiding partnership working and improving service design.

In Wales, the NHS has produced guidance on an overall governance framework through which a national programme of peer review will be managed. This follows feedback from The Organisation for Economic Co-operation and Development which reflected positively on the quality of peer review in Wales and recommended its wider adoption and the integrating of any lessons into standard clinical practice.[31] The framework outlines a recommended approach for external peer review and will have lessons for organisations outside of Wales.

We recommend that peer review form part of the initial scoping exercise for organisations seeking to enter into buddying or similar partnership arrangements.

Mental Health Global Digital Exemplars

As outlined in The Five Year Forward View and Personalised Health and Care 2020, NHS England is supporting seven digitally advanced mental health trusts, through funding and international partnership opportunities, to become Global Digital Exemplars over a three-and-a-half-year period.[32] As part of this programme, the Exemplars will share their learning and experiences with the wider NHS. This will be increasingly important if the NHS is to derive benefit from population health management approaches and artificial intelligence.

28) McCormick, Barry, Pathway peer review to improve quality, 2012, p5
29) Howkins, Ruth, The impact of Cancer Peer Review, 2008
30) NHS Improvement, Paired learning: a peer-learning leadership development initiative for doctors and managers, 2017, p1
31) NHS Wales Peer Review Framework: July 2017, http://www.walescanet.wales.nhs.uk/sitesplus/documents/1113/NHS%20Wales%20Peer%20Review%20Framework%20-%20July%202017.pdf, Web, 31 May 2018
32) A Global Digital Exemplar is an internationally recognised NHS provider delivering exceptional care, efficiently, through the use of world-class digital technology and information.

As of September 2017, each Exemplar will also be supporting one trust to accelerate their digital maturity. This might be through the sharing of software, methodologies and approaches, and in some instances consolidated IT teams. This will help to demonstrate the replicability of approaches across the NHS.

Patient Safety Collaboratives

Established in 2013 in response to the Berwick review, England's Patient Safety Collaboratives (PSC), each based in one of 15 Academic Health Science Networks (AHSN), bring together patients, carers, frontline staff, stakeholder and industry to develop and test patient safety improvements, and identify and disseminate best practice patient safety initiatives from within the NHS and industry. They play a key role in patient safety both nationally and locally and are the largest patient safety initiative in NHS history.

By working across the whole healthcare system, and by utilising external expertise, Patient Safety Collaboratives have led the implementation of a number of patient safety initiatives that have achieved marked and sustained improvement:

- Care bundles that reduced mortality after emergency laparotomies by 42 per cent (Kent, Surrey and Sussex AHSN with West of England and Wessex PSCs)
- A 50 per cent increase in service users returning to mental health wards on time (PSC at Oxford AHSN)
- Reductions in inpatient medication errors (PSC at Imperial College Health Partners AHSN)
- Safety huddles that led to a reduction of 60 per cent in patient falls (PSC at Yorkshire and Humber AHSN)[33]

Education

Peer review and buddying approaches to improvement have also been used in the education sector. In particular, school-to-school collaboration has been described as "essential" and "vital" to driving improvement as:

it's a way to ensure that there is that challenge, that can really only come from other schools and that's the culture now...we've all got to be outward facing and use the best schools to challenge each other.[34]

Partnerships in education encompass both informal (buddying teachers, peer review and observation) and formal (federations, multi-academy trusts) arrangements, in a similar fashion to those found in healthcare. Studies suggest that these arrangements have a greater impact on teacher morale and development than student outcomes,

with practitioners reporting an increased motivation to engage in professional dialogue with their colleagues, knowledge mobilisation and a general shift towards more learning-oriented and enquiry-based cultures in schools that have been collaborating.[35]

And that certain conditions are more likely to lead to effective collaboration including:

- Strong leadership
- Well-defined and robust structures and processes
- A history of collaboration
- Sensitivity to context[36]

These observations should be regarded in any discussion of buddying within an NHS setting, particularly given recognised workforce and morale challenges.

33) The AHSN Network, Patient Safety Collaboratives: Making care safer for all, 2016, p4
34) McCleavy, Tony et al., Rapid School Improvement, 2016, p81
35) Armstrong, Paul, Effective school partnerships and collaboration for school improvement: a review of the evidence, 2015, p4
36) Ibid, p5

Key learning points from previous experiences of buddying and partnership working within the NHS

Context

The basis has to be an agreement around pieces of work that will add value and a proper process to encourage continuous improvement.

No two buddying arrangements are the same and for a partnership to be effective it must take into account the specific needs and contexts of each trust.

Clarifying specific areas in which one organisation needs support prior to entering into a buddying arrangement will be a useful exercise and is a means of ensuring that the buddy is well suited to provide support and that this is targeted and focused. The basis for this is often an internal reflection on the findings of a CQC inspection or external review.

It is important that expectations of the buddying relationship are realistic. This requires both organisations to understand their roles and responsibilities fully in terms of driving improvement. Focusing on a few areas in which the buddy has particular expertise and can support rapid improvement will likely prove more beneficial than the buddy trying to address a number of issues at the same time. Organisations may want to draw on the expertise of multiple organisations if seeking to address a range of performance areas.

Key questions:

- Have we undertaken a diagnostic exercise to identify specific improvement areas and outcomes and to ensure clarity of expectations?
- Have we agreed timelines and necessary resources internally and externally?
- Are Boards, leadership teams and staff who are key to the programmes clear on their roles in driving improvement and in the governance structures?
- Have we assessed the strategic and operational risks to our organisation as a result of the buddying arrangement?

Shared learning

There is often a sense of isolation at struggling organisations. Colleagues on the clinical side of things, especially, don't tend to have good networks.

When you are in the grip of a range of wicked problems and working so hard to solve them, often you just end up working harder but doing more of the same. You need to have an independent point of view to help release your creativity.

A buddying arrangement is most effective when treated as a two-way opportunity for learning and development. In addition to helping to address specific performance areas, buddying provides opportunities for each organisation to:

- Reflect on areas of good practice
- Socialise and network staff beyond individual organisations
- Develop and challenge thinking and doing at all levels of the organisation
- Generate learning for the wider health and social care system
- Connect and gain from the networks and influence of the other organisation

This should be recognised and built into the programme from the outset in order for learning and development opportunities to be maximised.

Key questions:

- How do we jointly communicate the core messages about learning and support effectively right from the outset of the arrangement?
- How will we be utilising the buddying arrangement as an opportunity to develop staff at each organisation?
- How will we capture, share and implement learning from our experiences internally and externally?
- How do we involve others from outside to build our learning evidence base?

Evaluation

This report also makes clear the need to build an evidence base in order to make a more effective case for the routine adoption of buddying within the NHS. It is worth considering the value of external, independent evaluation to add to the credibility of the process.

However, evaluation also has a significant developmental role. It helps ensure that programmes of work are as effective as they can be, and it is important to work periodic evaluation into any initial planning activities. This will afford team members an opportunity to reflect on progress, and also to further improve the design and implementation of programmes. Proper evaluation may also help shape the type of buddying arrangement pursued, helping organisations transition from operational to strategic partnerships.

Buddying arrangements will need to be funded, often by resources from outside the local system, and so effective evaluation planning is vital to ensure that the impact and value for money of such partnerships are assessed and captured. Appropriate evidence can be both quantitative and qualitative in nature and range from case studies to performance metrics.

Key questions:

- Have we agreed before commencement of the arrangement when evaluation will be undertaken and by whom?
- What range of evidence are we proposing to use to evaluate the programmes?
- How will we communicate the conclusions of any evaluation in order to share learning more widely within the health and social care sector?
- Do we need an external partner to play a role in the evaluation – a University or consultancy?

Utilisation

The special measures regime is tough and buddying is associated with this.

There is value in how buddying has been approached to date, but it should be moved up the curve.

There was widespread recognition amongst those we spoke to that buddying was too often associated with response to perceived failure and that this was affecting the willingness of organisations to pursue such arrangements and the ability of leadership teams to develop the trust and confidence in key relationships.

Given the perceived benefits there is a strong case for rebranding, or reframing buddying. For example, budding could also apply to system-to-system learning as well as organisation-to-organisation, so that it is not so closely linked to single organisational failure. The aim would be to position it as both a positive, pre-emptive measure and one that should be pursued across high-performing, as well as challenged organisations.

Using partnership rather than buddying as a framing term for arrangements might be necessary to remove any obstacles caused by association with regulatory authorities.

Key questions:

- What are all our opportunities to partnership with other organisations to bolster our resilience, sustainability and innovation, so we can assess the specific contribution and value of buddying alongside other models?
- Have we considered how we can use the buddying approach to both drive improvement and bolster performance?

Geographical proximity

Geographical proximity of the organisations is an important consideration in ensuring that leadership teams can spend adequate and productive time together. However, depending on the organisational need the buddying is trying to address, virtual or other arrangements might be sought and have proven effective.

Indeed, we were told of interesting contextual, organisational and geographical synergies between NHS organisations in Cornwall and Cumbria. If geography means that visiting those organisations best placed to offer guidance and support is prohibitive, (and, particularly, if strategic or practical guidance is being sought), then technology can be leveraged to enable partnership working. If, however, more hands-on operational support is required then this may not be so feasible or helpful.

Key questions:

- Have we identified partners that will best support improvement at our organisations regardless of geography?
- How can technology be used to support partnership working?

Culture and behaviours

Cultural change needs to be driven by the organisation itself. If you read CQC reports it is clear that there has to be an acceptance at the strategic level that there is an issue if you want to see progress.

Where some of these relationships haven't worked, it is often down to the buddy's arrogance in thinking it can drop its systems and approaches on another.

It is easy to underestimate the time needed to build relationships. Organisations in these environments tend to be juggling a lot of balls.

It is fundamental to success that there is a willingness from the boards of both organisations to work together from the outset of a buddying arrangement.

Stressed organisations can sometime understandably adopt a defensive, or 'bunker', mentality, hindering collaboration. Building the basis for effective buddying in these circumstances this will often necessitate early effort to generate a genuine acceptance and ownership of the challenges by staff at all levels of the organisation.

Especially important will be the support of senior and clinical leadership. It is therefore crucial that time is devoted to developing relationships, building trust, and framing a shared intent and set of potential benefits and specific outcomes. The most natural starting point is what is in the best interest of patients and the public. Jointly clarifying a set of engagement principles at the outset will be beneficial for all parties involved and reduce the room for misunderstanding or shifting of position. In interviews it was suggested to us that this should be seen as a 'psychological contract' between individuals and teams as well as organisations.

Early investment in creating a shared cultural framework is probably the most important aspect of making buddying work.

Key questions:

- What is the real appetite of our Board for the buddying arrangement amongst all members?
- How do we establish the levels of appetite of our buddying partner?
- What process are we using to identify shared risks, opportunities and possible obstacles between us?
- How will we engage across organisations to build trust and alignment across both senior teams?

Communication

Once a partnership arrangement has been agreed and the underlying principles established, these should be clearly communicated to staff making plain the purpose of the relationship, what it entails and what it will mean for them.

Organisations receiving buddying support are often doing so at the behest of a regulator and will likely be experiencing some challenges around meeting quality or financial standards. As such the morale of the staff at the organisation may be low, with suspicions about purpose and value in "yet another programme imposed on us". It is important therefore that staff understand the buddying relationship as beneficial rather than burdensome, and not as something that is 'being done to them.' Ensuring clear and transparent communication and engagement with staff can help address cynicism and maintain workforce morale throughout the duration of the arrangement, provided it is based on authentic engagement and connects to the way staff feel and see their organisation.

Engagement activities should also encompass patients and members of the public who may be concerned that the time and resource requirements of a buddying arrangement could adversely affect the performance of a buddy organisation and cut across current processes for engagement. It is therefore important that they are communicated with openly and transparently, and receive adequate assurance that this will not be the case.

Key questions:

- How do we gauge the views of staff and patients before any programme starts?
- Have we developed a communications strategy to support the buddying arrangement over its lifetime?
- How are staff and the public to be involved from the start to ensure they "own" and help shape the programme in genuine ways?
- Are there any issues that need to be addressed to ensure communication is aligned and timings of communication co-ordinated across both organisations?

Capacity and resources

In developing suitable systems and processes, it is important that a full assessment of capacity and resources, which will be involved or affected by the programmes, is undertaken across both organisations.

Although funding and support for buddying arrangements is typically provided from outside the organisations but the additional cost and resources to realise a successful partnership should not be underestimated. Both organisations must be prepared to commit sufficient resources to ensure the programme's success or risk losing benefits and even creating reputational damage. This issue of capacity assessment and mapping should be an open, transparent and continuous process that is explored at the on-boarding and planning stages and in joint governance arrangements.

If capacity and resource gaps emerge in the course of the arrangement, these should be clearly communicated both internally and externally, and built into the leadership and governance arrangements with routes to additional supports.

Key questions:

- What is the overall resourcing plan, and the specific contributions expected to make the buddying arrangement successful?
- Will entering into a buddying arrangement adversely affect our overall strategic risk and reputational position?
- In which areas are we best placed to offer assistance and/or receive support?
- How will we resource and support the improvement work internally?

Visibility

Challenged organisations can experience significant churn of leadership, and find difficulty recruiting to key positions. The involvement of a buddy organisation can help provide a level of stability and instil confidence in staff, especially if their commitment to supporting and improving the organisation is well communicated.

This should be reinforced by increased visibility of leadership from both organisations to win 'hearts and minds' of local teams. It is important that staff appreciate that they are on an improvement journey together, and that the leadership teams of both organisations are approachable, supportive, and responsible.

Key questions:

- How will we ensure that sufficient leadership time and visibility in invested in being on-site and available to staff as necessary?
- Are there any changes to the way we work which could connect us more to staff?

Regulation

The NHS would have to get away from target driven activity if they are going to expect people to support an ailing trust as most hospitals are focused on their own performance

Those we spoke to envisioned three roles for regulators with regards to buddying:

i. **Selection.** It was argued that regulators should leverage their networks to support the selection of the most appropriate buddy organisations. This should be done in partnership with both organisations to ensure that the relationships are workable.
ii. **Monitoring.** Buddying organisations will be expected to demonstrate the impact of their joint work. This can be difficult if the relationship is more strategic and longer-term than operational and immediate. As such, regulators should work with buddying organisations to set relevant performance indicators and be guided by the buddying organisations as to what will work best. Where improvement is not forthcoming, both organisations and the regulator should be open and able to implement changes to the programme or indeed cease the arrangement without negative consequences.
iii. **Maturity.** It is important that regulators and other arm's length bodies provide adequate time, support, and resource to the buddying trusts to realise sustainable improvement. Regulators must be mindful that rapid development cannot always be achieved regardless of the reputation of a partnering organisation, nor the ability and skills of its staff. The regulatory approach should be to help foster long-term relationships between buddying organisations within clear parameters.

Buddying arrangements can also help relieve the external pressure placed on challenged organisations. The partner trust can help manage the external political environment and provide assurance on progress, freeing up senior staff to drive through improvements.

Key questions:

- What support agreements and resources will need to eb in place with other organisations e.g. regulators to ensure the arrangement is successful?
- Do external bodies understand and contribute positively to our approach to improvement over time?
- What are the success criteria which we are willing to commit to?
- How do we work together to create a supportive political environment for longer-term change and manage expectations accordingly?

How has this informed East Lancashire Hospitals NHS Trust's approach to buddying?

East Lancashire Hospitals NHS Trust (ELHT) was established in April 2003 by a merger of Blackburn Hyndburn and Ribble Valley NHS Trust and Burnley Health Care NHS Trust. The trust operates three hospitals (the Royal Blackburn Hospital, Burnley General Hospital, and Pendle Community Hospital), and also provides a range of community services, and serves a population of 530,000.

Across the three sites, the organisation operates 950 beds and employs in the region of 7,000 members of staff. It is part of the Lancashire and South Cumbria STP.

ELHT was placed in special measures in July 2013 following Sir Bruce Keogh's review. It was subsequently reviewed by the CQC in May 2014 when it was rated as 'requires improvement', and was brought out of special measures.

A focused inspection was carried out by the CQC in 2015 in which the Trust's rating was upgraded to 'good' overall. Both Burnley General Hospital and the Royal Blackburn Hospital were rated as 'good' overall.

ELHT embraced the findings of the Keogh Review as an opportunity to drive significant change and development. Importantly, ELHT's improvement journey is continuing with the Trust aspiring to become 'outstanding' and support other organisations to improve.

The experience of having been buddied with the Salford Royal NHS Foundation Trust and of exiting special measures puts ELHT in good stead to drive improvement programmes elsewhere.

The leadership and staff of ELHT fully understand the challenge of implementing systematic improvement in quality and culture at an organisation, as well as the potential pitfalls of a buddying arrangement.

Conclusions and next steps

It is clear that in the right circumstances NHS organisations can derive significant benefit and improvement from buddying and partnership working. However, it is certainly not the case that such benefits have always been realised.

The direction of travel for health and social care is clearly one of increased collaboration instead of competition. In such an environment Boards will need to be cognisant of the potential challenges in bringing together a range of organisations with often strikingly different cultures and backgrounds. It is no easy task.

To support this, we highlight some of the key learning points from previous buddying and partnership arrangements in the NHS along with some initial questions organisations should consider at the outset of such arrangements.

Finally, this report makes clear that further work is needed to establish an evidence base for buddying and partnership working as an improvement methodology. We are conscious that this is happening in various places across the NHS. For our part, GGI is committed to working with ELHT and NLAG evaluate their buddying arrangement in a planned and distinct manner. We will be hosting a number of events and releasing several publications in the course of 2018 that will present some of the emerging findings and begin to address this gap.

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