

# Culture: a barrier to partnership working?

“A ‘good fit’ between the organisations is  
a precondition for buddying arrangements to be successful.”

The Foundation Trust Network<sup>1</sup>

The history of buddying and partnership working in the NHS is varied. For every successful partnership there has equally been failure.

Part of the issue is that, as it currently stands, the NHS is not ideally organised to allow partnership working to prosper. The 2012 Health and Social Care Act prioritised competition over collaboration as a means of embracing innovation, improving efficiency and driving up the quality of care, reinforcing a trend that had been underway since the purchaser-provider split established the internal NHS market in the early 90s. This, it has been argued has led to an NHS environment of “competing priorities, suspicion and poor relationships” and ultimately self-interest.<sup>2</sup>

The publication of the NHS Five Year Forward View, and subsequent Next Steps, appeared to indicate a shift in direction for the NHS, making no mention of competition and placing increasing emphasis on the importance of integration, collaboration and partnership working. However, the NHS still operates within the legal framework established by the 2012 Act and realising the ambitions of the Five Year Forward View has proved challenging.

In this environment, the importance of building strong personal relationships across leadership teams, as well as ensuring there is a suitable cultural alignment across the organisations involved, have been emphasised as vital to fostering successful partnerships.<sup>3</sup>

“Having a compatible organisational culture and aligned values..[is]  
more meaningful than the organisations being of a similar size or structure.”

The Foundation Trust Network<sup>4</sup>

## If this is understood, why has it not always worked?

Research suggests that the top barriers to improvement in the NHS can typically be attributable to four areas, which largely relate to culture:

- **The initiative itself** including perception that new approaches are not easy to use or implement, and the number of improvements or changes implemented simultaneously
- **The skills and attitudes of individuals** including resistance from clinicians and managers, a lack of trust in the process, and a failure to assume responsibility

1) The Foundation Trust, Review of buddying arrangements, with a focus on trusts in special measures and their partnering organisations

2) HSJ, Capacity, culture and collaboration: a formula for delivering the NHS Five Year Forward View?

3)The Foundation Trust, Review of buddying arrangements, with a focus on trusts in special measures and their partnering organisations

4) Ibid.

- **Organisational context** including a lack of culture of improvement, lack of strong leadership and shared vision for improvement, and lack of time for improvement to embed
- **Broader system level developments** including a lack of stability in the system, perverse incentives, and a lack of relationships between organisations<sup>5</sup>

These challenges are typically exacerbated when working in partnership across organisations. Organisations pursuing buddying arrangements should do so with their eyes open and be mindful of potential challenges at all levels. From our own exploration of this area, organisations should be cognisant of the following in order to successfully resolve issues:

- The importance of stable and visible leadership across both organisations
- Space and time to build relationships and trust between leadership teams and staff across both organisations
- Clear and consistent messaging across partner organisations
- Authentic engagement with staff groups
- Alignment of improvement methodologies with regulatory priorities

### Key questions for organisations to consider

- How realistic is a place-based culture in the face of organisational loyalties and relative power/size?
- Culture is based on authenticity and identity, and partnership is based on compromise – is a true partnership culture really something that can be achieved?
- How big a barrier is local history, geography and competitiveness to creating effective partnership?
- What is the role, if any, of the trades unions in buddying and/or partnership arrangements?
- Trust in local political and organisational leadership is not always high – how can necessary trust be generated to make partnership credible and visible?

5) The Health Foundation, No.24 What's getting in the way? Barriers to improvement in the NHS