

Risk and reward: incentivising buddying arrangements

Depending on the scale of the partnership and extent of the challenges, buddying arrangements in the NHS can be both time and resource intensive endeavours and pose significant risk for those organisations engaged.

Recognising this, how can buddying arrangements or partnerships best be incentivised in the future and what are the benefits of successful partnerships for the wider system?

Individuals

“People always like to talk about what they do and what they do well,
it is a good development experience,
and one that would not have happened otherwise.”

Chief executive, buddy trust¹

Buddying and partnership arrangements offer huge opportunities for individual growth and development. Dependent on the scope of the partnership the organisations involved should encourage staff across all levels to:

- Reflect on divergent ways of working and learn from good practice
- Socialise and network outside of their individual organisations
- Take on leadership roles and responsibilities and gain valuable and significant experience of delivering large quality improvement programmes
- Generate and promote learning for the wider health and social care system

Organisations

At an organisational level, buddying arrangements constitute both a risk and an opportunity.

Although buddying arrangements provide staff with valuable opportunities for development they can also reduce the talent pool at the parent organisation. For example, the Foundation Trust Network’s *Review of buddying arrangements* describes “how the work was so extensive [for one buddied trust] that it had essentially become part of the organisation’s every day working, with hundreds of people involved, from executives down to ward level.”² Organisations will need to ensure that expectations of buddying relationships are realistic and take stock of the likely time and resource commitments required.

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

2) Foundation Trust Network, Review of buddying arrangements

Failure to appropriately plan and resource buddying arrangements will expose those involved to reputational risk. As reported by the King's Fund:

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.³

That being said, buddying arrangements often make financial sense. Buddy trusts are remunerated for their efforts whilst those who receive buddying support do so at a fraction of the cost of private consultancy support. Indeed, for larger programmes of buddying support the saving to the NHS could be in the region of as much as £5-10 million.⁴

Moreover, buddying arrangements should be a two-way learning experiences that encourages the exchange of best practice and supports service improvement across both organisations.

"To see what other organisations are managing with shows us how lucky we are. It has also made us look at how we can improve things more."

Interviewee, buddy trust.⁵

Systems

"No hospital is an island"⁶

At a system level it is now understood that the performance of NHS organisations are interconnected. However, NHS funding and regulatory frameworks do not yet reflect this nor adequately incentivise partnership working.

For example, access to the £1.8bn Sustainability and Transformation Fund has been made contingent on Trusts signing up to and delivering agreed individual financial control totals and certain performance improvements. Where a Trust is unable to realise these targets, its allocation is distributed amongst those providers that do, creating a vicious circle in which the gap between the haves and the have nots widens and doing little to encourage inter-organisational working.^{7 8}

Likewise, current NHS regulatory frameworks are organisation rather than systems centric, and arguably do little to incentivise partnership working. For example, the well led element of the CQC's inspection regime for Trusts does not yet sufficiently take into account efforts of Trust leadership in delivering system wide improvements. It is hoped that the coming together of NHS Improvement and NHS England is one step towards a more holistic regulatory approach.

Key questions for organisations to consider

- What are the strategic risks involved in entering a buddying relationship?
- How important is it to be clear about what are the specific risks being shared between the organisations and how is that agreement best expressed?
- Do the risk appetites of the different organisations need to be the same or can a partnership work if there are differences of perception about approaches to risk?
- How can longer-term shared intent be protected from changes in people or policy?
- To what extent is external mediation or brokerage a useful part of original planning and also as a way of resolving differences in the way risks are seen?

3) The King's Fund, Future organisational models for the NHS

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

5) Ibid

6) NHS England, No hospital is an island: learning from the Acute Care Collaboration vanguards

7) For 2016/17 46 organisations received STF 'bonuses'. Moorfields Eye Hospital Foundation Trust received the highest as a percentage of original STF allocation (646%).

8) Although the Fund does require those providers operating within an Integrated Care System to deliver or exceed a system control total, this only applies to a small number of organisations.