

# Review of buddying arrangements, with a focus on trusts in special measures and their partnering organisations

September 2014

## INTRODUCTION

The Foundation Trust Network (FTN) has been pleased to respond to a commission from the Department of Health (DH) to undertake a review of the effectiveness of buddying arrangements between trusts in special measures and their partnering organisations, in order to inform Sir David Dalton's Review into 'how to secure the clinical and financial sustainability of providers of NHS care through offering new options for organisational forms'.

It is now over a year since a number of the NHS trusts and foundation trusts identified as part of the Keogh Review were placed in special measures. The special measure regime was a new process, involving both regulatory intervention and additional support for NHS providers in difficulty, based on a model in the education sector. Buddying, or partnering, arrangements began to be introduced for those trusts first placed in special measures in the summer of 2013.

This report focuses on the effectiveness of the buddying arrangements for those trusts.

We also give some consideration to the breadth and range of other buddying and learning arrangements taking place between trusts across the country, which are not facilitated as part of a formal process such as special measures.

We would like to thank all those who have contributed to this review.

## EXECUTIVE SUMMARY

Buddying as a concept has been generally well received by organisations in special measures, albeit with some notable exceptions. 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.

In fact, it is important to distinguish between the improvement actions which can be achieved through regulatory enforcement, and the type of improvement, learning and development a more peer based 'buddying' arrangement can afford.

The evidence from participants confirmed what might be deduced intuitively, that where the buddying arrangement is focussed, with clear terms of reference and undertaken within a specific timeframe it was more likely to produce positive measurable outcomes. However local discretion to deal with the issues prioritised by both parties played a significant role in the success of the arrangement.

In fact, a 'good fit' between the organisations is a precondition for buddying arrangements to be successful. Interviewees saw having a compatible organisational culture and aligned values as more meaningful than the organisations being of a similar size or structure. While geographical proximity is important in making a good relationship easier to manage, it will not be sufficient to overcome the negative impact of a poor cultural fit and it would

be unwise to assume that two organisations will be able to work together just because they are of similar size and structure and are located in the same geographical area. Other factors are more important.

Buddying has worked best where trusts have received targeted support to help them with acknowledged difficulties from organisations that are accepted as having expertise in a given field. Some of the buddied organisations felt that it would be better to receive support from more than one expert trust than to receive support from a single trust that might not be an acknowledged leader in all of the relevant areas of expertise.

However, in the most complex cases where services are failing, buddying alone is likely to be insufficient and should be considered as part of a broader improvement programme, ideally led by the trust itself, or to complement proportionate regulatory action. This may well be most relevant where issues in the wider local health economy make it difficult for the trust to thrive.

Throughout the review, two key themes emerged. Firstly, that developing strong personal relationships is of key importance to a successful partnership arrangement. Secondly, the need for all parties, nationally and locally, to better understand the level of work and commitment involved for both partners.

Without these two fundamentals in place, it was evident that buddying arrangements risk failing, despite the considerable potential for improvement and shared learning they can offer in the right conditions.

## Key messages

- Consideration should be given by national bodies, and the sector itself, to how to promote the use of buddying more widely within the provider sector, as one important means of encouraging shared learning and driving improvement.
- Clear terms of reference and timescales for achieving outputs are recommended for formal buddying arrangements, including shared understanding of the expectations between both parties.
- Buddying arrangements for trusts in special measures should, where possible, allow flexibilities for trusts to suggest appropriate partnerships, rather than being imposed by regulatory bodies.
- Buddying arrangements within the special measures regime should allow scope for local discretion within their terms of reference, in order to support the best outcomes.
- The cultural 'fit' of organisations should be given due prominence in setting up buddying arrangements and, in the case of special measures, all parties should have the discretion to terminate arrangements that turn out to be a poor fit or are proving unproductive.
- Any buddying arrangement, including those within special measures, should take due account of geographical proximity – both to ensure closer working between two or more organisations does not raise competition issues, and to ensure the arrangement is practically workable.
- Issue specific buddying with a number of buddies providing assistance to a single organisation should be more fully considered in order to ensure a good match between the areas of improvement a trust in special measures has identified and the strengths of potential buddies.
- The cost implications for both the buddy trust and a trust in special measures need to be more robustly taken into account by the regulators so that it is at least cost neutral for those trusts in special measures, and provides an appropriate incentive and recompense for those trusts acting as buddies.

## SCOPE AND METHODOLOGY

In order to assess the effectiveness of the buddying arrangements so far, as many as possible of the 11 trusts originally placed in special measures and their partnering organisations were interviewed about their experiences of buddying<sup>1</sup>. One trust which has more recently been placed in special measures (in October 2013) also took part in the interviews. As such, this review deliberately focuses on an evaluation of the regime from the perspective of the NHS providers involved.

It is worth noting that, a 12 month period is a short timeframe in which to embed and evidence change, and the review is somewhat hampered by the relative newness of the buddying regime. For this reason, trusts that had more recently been placed in special measures, and their buddies, were not approached as it was felt they were in too early a stage of the process to be able to inform the review.

We also note that the special measures regime and the buddying processes within it were equally new for the regulators involved, and that both Monitor and the Trust Development Authority (TDA) have continued to refine their processes since the introduction of the regime in summer 2013.

Some trusts also declined to be part of the interviews. This is unfortunate, as all of them would have had useful learning to share, including those that did not benefit from a successful buddying arrangement. Not every trust in special measures could be matched with a buddy, and there were some instances where the buddy felt that their offer of support had been declined by the trust in special measures, and there were some instances where buddying arrangements had ended (sometimes by mutual agreement, sometimes not) before any significant work had been carried out.

Due to the multifactorial nature of the turn around plans used by organisations in special measures there is no single measure against which the effectiveness of each buddying partnership can be assessed. Each partnership has established its own way of working and although buddying arrangements were drawn up

between the special measures trusts and their buddies, by either Monitor or the TDA, this review did not have access to all of them.

Instead, we used the following criteria to review the effectiveness of the budding initiative as a whole:

- How has buddying supported trusts in special measures to make changes or improvements more rapidly and in a more informed way than they could have done without buddying support?
- What was the focus of the individual buddying arrangements with regard to improvement?
- The degree to which buddying represents value for money, in contrast to other methods of support such as consultants or other sources of advice.
- What are the benefits and incentives for buddying organisations?

Our methodology for the review consisted of the following:

- a general call for the submission of evidence from foundation trusts and trusts and key stakeholders with regard to their experiences of buddying;
- a focussed survey of FTN members to capture the breadth of buddying arrangements in the sector, including, those established outside of a special measures process;
- a request for information from the lead regulators for buddying;
- desk research on learning and evidence from other sectors, such as local government, with regard to buddying and peer support;
- focussed, structured interviews with trusts on both sides of the buddy relationship within special measures specifically;
- analysis and review.

All the quotes from trust staff provided within the report have been anonymised. A list of the questions asked of interviewees can be found at appendix A. Appendix B includes an anonymised case study example of where buddying worked well for both parties, and one example where the relationship proved less successful. Appendix C provides the detail of an FTN survey of all member trusts with regard to buddying activity they undertake including, and outside of, the special measures process.

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<sup>1</sup> The sample included eight trusts which had received support in special measures and six buddy trusts

## FINDINGS

### EVALUATING THE EFFECTIVENESS OF BUDDING ARRANGEMENTS WITHIN THE SPECIAL MEASURES PROCESS

#### How have individual buddying arrangements been arranged?

Given that special measures has recently been introduced as a new part of the regulatory regime, there was no national guidance available at the outset, and the early buddying arrangements largely decided their own parameters. Buddying arrangements came into being in one of two ways, either voluntarily, usually when a senior executive (often the chief executive or chair) made contact with a colleague they already had a relationship with to act as a buddy, or via a suggestion from Monitor or TDA (in each instance, Monitor/TDA agreed the proposal).

Where a trust executive and its buddy were former colleagues, it helped the trust in special measures identify counterparts and departments in the buddy trust best placed to help them with particular issues. Interviewees repeatedly stressed that having a mutually respectful relationship had been crucial to the success of their buddying agreement. Many commented cautiously on the alternative, which is to have a buddy suggested, or imposed, by Monitor or TDA. This also infers a responsibility on those trusts seeking to benefit from a buddy to be proactive in selecting, and engaging with, an appropriate partner.

*"It helped to find a buddy ourselves, with whom we had mutual respect. The [other chief executive] didn't think I was one of the 11 worst chief executives in the country or that we were one of the 11 worst organisations in the country."* Chief executive, trust in special measures.

In fact, those buddying arrangements which were not self selecting, often led to less successful arrangements. At best, those organisations involved in buddying from an imposed beginning have failed to agree on a work programme and both parties feel little or nothing has been achieved. At worst, in a minority of cases, there has been a significant clash of personality or culture.

*"No trust in each other means no confidence.*

*Otherwise no one is going to open up to you – and that's what happened with one of the trusts we worked with."*

Chief executive, buddy trust.

Another form of the arrangement took place where a trust was buddied by the same organisation that it was being acquired by. This created its own issues, which we explore later in the report, as it was difficult for the buddy trust to establish clear definitions of where its responsibilities lay, as an acquiring partner, and as a buddy respectively.

#### How were work programmes agreed?

Interviewees identified that establishing an agreed work programme upfront was an essential, but an often fluid, process. Interviewees generally identified the importance of facilitating early meetings between the boards of their two organisations as a starting point for formulating any programme. One buddy trust chief executive commented that although their organisation had originally gone in with a diagnostic approach to the trust in special measures, sitting down in an informal environment had been far more productive in establishing what the real issues were.

The nature of buddying varied according to the nature of the work involved. Some buddying arrangements were described as quite light touch – what one buddied trust described as "a constant, helpful challenge". Others involved much more intensive support for specific areas of work such as quality and safety issues, or extensive project management that included key staff being seconded from the buddy trust. For instance, one buddied trust described how the work was so extensive that it had essentially become part of the organisation's every day working, with hundreds of people involved, from executives down to ward level. At the furthest end of the spectrum, in some instance, the buddy felt their trust essentially took on the role of trying to get a trust out of special measures, or indeed, were a potential acquirer of a trust in special measures.

Some of the buddying schemes took place over a few months to a year, and many have now come to an end. Most buddy trusts still involved say they anticipate formal work ending no later than the third year of involvement. This does not however preclude informal relationships that may continue between individuals.

## Who has been involved in buddying arrangements at trust level?

In most instances, dozens of people have been involved in buddying at all levels of the organisation, including visits by staff members from the buddy to a trust in special measures, and the buddy organisation hosting its partner trust for a learning day or similar. In a minority of instances, involvement was restricted to executive teams, or individuals which senior management described as “leaders and future leaders”.

All involved agreed it was essential for ‘top teams’ to meet face to face, at least to begin with, to ensure that the respective chief executives and board members could work constructively together, as without an underlying sense of mutual respect, the buddying arrangement could not enjoy any kind of success. A number of chief executives emphasised the core importance of a supportive chair, both for the broader success of the organisation, but equally to ensure the buddying scheme itself would work.

Opinions varied about whether it would have been helpful to have a project manager at each trust to oversee the ‘buddying’ element of the improvement programme. Obviously, where buddying arrangements include an extensive work programme, this seems a logical progression. As it is, it was largely chief executives, chairs and trust secretaries, with the associated administrative support, who co-ordinated the schemes. Trusts felt they had the discretion to shape the buddying schemes themselves, without interventions from the regulators, however greater clarity about this would be helpful in future, particularly given the resource implications of the co-ordination itself.

## Which type of trusts should be buddied with each other?

Opinions varied about the importance of matching organisations of comparable size and structure. In fact the trusts in special measures are largely small to medium size district general hospital or multi-site organisations, and the buddy organisations to date have often been large teaching hospitals based in major cities.

Some trusts in special measures felt that being buddied by a teaching hospital meant they had

an opportunity to learn from the best, and that their buddy learned from their greater proximity to community based services for example. Others felt the disparity to be too great for them to maximise the learning from the arrangement.

However, most interviewees remarked that a successful arrangement had more to do with a ‘meeting of minds’, shared values, a mutually respectful relationship and an agreement about what needed to be done, than the actual structure of each organisation.

*“You have to be similar in terms of values. But our organisation and the buddy are not that similar. We are in a supposedly healthier, wealthier area, they are in an area of high deprivation. We have multi sites and community care and several commissioners, not one site and one principal commissioner. When we went to see them, we said to ourselves – what could we do with this kind of funding and these levels of staffing?”*  
Chief executive, buddy trust.

There are however practical issues to be considered. For example, if a trust in special measures is seeking help with specific service level issues, and a buddy trust does not run such services, there may be limitations as to how much it can help. In such circumstances, for example, one buddy that did not provide paediatric services put the trust it was partnered with in touch with an alternative ‘buddy’ for those services.

There was also considerable debate as to how close to home a buddy trust should be. Most people stated that they would not want to have been partnered with a neighbour, potential competitor or tertiary provider, so having some distance helps, but as we have found below, being too far apart places additional practical strains on a buddying arrangement.

Overall, respondents consistently stressed the importance of agreeing the aims of the buddying arrangement, including what can realistically be expected to be achieved. Where buddy arrangements have failed to achieve success, this can often be attributed to the buddy trust feeling unable to fully address the needs of the trust in special measures, a theme we address in greater depth below.

## Has buddying supported trusts in special measures to make improvements more rapidly than they would otherwise have done?

One of the issues this review wanted to consider was whether buddying had led to improvements to services for patients and service users. However it is clear that it is so far too early to tell if this is the case, particularly as those trusts that have improved and exited special measures do not attribute this to buddying alone.

It is difficult to establish a direct link made between a buddying arrangement and improved outcomes. Where buddying has resulted in extensive work in a partnered organisation, this may be easier to measure, but we believe isolating the drivers for any one particular improvement would be difficult to do with certainty.

However there have been instances in which buddying has resulted in small, practical changes which patients and service users may have noticed and appreciated. For example, one buddy trust reported that it noticed the corridors at a trust it was buddied with needed painting after the budget for non-essential cleaning had been cut. It then spent some of their buddying fee on getting them repainted. The buddy trust reported that this had helped to improve morale.

Significantly, there is some evidence that a buddying arrangement helped a trust in special measures to make improvements more rapidly than it would otherwise have done. Some trusts in special measures acknowledged that they would have struggled to make improvements as an organisation without their buddy. Understandably, these tended to be the organisations that really embraced the buddying approach and accepted the buddy's help on a wide range of projects, many of which were at service level.

*"There were a lot of difficult conversations to be had in our local area and without support, little would have changed. We could not have got through the last 12 months without our buddy."* Chief executive, trust in special measures.

*"Our buddy did not try to dictate to us but assessed where they could help. It helped with pace, speed and gaining external credibility. We would have achieved*

*some things without help, but others we would have struggled to do without help."* Chief executive, trust in special measures.

It was made clear by all of the trusts we interviewed that whatever successes a provider had achieved since being put into special measures (whether they had since been taken out of special measures or not), these could not be attributed to buddying alone. In fact, on the whole, the buddy trusts did not claim successes for themselves. One buddy trust whose partnered organisation has since got out of special measures described the buddying process as *"the icing on the cake"* for it to achieve this.

Several trusts in special measures pointed out that the amount of time it took to get buddying arrangements up and running, coupled with the extensive 'to do' list they had post Keogh, meant they could not afford to wait for their buddies before getting on with what needed to be done. *"We got there on our own,"* was the opinion of many interviewees, including those with both positive, and less positive experiences of buddying.

Many of the interviewees were keen to point out that improvements were due to the efforts of the entire organisation, its staff and local health economy partners.

*"The buddy played a role, but not as essential a role we did as an organisation. It was an organisational effort and a whole system effort; we couldn't have done it without our social care, mental health and commissioning colleagues."* Chief executive of a buddied trust now out of special measures.

However many trusts appreciated that the support provided by a buddying process had been considerably quicker and better value than using a management consultant might have been, as well as being carried out by people who know first hand what it is like to work in the NHS and within a particular service specialism. Similar feedback was repeatedly highlighted by the buddy trusts.

*"I don't think any trust in special measures could achieve things only with the help of a buddy. But with different external help [e.g. a management consultant] it would have taken a lot longer and been a lot more expensive."* Chief executive, buddy trust.

## What limits the success of buddying?

### Constructive relationships are fundamental

Relationships based on mutual trust and respect are fundamental to successful buddying, and appeared as the most important indicator of success, beyond matching organisational form and structure. Interviewees repeatedly said how difficult it would have been if their buddying arrangement had been imposed, and indeed those arrangements seen to be imposed by regulatory bodies appear to have been the least successful.

The importance of mutual respect at board level and of taking account of culture clashes also featured often in feedback where buddying arrangements had been unsuccessful.

Interviewees highlighted the fact that the trust in special measures has to be willing to accept help and change. Buddy trusts that reported unsuccessful buddying arrangements frequently stated that a trust in special measures was unwilling to accept it needed their help. Conversely, trusts in special measures which had unsuccessful buddying arrangements reported that the buddy trust was either entirely unsuitable, structurally or culturally, or that they had felt dictated to, rather than supported.

As mentioned above, interviewees frequently cited the need to 'get on' and make changes, and the need for buddying arrangements to be agreed more swiftly to initiate support in the most timely manner possible.

### The role of geography

The geographical distance between a trust in special measures and its buddy had often played a surprisingly dominant role. Although many interviewees stated that they did not want to be situated too close to their buddy, the considerable distances involved for others had coloured their experiences of the scheme. Some trusts are harder to reach from particular routes, with poorer road or rail access.

Where distances were considerable (some trusts were buddied with others at the other end or other side of the country) many interviewees reported that travelling took half a day, and usually involved a very early start or an overnight stay. This was described as tiring, draining and disruptive.

### Clarity of expectation and the capacity of both organisations

Although some buddying arrangements were light touch, those that were extensive had significant impacts on the buddying organisation. While many of the buddy trusts felt they had been overstretched because the scale of the work to be done by their trust had been underestimated, even those buddy arrangements that have been lighter touch have often had to reconsider their buddying commitments, if they became a distraction from core business. This in turn could lead to disappointment on the side of the trust being buddied if offers of support were withdrawn or scaled back. Establishing a shared understanding between the trusts involved and between the trusts and the regulators on the nature of the arrangement is therefore important.

*"The trust [we buddied] wanted us to second someone for quite an extensive piece of work and we didn't have anyone we could release for that. We felt there was an assumption that as 'high performing' trust we had lots of people sitting around waiting to be deployed."* Chief executive, buddy trust.

Buddy trusts also flagged inconsistencies of approach between Monitor and TDA which would be helpful to address. Some interviewees from buddy trusts felt that accountabilities became confused and they came under too much pressure from the regulators with regard to the performance of the trust in special measures when the board of that trust remains accountable.

## What are the benefits and incentives for potential buddies?

Buddying organisations made it clear that where they had participated in buddying, they did so almost exclusively out of a sense of public service, although many acknowledge they have gained in other ways.

*“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 trust.

*“It is rare to not get ideas from another organisation.”* Interviewee, buddy trust.

Where buddying worked well, some interviewees remarked on how rewarding it was to see their support for another organisation come to fruition, and indeed, how helpful it can be for staff at different levels to learn from others and to witness the pressures in a different trust.

*“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.

## Does buddying represent value for money?

Interviewees from buddy trusts consistently agreed that buddying arrangements provide value for money.<sup>2</sup> Many pointed out that the fees they were receiving for the work was a very small percentage of what a consultancy would expect to charge for similar work. A number of buddy chief executives estimated that the cost of similar support from a consultancy firm would be between £5million and £10million.

However the response from some of the trusts within special measures was more measured. One trust chief executive whose buddy had largely worked with her organisation around quality improvement wondered if they would have got equal value spending the funds available on executive team study trips to an organisation like the Institute for Healthcare Improvement for instance. Another said that a private provider in the local economy had also been very helpful.

Others pointed out that they felt it was too soon to evaluate if buddying represented value, but many acknowledged it had been much more cost effective than hiring external advice and had allowed them access to years of expertise that would have been expensive, or impossible, to benefit from in other ways. Many trusts felt buddying had added value in areas which are hard to ‘put a price on’ – such as the establishment of individual relationships between peers, some of which the interviewees said they hoped would continue for the rest of their careers.

*“I would recommend buddying to any trust, not just those in difficulty. No organisation can afford to be isolated. We all need to be sharing good practice.”* Chief executive, trust in special measures.

## How can buddying arrangements become more effective?

### Greater clarity of purpose and expectation

In general, interviewees felt that all organisations can benefit from tailored support and mutual learning. However interviewees recognised that buddying alone is an insufficient tool to resolve the issues faced by some trusts in special measures, and felt that greater clarity about the expectations of buddying within this context, among national and local bodies, would be welcome.

*“Some of these trusts have long term systematic issues. Some of the buddied trusts are among the most challenged communities we have [in the NHS]; trusts that have been struggling since trusts were first founded, and short term support will not solve the problem. So the issue is about how we inspire medium term systems improvement.”* Chief executive, buddy trust.

There was a range of opinion about how long buddying arrangements should be in place. A chief executive of a trust in special measures pointed out that as being in special measures is supposed to last a year, it seems reasonable to assume buddying should last at least two years. However, another chief executive of a trust also in special measures felt that buddying should be a shorter, sharper exercise focussed on particular issues.

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<sup>2</sup> We note that Monitor and TDA apply different processes to reimbursement and that Monitor does offer incentive payments for buddy trusts



## A flexible approach based on individual trust needs

Many suggested a tiered approach to buddying should be adopted, ranging from a coaching and mentoring style role (which many chief executives said they already do, on an informal basis) through to tailored work programmes.

At the most intensive end of support, buddy trusts often felt their commitments were too great to be managed under the guise of buddying alone. Building on the section above, 'Is buddying value for money?' many buddy trusts stated that if buddying were to be extended, the remuneration would have to better reflect the type and extent of their support with a sliding scale of fee dependent on the amount of commitment involved.

*"We need to see buddying tiered at different levels – and we need to be clear about what is the minimum goal of buddying. What is the biggest single issue for the trust – culture? Finances? One buddy cannot do everything."*  
Chief executive, buddy trust.

In a similar vein, several buddied trusts said they felt they would have benefited more from having a range of buddies, each selected for its expertise in a particular area and we understand this is now under consideration as an option for certain trusts in special measures.

*"No one organisation is good at everything. Why not work with two, three or four different organisations?"*  
Chief executive, trust in special measures.

Where work is likely to be extensive, some buddy trusts said they would benefit from their trust having an 'in-trust consultancy', which could scope out the extent of a potential buddied trust's issues before agreeing to take on the work, and be focused on such work if the decision were taken to go ahead. Capacity to have a project manager for buddying work would also be helpful.

In every circumstance, the role of the buddy must be clear, including those occasions where the buddy may be a potential acquirer of a trust in difficulty.

## HOW EXTENSIVE IS BUDDYING IN THE NHS PROVIDER SECTOR, OUTSIDE OF THE SPECIAL MEASURES REGIME?

The FTN carried out a survey of NHS trusts and foundation trusts to learn about formal and informal buddying arrangements that exist within the sector, both as a result of arrangements for trusts in special measures and those undertaken for other reasons. We note that the NHS has no formal means of facilitating such arrangements, so the majority of respondents were reflecting voluntary learning arrangements they had established themselves, peer to peer.

There is a diversity of approach to 'buddying' across the NHS including some arrangements which we might want to classify differently as 'networks' as well as more intensive one to one buddying in order to share learning or for one party to improve their practice in a particular area. However, the volume of organisational supporting activity and cross pollination of ideas between NHS organisations outside of the formal special measures process is both significant and encouraging.

A summary of the findings of this survey is as follows and supports our more intensive focus on the requirements for successful buddying within special measures. The full details are available at appendix C:

- Trusts are undertaking a wealth of mutually supportive activity (outside of the special measures regime) including informal, buddying arrangements and a range of different supportive networks.
- Clinical networks are in the main based on geographical and clinical service lines whereas 'organisation to organisation buddying' utilises more out of area arrangements.
- All respondents reported that their trust is a member of at least one form of improvement group or network and over 60 per cent said the trust was a member of both service line/clinical networks and national or local improvement networks.<sup>3</sup>
- Trust and mutual respect are key requirements for any successful buddying arrangement.
- Pooling knowledge of good practice, sharing.

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3 FTN Survey results, June 2014, which had 45 respondents

solutions for shared challenges and providing staff development opportunities were all identified as key benefits provided by buddying arrangements.

## WHAT LESSONS ARE AVAILABLE FROM OTHER SECTORS?

The review team undertook a desk review of similar schemes in other sectors, including local government which is well known for championing peer based, 'sector led' improvement support seen as a distinct from, but complementary to, regulatory activity.

For example the Local Government Association is currently however running a 'Peer Challenge' programme which is a vehicle for councils to seek advice from senior staff in other councils and the private sector on issues of the council's choice.<sup>4</sup> The 'Peer Challenge' involves a team of senior staff from other councils, and in some cases from the private sector, interviewing staff in a council for 3-4 days. The 'Peer Challenge' panel will review documentary information on the council before interviewing staff and ask for additional information during the visit. They will then feedback to council via verbal feedback and a written report.

The key reasons why this is seen as a strong tool for improvement, as identified by an evaluation of the scheme by the Cardiff Business School,<sup>5</sup> were as follows:

- The interview process was not undertaken as part of an inspection so staff were perceived to be less defensive when answering questions about the council.
- The people selected for 'Peer Challenge' panels were thought to be creditable and senior. The councils requesting 'Peer Challenge' panels were able to request what expertise, and indeed ask for specific individuals, would be involved in the review.

- It provides councillors, officers, staff, partners and communities with an independent review of a council's strengths and weaknesses and the challenges it faces.
- Several case study councils had benefitted from continuing relationships with team members after the challenge had been completed.
- Councils that have experienced the process are strong advocates for it. By March 2014, councils have contributed more than 2,500 days of senior councillor and officer time to 'Peer Challenge' teams. Councils continue to see the benefit of releasing their senior officers and councillors to be peers. Many are motivated to participate by the opportunity to gain ideas and good practice, make comparisons with their own authority.

However the following should also be borne in mind regarding the project:

- It is difficult to isolate the effect the programme has on council performance as it is generally used as part of or a subsequent review of a programme of improvement. The effectiveness of it is measured by qualitative feedback directly from the councils rather than through improvements outcome measures.
- Peer reviews are often published, indeed for many councils it can be used to help rehabilitate the reputation of a council, which may have a potential impact on the willingness of a panel to endorse aspects of a organisation's operations.
- Some councils commented they wanted LGA managers to take a more pro-active role in highlighting lessons from elsewhere.
- Some participants questioned whether this activity represented a good use of the expertise of 'Peer Challenge' teams. Other processes are in place to provide reassurance about performance e.g. Ofsted, Care Quality Commission, annual audits. The LGA helped mitigate this by screening requests and managing expectations.

As with our own review of buddying, it is of course, difficult to isolate the effect an improvement programme has on performance, however, there would seem to be some useful learning for the NHS from parallel schemes in other parts of the public sector.

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4 <http://www.local.gov.uk/peer-challenge?jsessionid=BC23C663F15FF6EAA9380361B4FE3A45>

5 <http://www.local.gov.uk/documents/10180/11439/services++peer+challenge++phase+2+Cardiff+evaluation+of+peer+challenge++accessible+24+feb+2014/3f7dd72a-0dac-45ba-ad08-c06e82607970>

## CONCLUSIONS

Based on the evidence of this review, buddying certainly deserves to have a future as part of work to improve the outcomes for NHS providers. Trusts within special measures largely appreciated the chance to work with people who have day to day experiences of working in the NHS and bring particular expertise to the table.

Parties on both sides of the arrangement highlighted the benefits of mutual learning and support. It is also clear that the 'value' of the support a buddying arrangement can provide is considerable, in comparison to the equivalent 'cost' of similar external support and expertise. Some would argue that in the right context, buddying brings a different type of peer based benefit to trusts in difficulties which by its nature is difficult to procure from outside of the sector.

- Consideration should be given by national bodies, and the sector itself, to how to promote the use of buddying more widely within the provider sector, as one important means of encouraging shared learning and driving improvement.

However, our findings show that it is essential to be clear what role a buddying arrangement can play, particularly for those trusts facing often long term difficulties including complex relationships with their local health economy or structural financial issues. While the review indicates that buddying has an important role to play, interviewees were equally clear about the limitations of the approach in isolation as a single lever for change. Some suggested a 'tiered approach' in which different levels of support are better matched to a trust in special measures.

- In every instance, clear terms of reference and timescales for achieving outputs are recommended for formal buddying arrangements, including greater clarity over the expectations of both parties.

It is also clear that some adjustments should be considered by the national bodies, in order for buddying to continue fruitfully in the future, including a shared understanding of the expectations of both parties.

The overriding message from the review was that buddying arrangements work best when the trusts involved have a say in how they are paired, and

are ideally able to voluntarily pair up. Ensuring that buddying arrangements were based on a relationship of mutual trust and respect was the most commonly cited identifier of success. In addition, geographical location proved to be important.

- Buddying arrangements for trusts in special measures should, where possible, allow flexibilities for trusts to continue to suggest appropriate partnerships, rather than being imposed by regulatory bodies.
- The cultural 'fit' of organisations should be given due prominence and buddying arrangements within the special measures regime should allow scope for local discretion within their terms of reference, in order to support the best outcomes.
- Any buddying arrangement, including those within special measures, should take due account of geographical proximity – both to ensure closer working between two or more organisations does not raise competition issues, and to ensure the arrangement is practically workable.
- Issue specific buddying with a number of buddies providing assistance to a single organisation should be more fully considered in order to ensure a good match between the areas of improvement a trust in special measures has identified and the strengths of potential buddies.

While interviewees were clear that offering support for colleagues in NHS provider sector was itself a clear incentive for participating in buddying, it is also evident that for the scheme to be sustained, buddy trusts (and those in special measures) need to be fairly recompensed for their time, and particularly allowed flexibilities, including to backfill posts and protect the performance of their own organisation. Buddy trusts generally felt under recompensed for the support they offered through the process.

- The cost implications for both the buddy trust and a trust in special measures need to be more robustly taken into account by the regulators, so that it is at least cost neutral for those trusts in special measures, and provides an appropriate incentive and recompense for those trusts acting as buddies.

In summary, throughout the review, two key themes emerged, namely that developing strong personal relationships is of key importance to a successful partnership arrangement, and of a need for all parties, nationally and locally, to better understanding the level of work and commitment involved for both partners.

Without those two considerations in place, it was evident that buddying arrangements risk failing, despite the considerable potential for improvement and shared learning they can offer in the right conditions.

## APPENDIX A

### INTERVIEW QUESTIONS FOR SPECIAL MEASURES TRUSTS AND BUDDIES

Interviews were conducted by telephone, usually with the chief executive of each trust. We encouraged the interviewer to flex the questions, as appropriate, depending on the nature of the conversation. The same interviewer conducted all of the interviews except one.

- Were there any agreed objectives, terms of reference or other document that sets out what the arrangement and what it aimed to achieve?
- Were any ways of working together agreed?
- What have been the time inputs from both parties to date?
- Can you provide estimates of expenditure to date/ other costs/opportunity costs – both parties?
- Who has been involved – board, clinicians, others, numbers from each body?
- What has been achieved as a result of buddying- can you provide examples?
- To what extent was this what was aimed for from the outset?
- What was serendipitous?
- Was buddying a direct driver of changes or would they probably have happened anyway through other means?
- What was distinctive/unique and could only have happened through personal interaction?
- Have 'softer' arrangements been put in place – mentoring, informal information exchanges, someone to talk issues through with?
- Have any continuing relationships been formed – at organisational level, at board level, at individual level?
- To what extent will any of the arrangements made persist indefinitely?
- What was of value and what didn't work – for both parties?
- If we were starting from scratch what would you do differently?
- What are the key learning points to share with government, the regulators, stakeholders, the sector?

## APPENDIX B

### CASE STUDY ONE

#### Where buddying worked well for both parties

The respective chief executives were trainees at the same time, prompting one to contact the other when her trust was placed in special measures. They mentioned having a mutual respect and a previous relationship was a good footing for the buddy relationship; it also helped the buddy trust look beyond the label of special measures.

Although the buddied trust is now out of special measures, its chief executive describes buddying as “adding value”, and is keen to point out that it was down to the efforts of her organisation and the local health system in which it sits that improved its outcomes. The relationships that were formed or strengthened between individuals, such as chief executive to chief executive or chief nurse to chief nurse worked particularly well. The buddy trust agrees that relationships have been key.

*“It’s still early days for buddying but one of the more productive parts of this has been the informal arrangements that are in place. Ringing someone up and having a chat can be far more productive than a series of board level presentations.”*

A number of individual departments, including radiology and end of life care, also visited the buddy trust for some theme or service development based projects. Overall around 200 people from the buddied trust have been involved in some way, often visiting the buddy trust in whole teams. From the buddy trust, around 12 people have been significantly involved, and around 30 overall.

The buddied organisation admitted that working with the buddy had allowed it to ‘leapfrog’ years of the buddy’s trust expertise in quality improvement and the arrangement has succeeded because both sides were explicit about what the buddying should consist of, and aim to achieve.

However, as with all such arrangements, the two parties did experience some difficulties. The buddied trust chief executive did add that there were times

when the buddy trust had appeared overstretched and unavailable to the buddied trust. In addition, although she felt a key issue was that the two organisations should be similar in terms of values, the two organisations were very different – one a multi site trust that also provides community care, the other a single site teaching trust – and the geographical distance between the trusts meant visits to one or the other necessitated a day out of the office and often an overnight stay.

At the time of the interviews, both organisations felt that the buddying arrangement as it stands now will probably continue for another six to nine months (as of July 2014), and after that continue to have a relationship, but at a lower key.

### CASE STUDY TWO

#### The value of ensuring a good match between special measures trust and buddy

This example is of particular interest because the buddy trust in this unsuccessful arrangement was also a buddy more successfully with another trust.

*“With hindsight we got things the wrong way round. We did not choose the buddy trust, it was identified by the regulator.”* Chief executive, trust in special measures.

As the trust is still in special measures, its chief executive feels it needed targeted service level help, and that the buddy was not best placed to provide that. This arrangement has now come to an end.

However, another trust partnered with the same buddy reports a different experience.

*“The buddy did not dictate to us but assessed where they could help. We embraced it as we could see the benefits. They were clear about where they could and couldn’t help (this trust also provides paediatric and maternity services), but where they couldn’t they put us in touch with organisations that could.”*

With hundreds of people involved from its side, on a range of issues ranging from strategy to clinical engagement, this trust now speaks to the same buddy organisation several times a week.

## APPENDIX C

### SURVEY OF NHS PROVIDERS WITH REGARD TO BUDDYING

Between 12 and 23 June 2014 FTN carried out a survey of NHS trusts and foundation trusts to learn about formal and informal buddying arrangements that exist within the sector, both as a result of arrangements which form part of a special measures regime and those which are undertaken independently. 48 executive level staff from 47 providers responded.

Respondents were also asked about their participation in networks, as, like buddying, these offer opportunities for exchange of ideas, sharing of learning and good practice, and opportunities for improvement. 100% of the respondents said that their trust participated in at least one form of improvement group or network. 62.5% of respondents participate in both service line/clinical networks and national or local improvement networks.

#### **Trust type** (n=47)

Acute (DGH) – 14  
Acute (large or teaching) – 11  
Ambulance – 1  
Community – 3  
Integrated – 13  
Mental health – 1  
Specialist – 4

#### **Role** (n=48)

Chief Executive – 13  
Medical Director – 15  
Other – 18

#### **Does your trust take part in any service line/clinical networks?** (n=46)

Yes = 41  
No = 3  
Don't know = 2

#### **Does your trust take part in any national or local improvement networks?** (n=46)

Yes = 34  
No = 7  
Don't know = 4

#### **Do you participate in any other improvement or benchmarking groups on a voluntary basis?** (n= 44)

Yes = 33  
No = 7  
Don't know = 4



## Foundation Trust Network

The Foundation Trust Network (FTN) is the membership organisation and trade association for the NHS acute hospitals and community, mental health and ambulance services that treat patients and service users in the NHS. The FTN helps those NHS trusts deliver high quality, patient focussed, care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

The FTN has over 220 members – more than 90% of all NHS foundation trusts and aspirant trusts – who collectively account for £65 billion of annual expenditure and employ more than 920,000 staff.

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