



Version 1 | Public

# Monitor Stakeholder Research

## April 2015

## Background

The passing of the Health and Social Care Act brought about considerable revision to Monitor's role and remit, seeing it evolve from the foundation trust regulator, responsible for assessing applicants and regulating foundation trusts, to the healthcare sector regulator. Monitor assumed its new role in April 2013 and its duties now include:

- making sure public providers are well led;
- making sure essential NHS services are maintained;
- making sure the NHS payment system promotes quality and efficiency;
- making sure procurement, choice and competition operate in the best interests of patients; and
- promoting change through high quality analysis and debate, and by encouraging innovation.

## Objectives

In light of this new role, Monitor commissioned Ipsos MORI to conduct research with its stakeholders, following on from its previous survey undertaken in 2012, to understand how it is seen to be performing in its new role and the progress it has made.

Monitor's specific research objectives are to:

- provide useful and actionable input into the work Monitor is doing on how it can support the healthcare sector to improve/effect change, and help Monitor shape what the support might look like;
- provide insight to inform the implementation of Monitor's 2015/16 business plan;
- identify the gap between each stakeholder group's current position and the level of awareness, buy-in and advocacy Monitor needs them to have;
- establish a baseline for future tracking, in particular delivery of Monitor's business plan and the Forward View implementation;
- help Monitor further develop and refine the detailed communications and engagement approach for each stakeholder group, by establishing their preferences; and
- where helpful, compare Monitor's performance to previous results.

## Quantitative:

- Interviews were conducted between **16 February and 2 April 2015**.
- Prior to fieldwork commencing, stakeholders were sent an email which outlined the purpose of the research and invited them to take part.
- Interviews were conducted by an Ipsos MORI CATI (Computer Assisted Telephone Interviewing) interviewer.
- The questionnaire was designed by Ipsos MORI in conjunction with Monitor.
- The aim was to complete 250 interviews, with quotas set on stakeholder type (foundation trust (FT), NHS trust, CCG), and job role. Ipsos MORI completed a total of **264 interviews**

## Qualitative:

- Interviews were conducted between **9 February and 31 March 2015**.
- Exploration of the issues and themes covered in the quantitative survey in more detail.
- Prior to fieldwork commencing, stakeholders were sent an email which outlined the purpose of the research and invited them to take part.
- Interviews were conducted by telephone or face to face where requested.
- They were conducted using a discussion guide designed by Ipsos MORI in conjunction with Monitor.
- A total of **50 depth interviews** were conducted with national bodies, foundation trusts (FTs), NHS trusts and CCGs.

## This report:

This report brings together findings from the quantitative survey and qualitative depth interviews

- It is designed as a standalone document to be read, not presented.
- The quantitative data for this study has not been weighted.
- Throughout this report, all differences reported on in the text are statistically significant at the 95% confidence interval unless otherwise stated.
- Throughout, an asterisk (\*) represents a figure that is less than 0.5% but greater than zero.

## Quantitative data:

As a sample and not the entire population of Monitor's stakeholders have been interviewed, not all differences between results are statistically significant. Only differences in results between different groups which are statistically significant have been included in this report.

Where results do not sum to 100%, or where individual responses (e.g. tend to agree; strongly agree) do not sum to combined responses (e.g. strongly/tend to agree) this is due to rounding.

Please note that it is not possible to draw a direct comparison between the results of this survey and those from the previous survey in 2012. This is due to significant changes to the sample frame and to the questionnaire. It is also worth noting the timing of the 2012 survey, which was conducted directly after the Health and Social Care Act was passed, and a year before Monitor took on its new responsibilities in 2013. Where comparisons have been made these are indicative.

## Qualitative data:

Unlike the quantitative data, qualitative research is not designed to provide statistically reliable data on what participants as a whole are thinking. It is illustrative and exploratory rather than statistically reliable.

Verbatim comments from the interviews have been included within this report. These should not be interpreted as defining the views of all participants but have been selected to provide insight into a particular issue or topic.

**264** interviewed in the **quantitative** phase. The breakdown is as follows:

	CCG	Foundation Trust	NHS Trust
Chair	31	15	15
Chief Exec	0	16	11
Chief Officer	47	0	0
Commissioning Director	19	0	0
Finance Director	28	19	11
Medical Director	0	14	5
Nursing Director	0	8	10
Operations	0	3	0
Strategy	0	7	5
<b>Total</b>	<b>125</b>	<b>82</b>	<b>57</b>

**50** interviewed in the **qualitative** phase. The breakdown is as follows:

Stakeholder type	Interviews completed
CCG	10
Foundation Trust	15
NHS Trust	5
National Body	20
<b>Total</b>	<b>50</b>

Of the **20 National Body interviews**, the interviews break down as follows:

Stakeholder type	Interviews completed
Clinicians	7
Opinion Formers	3
Patient groups	5
Providers	5
<b>Total</b>	<b>20</b>

# Overall Summary: Impressions of Monitor

## Overall perceptions of Monitor

Monitor is generally **well known among its stakeholders** even among newer groups, though FTs and NHS trusts have higher awareness than CCGs.

Overall it is seen as **a professional and bright** organisation; its staff exhibit a high degree of **knowledge and expertise**, and take a **rigorous and thorough** approach to their work.

Monitor is seen to occupy a **unique place in the health sector**, and it was frequently described as remote from the rest of the system. This was not always considered to be a drawback, and some suggested that it brought an objectivity and freshness to Monitor's approach. However as with previous years, Monitor continues to be seen as overly **finance focused**, and a running theme throughout the research has been Monitor's limited understanding of the NHS at an operational level.

## Delivering Monitor's role

Overall there is a **good understanding of Monitor's role**. Stakeholders' understanding tends to be focused on Monitor's traditional function of regulation, as well as responsibilities around procurement; in these it is seen to be performing well. However there is **less familiarity with Monitor's more recently assumed roles in enabling integrated care and promoting change and encouraging innovation**. Stakeholders have seen less evidence of Monitor's performance in this area, and found it difficult to comment.

It is felt that Monitor has the **appropriate powers to deliver its role** but there is some concern that Monitor's limited experience of the health environment may mean it lacks the necessary skills and leadership to be truly effective. This was of particular concern when considering Monitor's role in shaping and driving forward integrated care and promoting change, for which a firm knowledge of the health context was felt to be essential.

## Monitor's values

**Stakeholders widely view Monitor as professional**. However, they are less positive about Monitor's performance supporting the front line and acting as one team. The strong perception that Monitor lacks an understanding of the NHS at an operational level may go some way to explain the former. On the latter, while stakeholders are positive about their day to day relationship with Monitor, high staff turnover has meant that stakeholders question **how joined up Monitor is** and whether Monitor is working as one team.

Monitor is seen to be **broadly interested in patient care**, but stakeholders are less positive about the extent to which Monitor can, and does, drive improvements for patients. However, it is not necessarily felt that Monitor should have a closer or direct relationship with patients and the public.

Source: Ipsos MORI

# Overall Summary: Working with others

## The regulatory framework

Stakeholders are split on the question of how well the overall regulatory framework of the health system is currently working. However, Monitor's position within the regulatory framework is viewed with more optimism. It is agreed that **Monitor has a clear regulatory role** and that it is **beginning to work more closely with other system regulators**. The documents produced as a **tripartite** with the TDA and NHS England are particularly seen as a sign of closer co-ordination between the regulatory bodies.

However, there is still **scope for Monitor to work better in partnership** with other regulators. Examples were given in the qualitative interviews of a lack of co-ordination from the different regulatory bodies, with stakeholders pulled in conflicting directions.

## Working with other organisations

Stakeholders are positive about Monitor offering more hands on support to FTs. It was suggested that Monitor should **focus on developing more supportive and ongoing relationships with FTs** and move away from a failure driven approach; only stepping in when things go wrong.

More broadly stakeholders would **value more support from Monitor** and, in particular, with implementing the Forward View. It was felt that there was a specific role for Monitor to play here in evaluating new models of care and disseminating best practice. However some **uncertainty remains about whether a more hands-on and supportive role** was at odds with Monitor's regulatory duties, and whether Monitor has the resource and NHS expertise to do this.

There is also a demand for Monitor to **work more closely with commissioners**; broadly stakeholders would like to see Monitor take a more system-wide approach, and CCGs in particular feel that building up strong relations with CCGs will help with this.

## Communications and engagement

Monitor's **communications are well received**. Some improvements to Monitor's reports and guidance documents were suggested, focusing on providing more concise summaries written in a more accessible language. This will allow stakeholders to use Monitor communications more widely.

Attitudes to Monitor's **engagement of stakeholders is more mixed**. CCGs, who do not have as close a relationship with Monitor as providers do, have not been engaged as much and are also more dissatisfied with their level of involvement. Furthermore, where stakeholders have been engaged they would like to see Monitor do more to demonstrate that their input has had an effect.

Source: Ipsos MORI



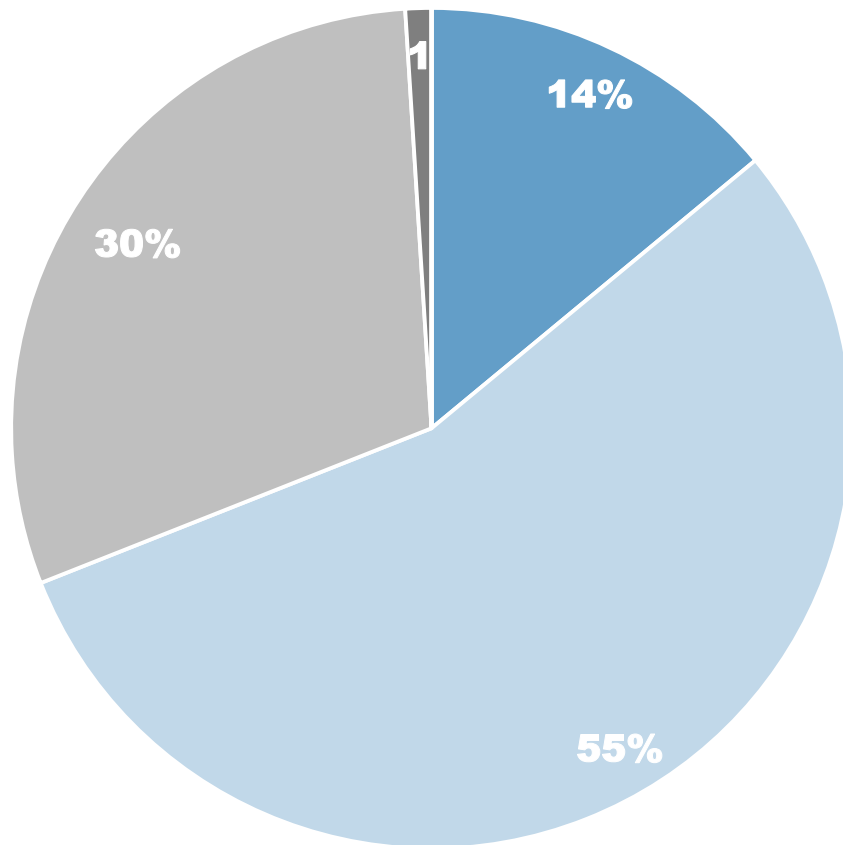
# Impressions of Monitor





# Seven in ten stakeholders are familiar with Monitor

Q2. How well, if at all, do you feel you know Monitor? Would you say you know it...



On the whole stakeholders show **good awareness of Monitor**, the majority (69%) saying they know Monitor very well or a fair amount. Only 14% say they know Monitor very well, however.

FTs have a higher awareness of Monitor; three in ten (30%) say they know Monitor very well. Stakeholders in CCGs have lower levels of knowledge; they are more likely than others to say they know Monitor just a little (45% vs. 30% overall).

■ Very well ■ A fair amount ■ Just a little ■ Have heard of it but know nothing about it ■ Never heard of it

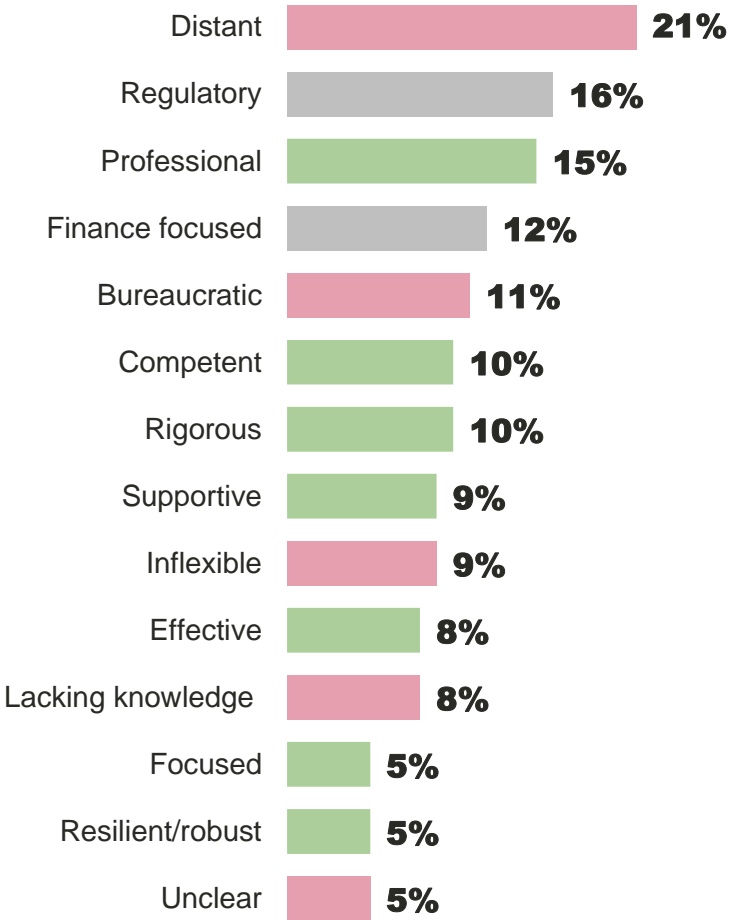
Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Monitor is seen as professional, but distant and bureaucratic

Q10. Monitor wants to understand the way in which their stakeholders view them as an organisation. Based on how they have delivered their role to date, please list three words that you would use to describe Monitor as an organisation. (Unprompted)

All mentions 5+%



Positive comments: 64%

Neutral comments: 33%

Negative comments: 69%

Stakeholders were asked to list three words they would use to describe Monitor as an organisation. A wide range of words were provided. Positive associations include Monitor’s professionalism (15%), its competency (10%) and rigour (10%).

However, when answering this question Monitor was frequently described as **distant or remote** (by 21% of respondents); this characteristic of Monitor was raised throughout the research. Other negative associations include bureaucratic (11%) and inflexible (9%).

In 2012 the most common words associated with Monitor were ‘finance-focused’ and ‘regulatory’. More respondents this year describe Monitor as professional, bureaucratic and distant.

# Similar words were used in the qualitative interviews

In the qualitative interviews, participants highlighted similar themes. Again participants were asked to provide three words to describe Monitor. This is encapsulated in the *Wordle* below. The size of the word relates to how many times the word was mentioned.

Clear themes emerge. Monitor is considered by many stakeholders to be:

- **going through change**: Monitor is seen to be expanding and maturing as an organisation;
- having a **professional approach**, with bright individuals working within Monitor;
- however, it is also seen as overly **bureaucratic** and rigid;
- **out of touch** and lacking an understanding of what's happening on the front line;
- and therefore **remote and detached** from the rest of the NHS.



*"A little bit detached, quite theoretical in perspective, closely focused on efficiency and theory of markets, possibly **not massively clued into operational realities of delivering care.**"*

National body - Clinicians

*"Whether it's an advantage or a disadvantage I think there's **often a sense that Monitor is out of the system rather than part of it.**"*  
CCG

*"There are some very **bright individuals who clearly think deeply about things** and who are very committed and care about what they do."*

National body – Opinion Former

Source: Ipsos MORI

# Knowledge, independence and professionalism are identified as Monitor's main strengths

## Q14. What do think are Monitor's main strengths? (Prompted\*)

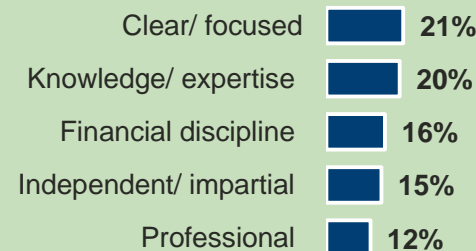
All mentions 4%+



A quarter (25%) identified Monitor's **knowledge and expertise** as one of its main strengths. Other key strengths also include Monitor's independence and impartiality (22%) and professionalism (21%).

Perhaps because they have had more opportunities to work closely with Monitor, **FTs are more likely to identify Monitor's staff** as a key strength (23% vs. 11% overall). Higher proportions of FTs also note Monitor's power and authority (15% vs. 8% overall).

### Top 5 strengths in 2012:



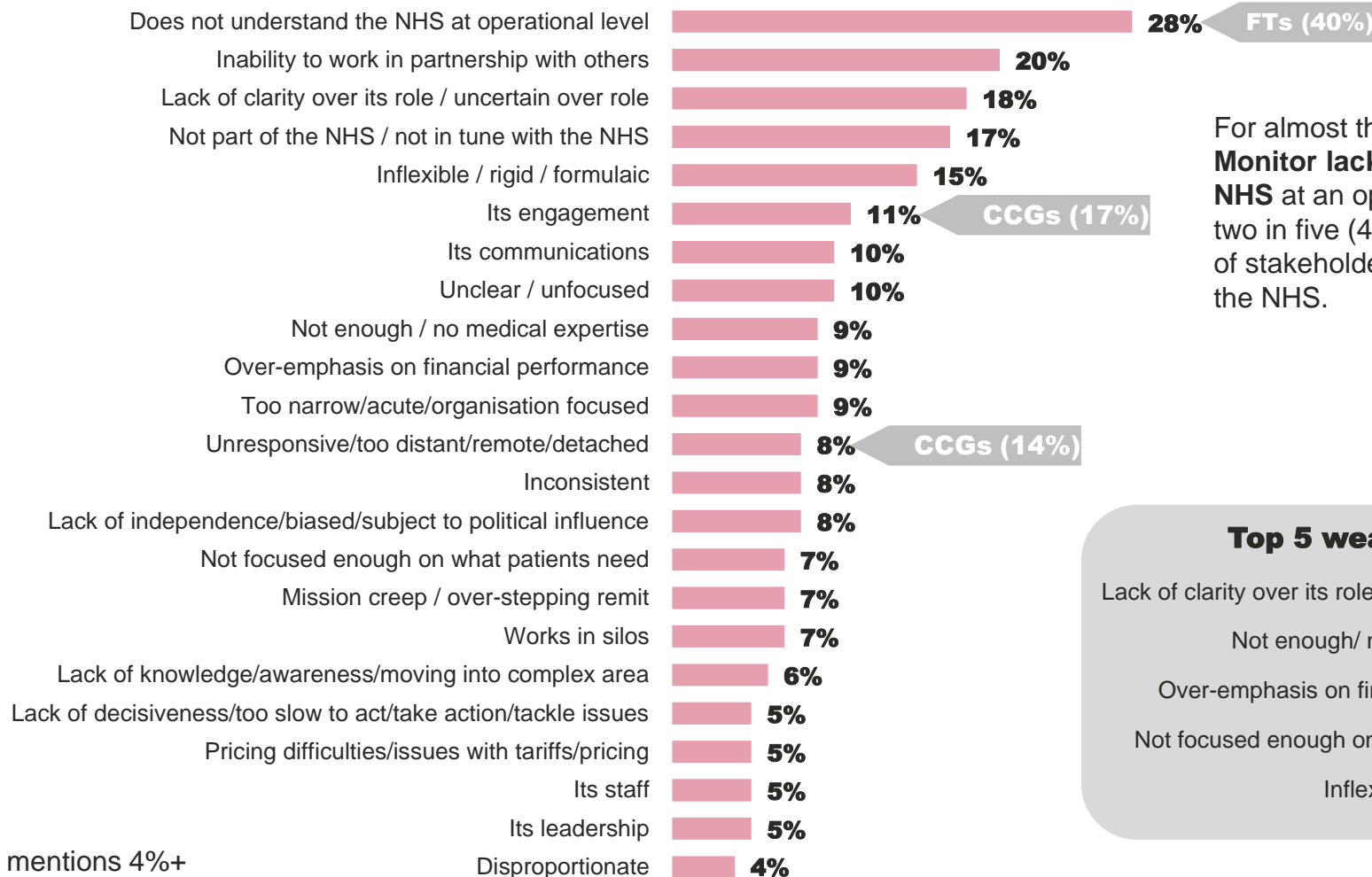
\*List of pre-codes provided to interviewers but not read out

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

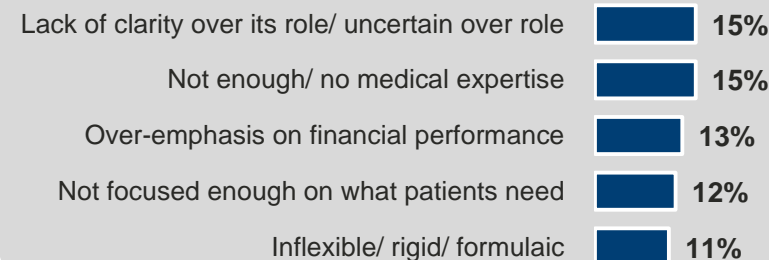
# However, Monitor's understanding of the NHS is perceived to be its greatest weakness

Q15. What do think are Monitor's main weaknesses? (Prompted\*)



For almost three in ten (28%) stakeholders **Monitor lacks an understanding of the NHS** at an operational level; this rises to two in five (40%) FTs. Furthermore, 17% of stakeholders say it is not in tune with the NHS.

## Top 5 weaknesses in 2012:



\*List of pre-codes provided to interviewers but not read out

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Monitor is seen to be distinct from the NHS

The qualitative interviews reflect the strengths and weaknesses identified during the quantitative survey. It was widely felt that Monitor was very **professional** in its approach. Furthermore, a key strength highlighted during the qualitative interviews was the **knowledge and expertise that Monitor's staff demonstrate**.

*"They are always **the most competent, bright things in the pack**. I mean obviously the individuals who work for Monitor are clearly all very intelligent, well briefed, very professional people."*

CCG

*"Everything is **very rigorous**, you have to really prepare for a meeting with them. But it's not about trying to criticise, it's about trying to get to the bottom of the issue. I would say they are very constructive, they're very directive sometimes."*

Foundation trust

However it was suggested that Monitor does not always demonstrate as much empathy or emotional intelligence as stakeholders would like. Monitor's **approach instead was described as rigid, and one resembling 'command and control'**; this was something that was highlighted in 2012. It was felt that Monitor could do more to act flexibly and understand the challenges faced in the NHS setting.

*"**Monitor is rigid**: they work according to a set of pre-determined objectives."*

CCG

This was linked to a lack of NHS understanding that stakeholders identified in Monitor. Stakeholders consistently described Monitor as **out of touch with the NHS**. Though some recognised that this allowed Monitor a degree of objectivity when carrying out its various functions, it was largely felt to be a weakness, and stakeholders wanted to see Monitor make more effort to understand the context in which NHS professionals work. This was a point raised throughout the research, and is discussed further in the section 'Ability to deliver role'.

*"When you go to Monitor and you go to their offices, it's **very, very different from going anywhere else in the NHS**...it feels like you're going into a different type of organisation...I don't have a problem with that, but it's not the NHS. The NHS is different."*

National Body - Provider

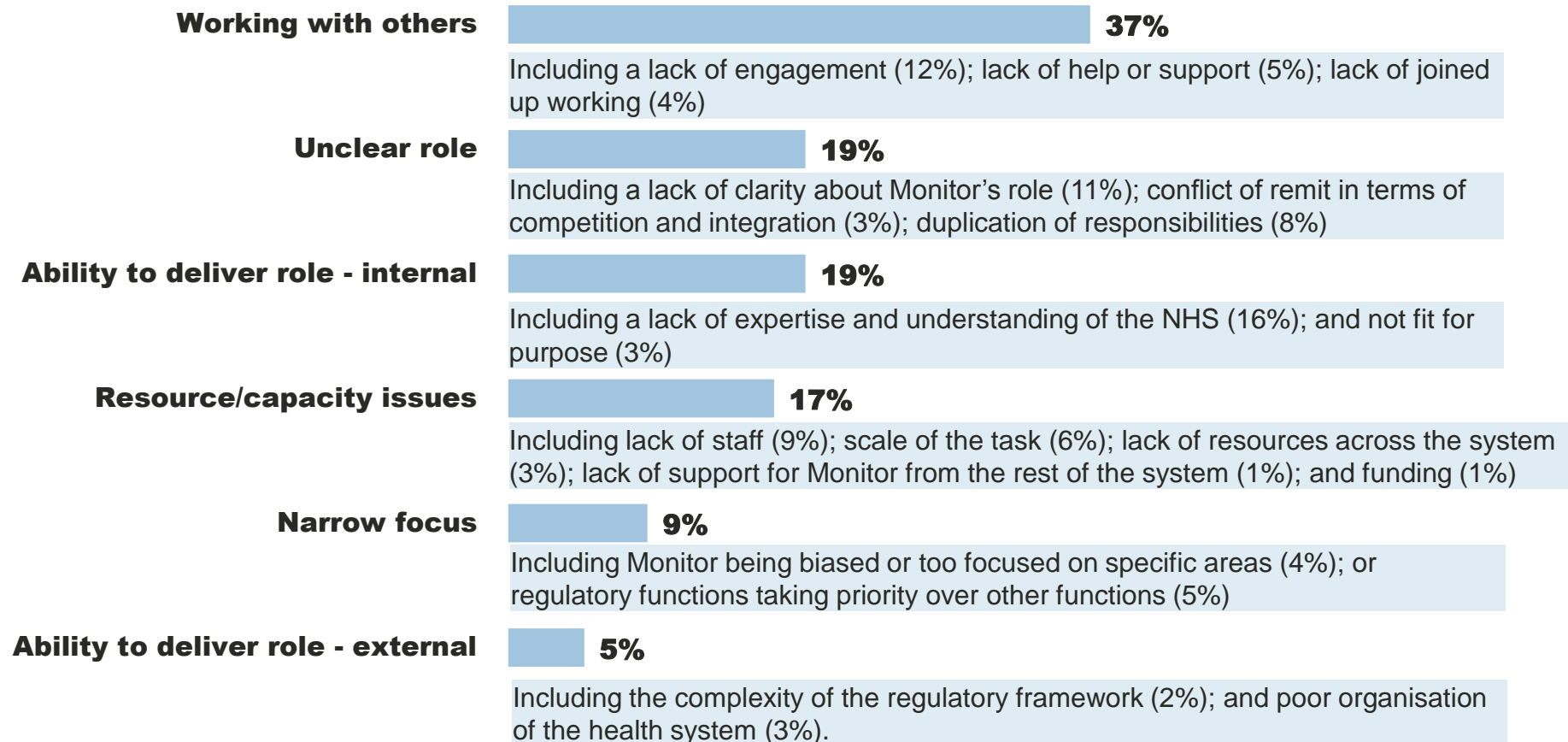
Source: Ipsos MORI



# Monitor can improve how it works with other organisations

## Q16. Why do you say that is a weakness for Monitor? (Unprompted)

Almost two in five (37%) stakeholders say that the weaknesses they identify are due to Monitor's approach to working with them or other organisations. One in five (19%) say it is because of Monitor's unclear role.



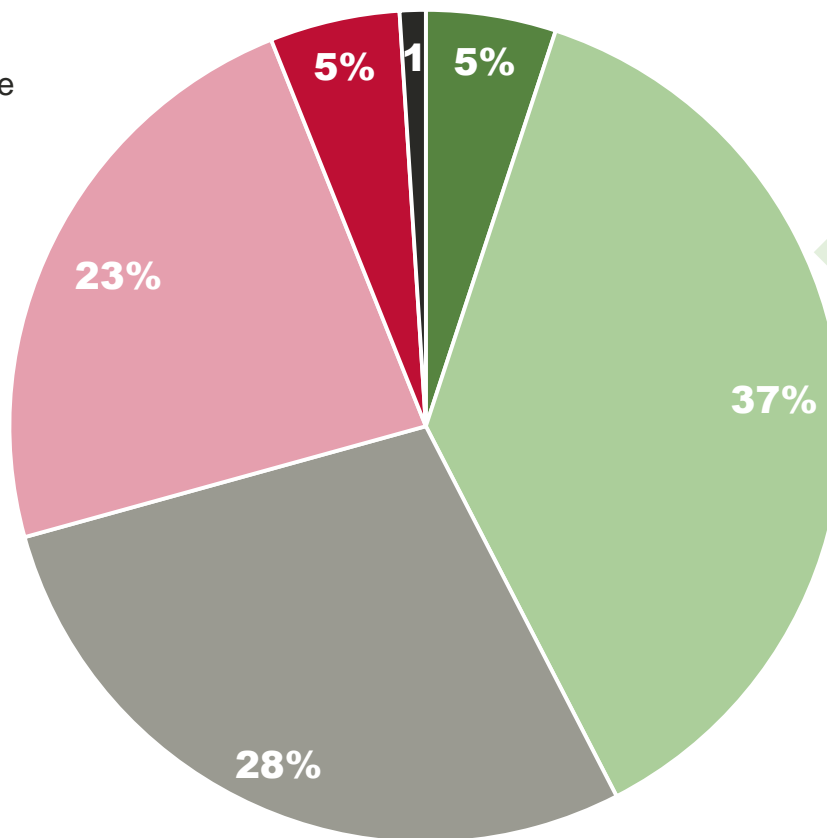
Base: All valid responses (258) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Two in five feel Monitor has a positive impact

**Q9a. To what extent do you agree or disagree with the following statement? Monitor has a positive impact on the healthcare system.**

Two in five (42%) stakeholders agree that Monitor has a positive impact on the healthcare system. Almost three in ten (28%) disagree. The same proportion (28%) neither agree nor disagree.



Providers are more likely to say Monitor has a positive impact on the healthcare system than CCGs (55% vs. 29% CCGs).

The proportion agreeing that Monitor has a positive impact on the healthcare system has declined since 2012 (dropped from 57% agree).

Agree	42%
Disagree	28%

■ Strongly agree ■ Tend to agree ■ Neither / nor ■ Tend to disagree ■ Strongly disagree ■ Don't know

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Measuring Monitor's impact is a challenge

Participants in the qualitative interviews typically found it difficult to say what kind of impact Monitor had had on the system in the last two to three years, citing the complexity of the system as a key barrier.

However what Monitor is most well known for is:

## Procurement, choice and competition

Where Monitor's impact was discussed, stakeholders mentioned that Monitor had become more visible as a result of its role in **procurement, choice and competition in the health market**. This meant Monitor's reach has grown in terms of which organisations are now interested and influenced by Monitor; private providers in particular.

## Being one step removed from the system

As already discussed, stakeholders described Monitor as detached from the rest of the health system. However it was suggested that this **separation had allowed Monitor to take an objective view and fresh approach** to the rest of the NHS that was welcomed by some.

## The foundation trust model

Finally, stakeholders associate Monitor with its promotion of the **foundation trust model**.

“*Their reach has grown. **They're now much more on the radar of non-public sector providers** who are now much more interested in Monitor as the economic regulator, particularly around issues of competition.*

National Body - Provider”

“*The fact that one bit of this now very complex system is **able to take that slightly removed view of the system I think is often quite helpful...** I do think there's a role to play for having that slightly one step removed critique.*

CCG”

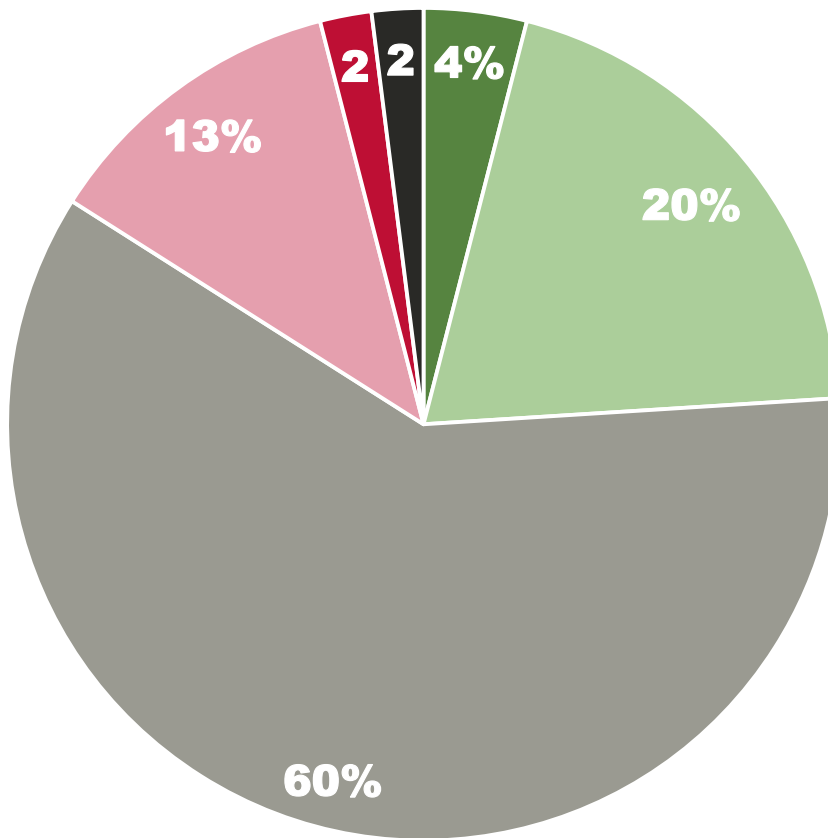
“*The key thing it is most well-known for; **it's brought the foundation trust regime to fruition.** It's developed foundation trusts as a concept and you know, created new types of organisations.*

CCG”

Source: Ipsos MORI

# The majority would remain neutral about Monitor

Q3. Which of these phrases best describes the way you would speak of Monitor to other people?



The majority of stakeholders (60%) would remain neutral about Monitor. Only one in four (24%) would speak highly of it. This is similar to 2012 when 59% said they would remain neutral, and 22% said they would speak highly of Monitor.

**Advocacy rises among stakeholders who feel more informed** about Monitor (34% are advocates vs. 24% overall), and reflected among stakeholders who have a closer relationship with Monitor; those in FTs (45% advocates) and NHS trusts (28% advocates). However advocacy has declined among FTs (dropped from 59%).

**Speak highly**

**24%**

**Critical**

**14%**

- I would speak highly of Monitor without being asked
- I would speak highly of Monitor if I were asked
- I would be neutral towards Monitor
- I would be critical of Monitor if I were asked
- I would be critical of Monitor without being asked
- Don't know / no opinion

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Please note, where individual responses (e.g. tend to agree; strongly agree) do not sum to combined responses (e.g. strongly/tend to agree) this is due to rounding

Source: Ipsos MORI

# Key messages: impressions of Monitor

Monitor is well known among its stakeholders, particularly among FTs. CCGs are less familiar with Monitor, which is to be expected as engagement with these stakeholders started more recently in 2013.

Monitor is seen first and foremost as **professional**:

- the organisation exhibits **knowledge and expertise**;
- the staff are **bright and well-informed**;
- it is **rigorous and thorough** in its approach.

Where close relationships exist (i.e. with FTs), stakeholders are particularly **positive about Monitor's staff**.

However Monitor continues to be perceived as somewhat **rigid and inflexible**.

It is also seen as **distant**, and out of tune with the rest of the NHS; for example:

- Monitor is seen as **finance focused rather than healthcare focused**;
- stakeholders see Monitor as '**outside the NHS**' rather than part of it;
- Monitor is seen to **lack an understanding of the NHS** at an operational level.

Although it was suggested that this allows Monitor to take an **objective, fresh approach** to the organisations it works with.

Source: Ipsos MORI

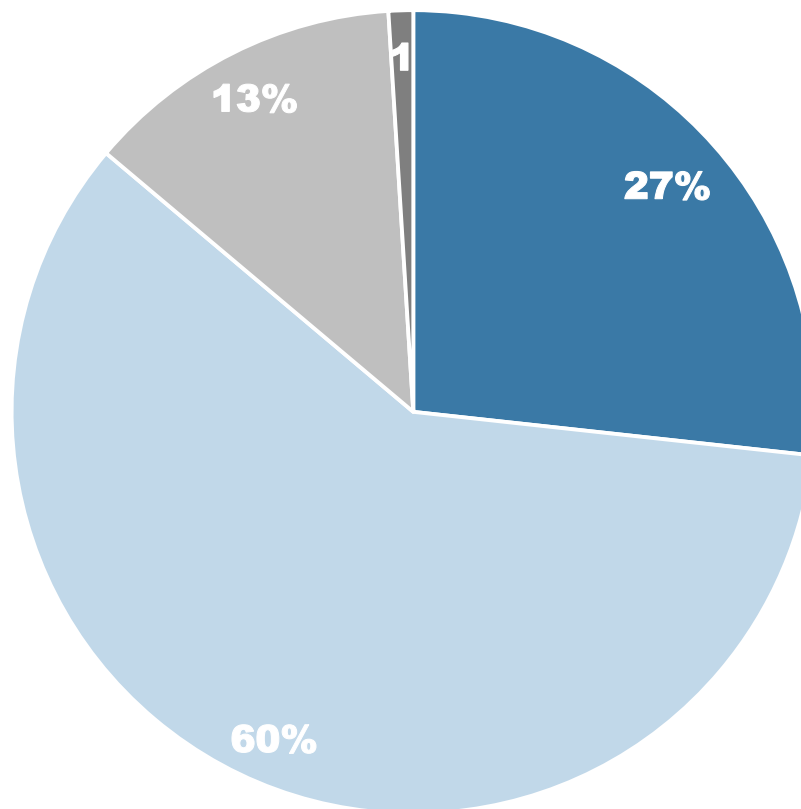
# Monitor's role and remit





# Stakeholders have a good overall understanding of Monitor's role

Q4. Which of the following statements best describes your level of understanding of Monitor's functions? Would you say that you...



Stakeholders say they have a good broad understanding of Monitor's role. **Almost all (99%) know something, with the majority (60%) saying they have a general overview.** Over a quarter (27%) say they have a very thorough understanding of Monitor's role.

FTs are particularly likely to say they have a very thorough understanding (40% say they do), and Finance Directors in FTs and NHS trusts also have a better understanding than others (57% say they have a thorough understanding).\*

- Have a very thorough understanding of what Monitor does
- Have a general overview of what it does
- Understand some aspects of what it does
- Know nothing about what Monitor does

\*Please note small base sizes

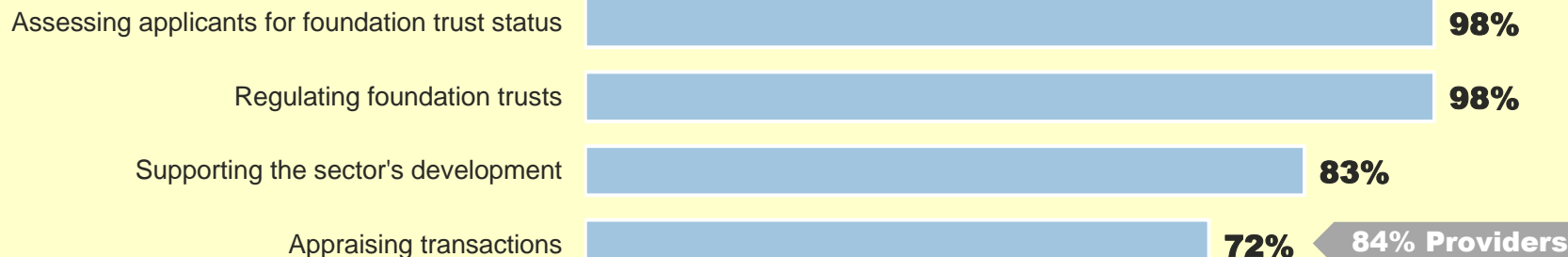
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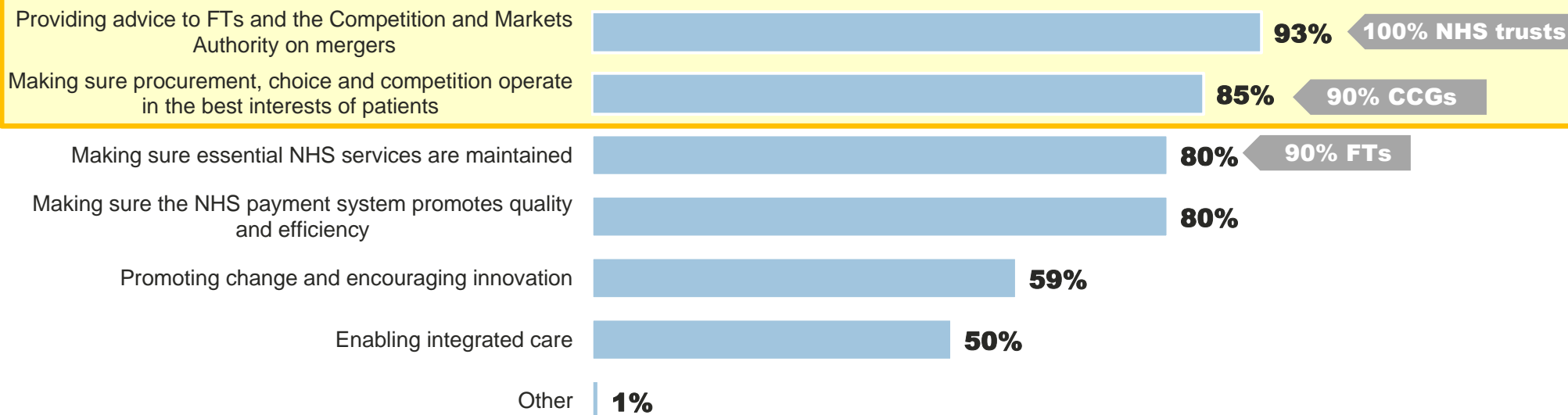
# Monitor is best known for its regulatory functions

Q5. Which of the following functions does Monitor have responsibility for?

## **Making sure public providers are well led (100%)**



## **Making sure procurement, choice and competition operate in the best interests of patients (99%)**



Base: All valid responses (262) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# This was reflected in the qualitative interviews

In the qualitative interviews, **stakeholders typically felt they had a good understanding of Monitor's role** and functions.

Monitor was associated **first and foremost with financial regulation, a focus on FTs, and its competition and procurement role**. Stakeholders may have been broadly aware of other functions when prompted, but typically lacked an in-depth understanding of them.

Stakeholders' knowledge of Monitor was **borne largely from their own interactions with it**.

*"They've got several different functions. **They're the industry regulator, they've got the role to set prices and tariffs and agree with industry how that all works.** And so, I think that's about it really isn't it? I mean there are other functions they've got, but they're not ones that I know much about"*

National Body - Provider

*"It's **mainly around regulation of foundation trusts as providers of healthcare.** They're supposed to give direction to what we do as well, and it relates to the tariff setting side of it."*

Foundation trust

There was some suggestion that **Monitor could do more to communicate other aspects of its role** aside from these regulatory, predominantly finance focused roles. Some stakeholders felt particularly strongly about this.

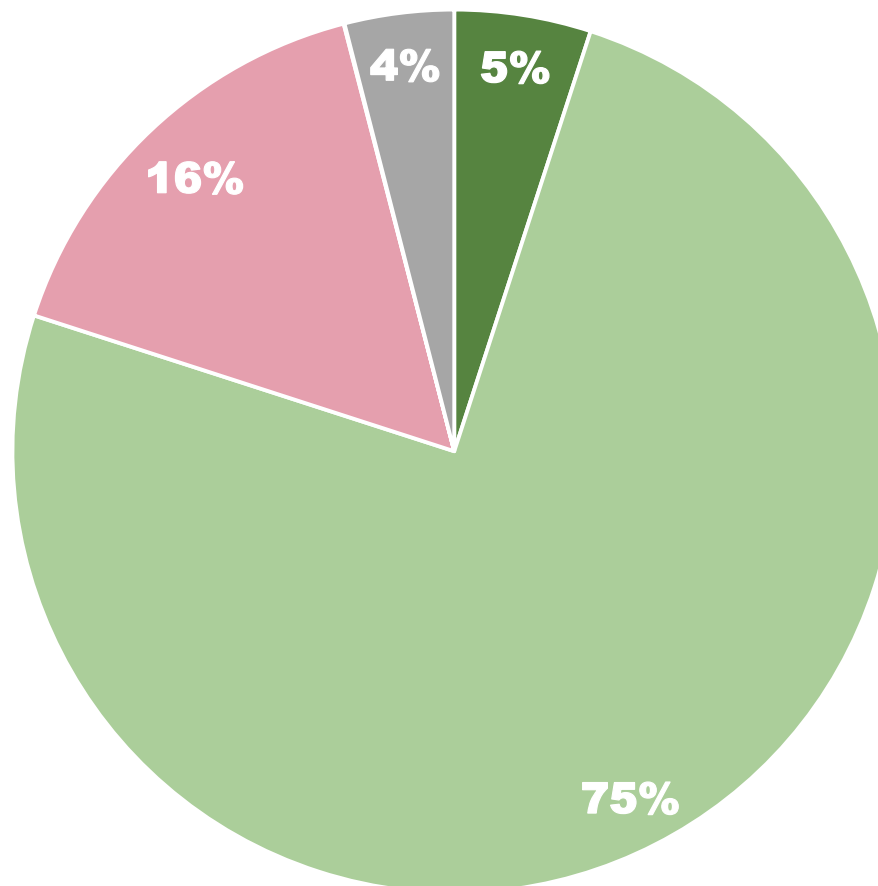
*"They've attempted to move from where their role was initially to a new role that they've dreamt up for themselves without bothering to explain it".*

Foundation trust

Source: Ipsos MORI

# The majority feel Monitor carries out its role well

Q6. Considering that Monitor performs all the functions we've just discussed, how well overall do you feel that it carries them out?



The majority (80%) feel Monitor carries out its role well, although only a small proportion (5%) feel it carries out its role very well. Just one in six (16%) does not feel Monitor carries out its role well.

FTs are particularly likely to say Monitor carries out its role well (88% vs. 80% overall). One in five (21%) CCGs does not feel Monitor carries out its role well.

Well	80%
Not well	16%

■ Very well ■ Fairly well ■ Not very well ■ Not at all well ■ Don't know

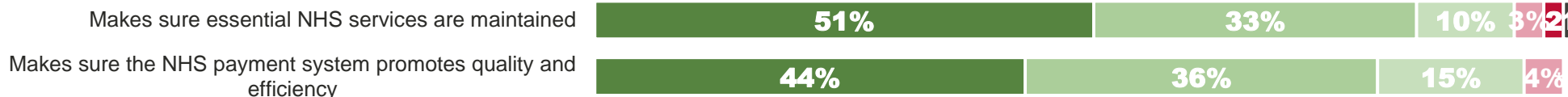
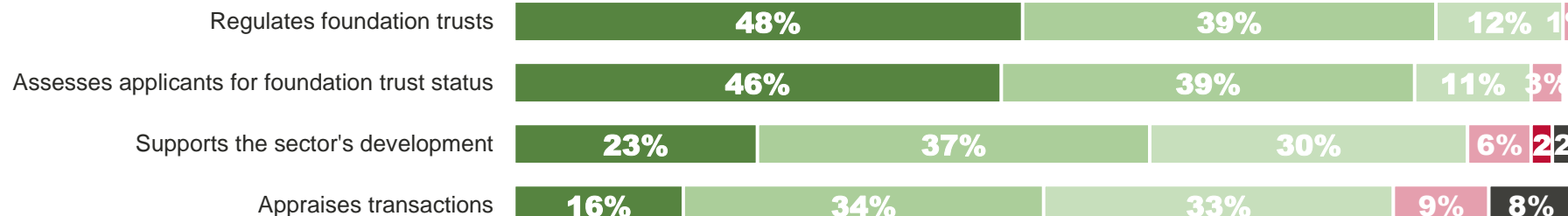
Base: All valid responses (262) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

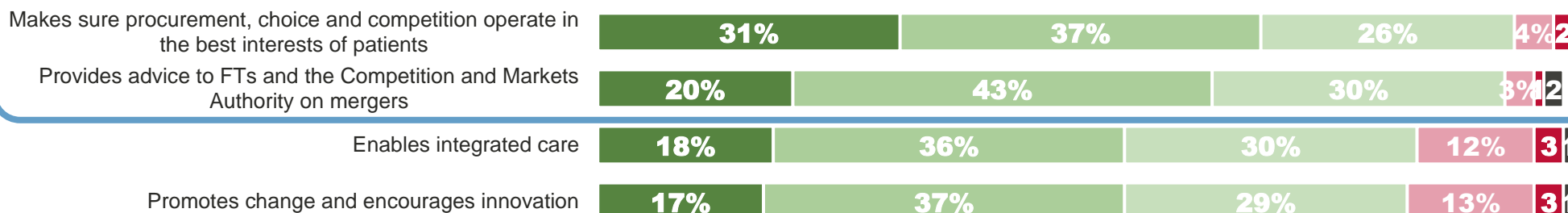
# All Monitor's functions are seen as important

Q8. How important, if at all, is it for Monitor to perform each of these individual functions? How important is it that Monitor...

## Ensures public providers are well led



## Makes sure procurement, choice and competition operate in the best interests of patients



■ Critical ■ Very important ■ Fairly important ■ Not very important ■ Not at all important ■ Don't know

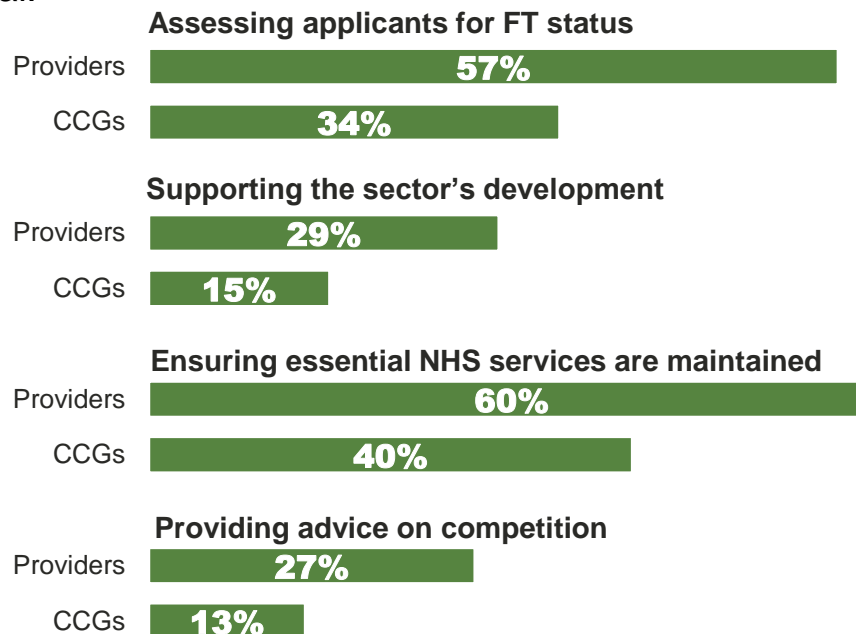
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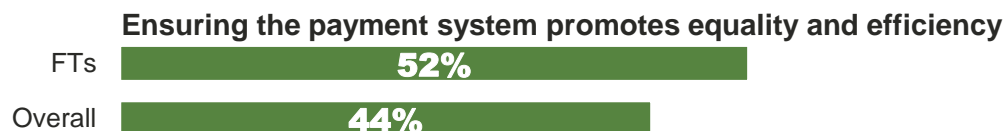
# Providers place more importance on Monitor's various functions

Q8. How important, if at all, is it for Monitor to perform each of these individual functions? How important is it that Monitor...

Providers say the following are critical:



FTs in particular say the following is critical:



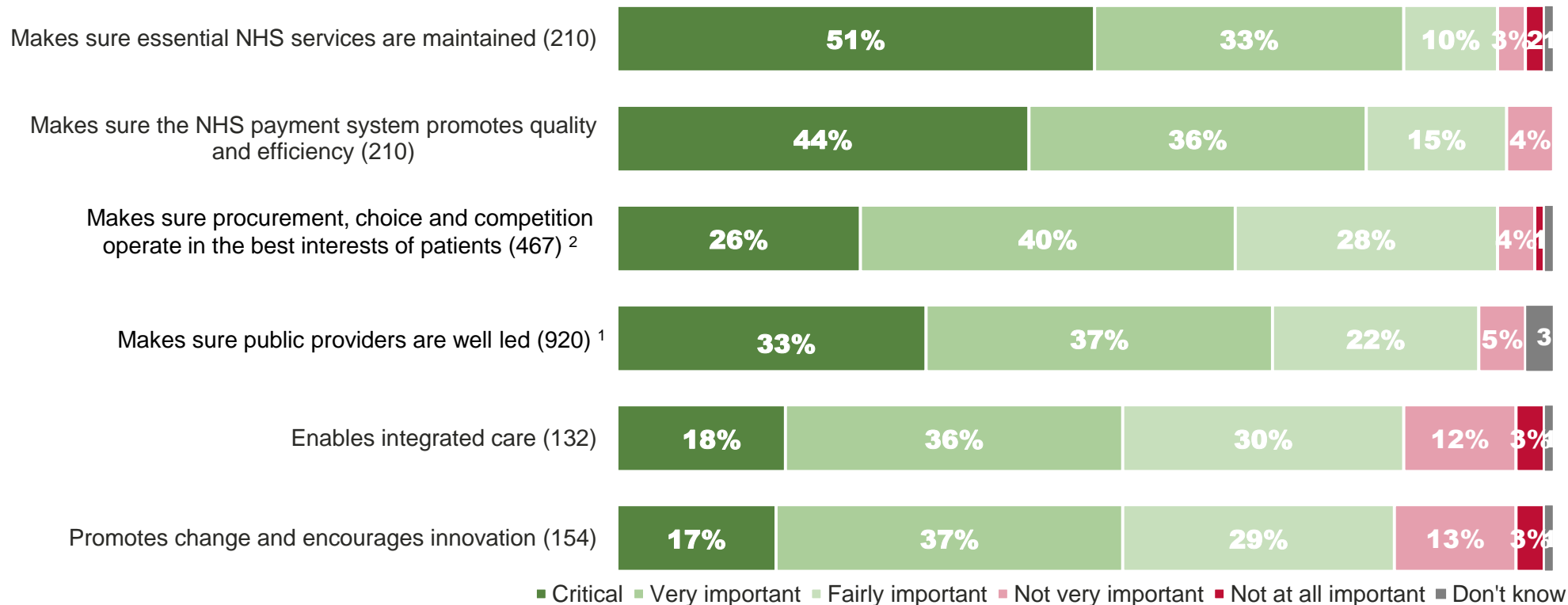
Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI



# Ensuring continuity of services is Monitor's most important overarching function

Q8. How important, if at all, is it for Monitor to perform each of these individual functions? How important is it that Monitor...



When looking at Monitor's overarching functions, its role **ensuring services are maintained**, and overseeing the **payment system** are seen as its most important role, more so than Monitor's regulatory functions.

<sup>1</sup> Combined codes: Assessing applications for FT status/ Regulate FTs/ Appraising transactions/ Supporting sector's development

<sup>2</sup> Combined codes: Making sure procurement...operates in the best interests of patients/ Provide advice to FTs and the CMA on mergers

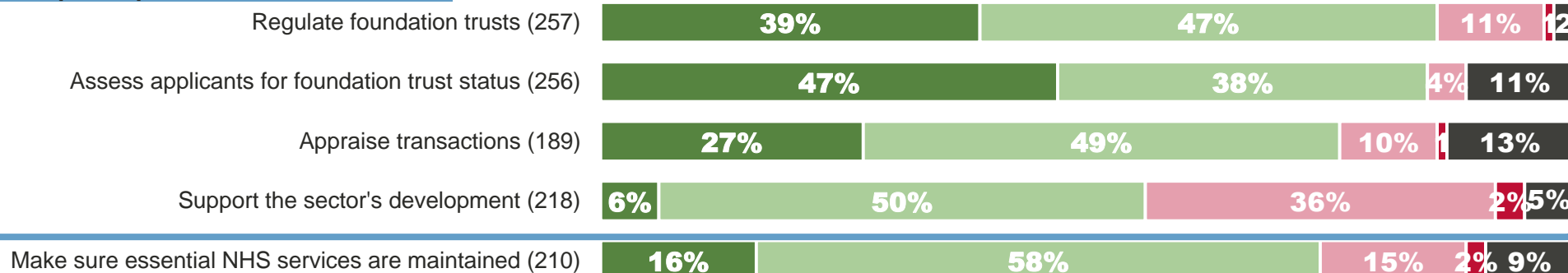
Base: All valid responses (see above) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

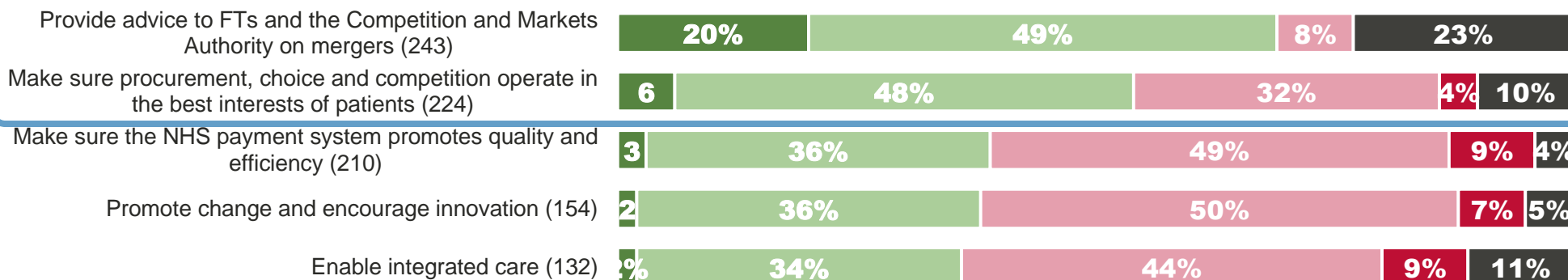
# Perceived performance differs across the functions

**Q7. Now thinking about the individual functions, how well do you feel that Monitor carries out each one? How well does Monitor...**

## Ensure public providers are well led



## Make sure procurement, choice and competition operate in the best interests of patients



■ Very well
 ■ Fairly well
 ■ Not very well
 ■ Not at all well
 ■ Don't know

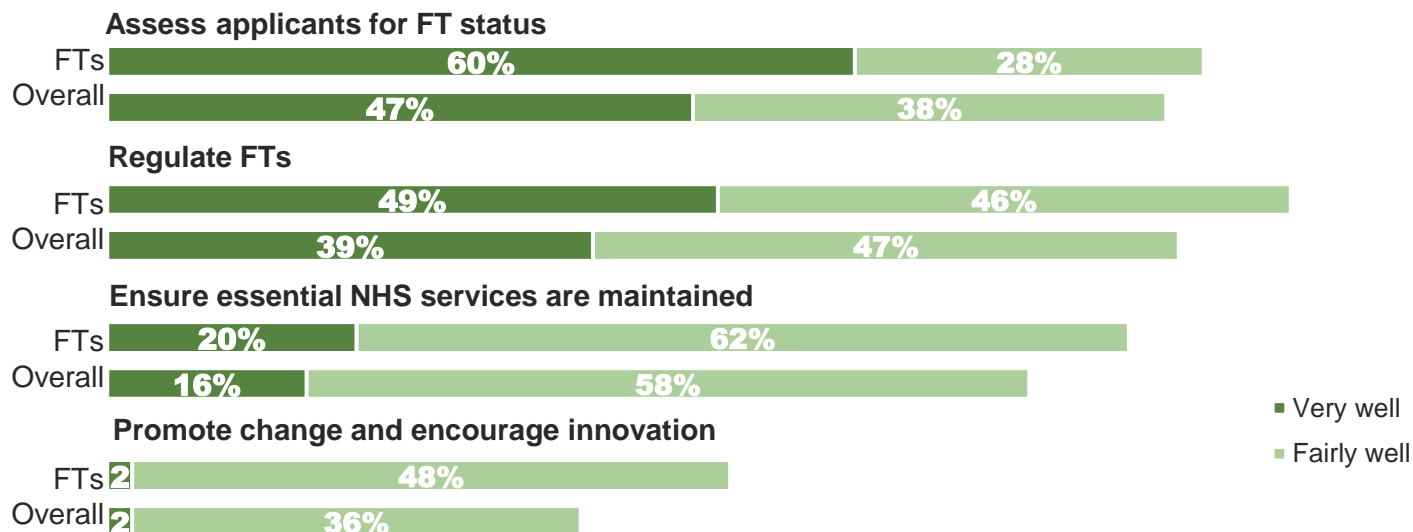
Base: All valid responses (see above) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

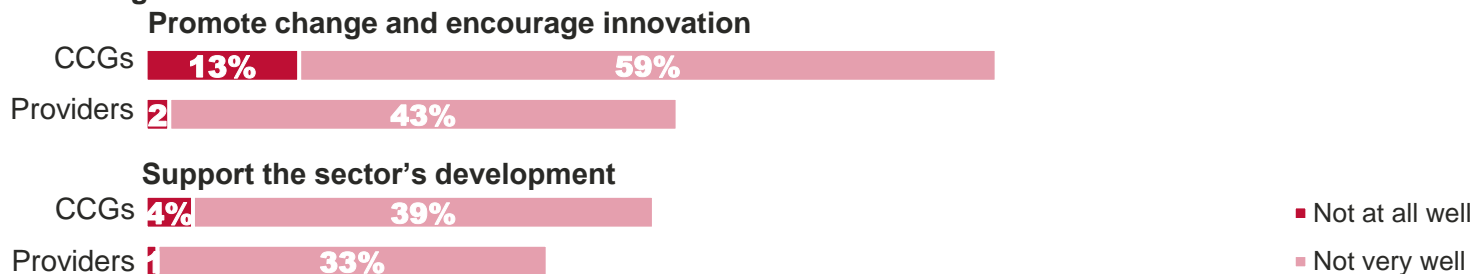
# FTs are more positive about Monitor's performance

Q7. Now thinking about the individual functions, how well do you feel that Monitor carries out each one? How well does Monitor...

FTs are more likely to say Monitor performs the following functions well:



CCGs are more negative about the following functions:

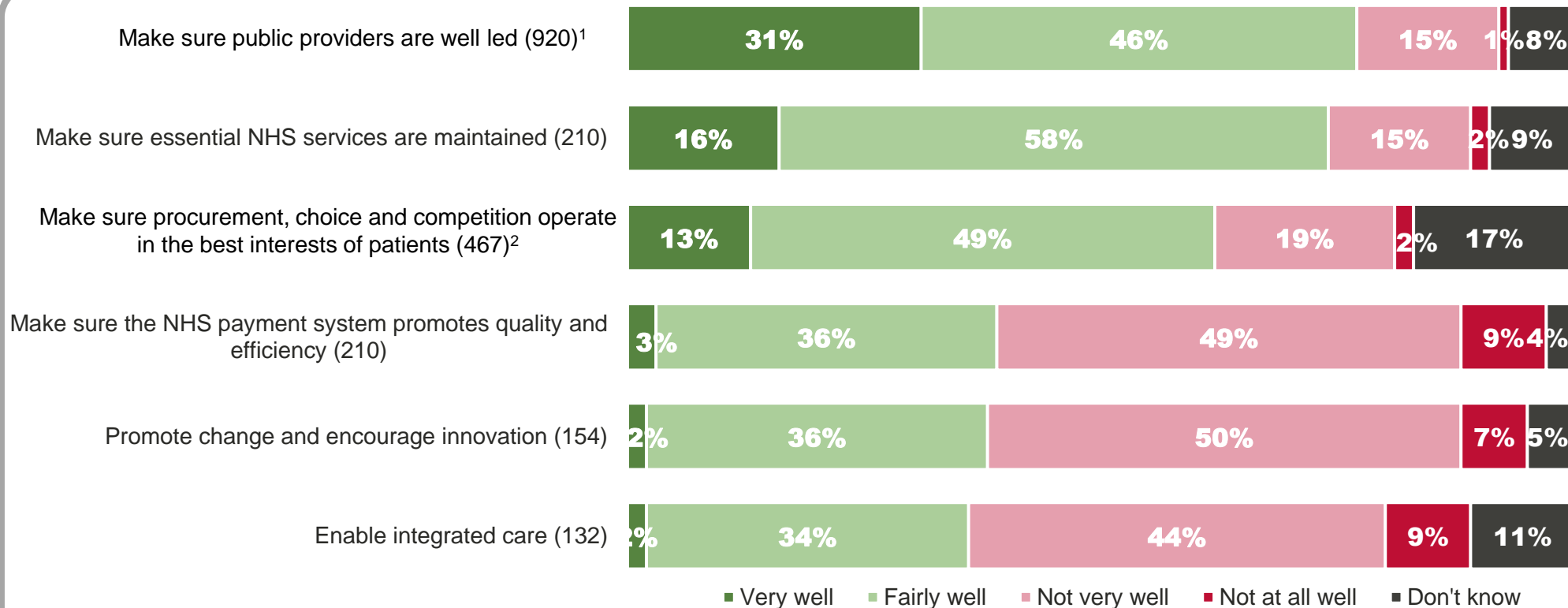


Base: All valid responses (see above) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Perceptions of Monitor's work to ensure providers are well led are most positive

Q7. Now thinking about the individual functions, how well do you feel that Monitor carries out each one? How well does Monitor...



When looking at Monitor's overarching functions, Monitor is performing well **ensuring NHS services are maintained**, however its performance making sure the NHS **payment system** promotes equality and efficiency is not rated as highly.

<sup>1</sup> Combined codes: Assessing applications for FT status/ Regulate FTs/ Appraising transactions/ Supporting sector's development

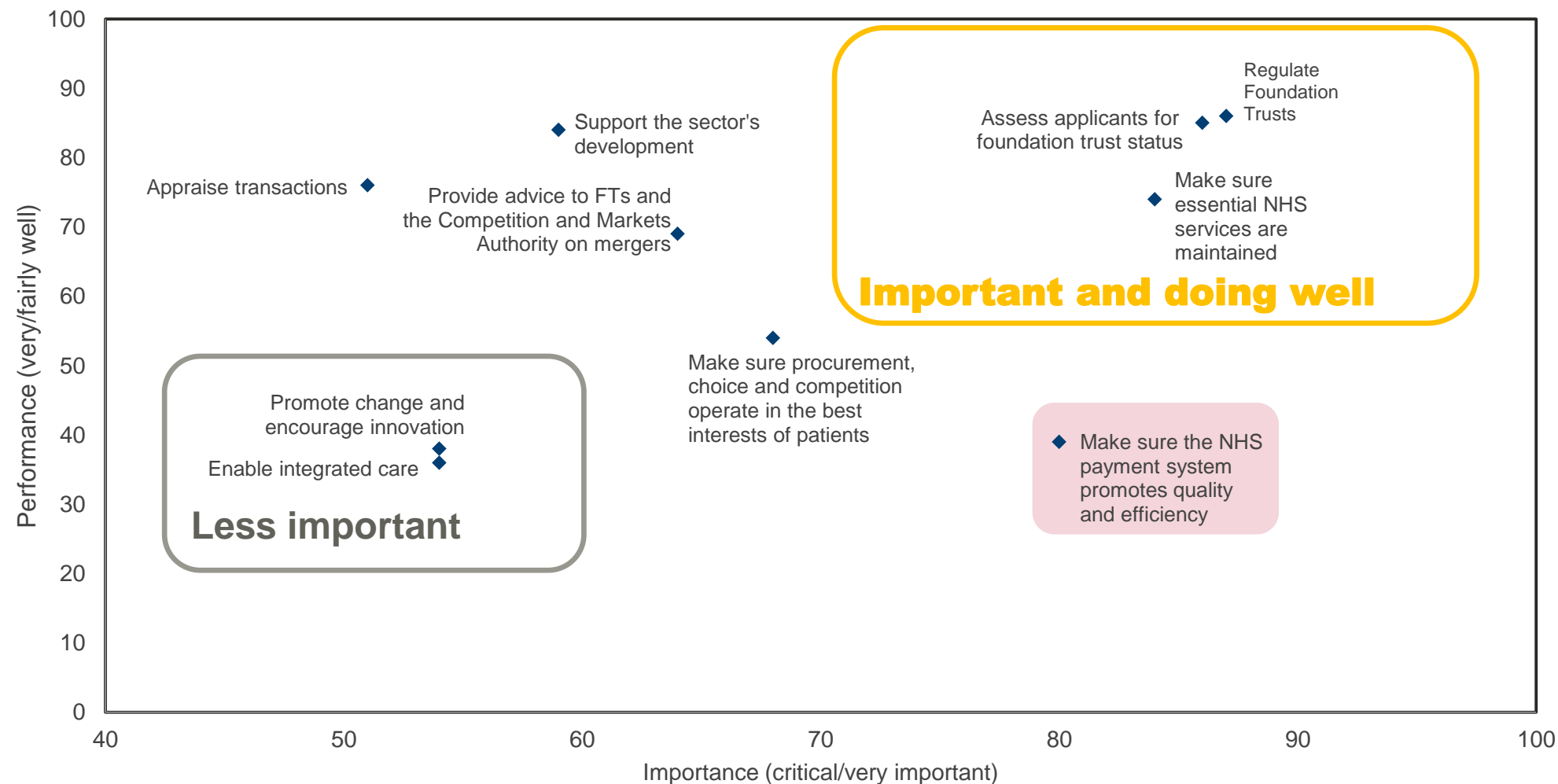
<sup>2</sup> Combined codes: Making sure procurement...operates in the best interests of patients/ Provide advice to FTs and the CMA on mergers

Base: All valid responses (see above) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Monitor's role overseeing the payment system is rated poorly relative to its importance

Q7. Now thinking about the individual functions, how well do you feel that Monitor carries out each one? Q8. How important, if at all, is it for Monitor to perform each of these individual functions?



Base: All valid responses

Source: Ipsos MORI

# Monitor has been through challenges

During the qualitative interviews, stakeholders recognised **that external factors had impacted on Monitor's ability to perform its various functions to the best of its ability.**

A range of challenges were cited, including:

- ➔ the number of hospitals in special measures: it was suggested that Monitor was not set up to deal with the volume of failing trusts it manages now;
- ➔ rapid expansion in remit, putting pressure on Monitor's capacity and resources;
- ➔ deficit in staff numbers and skills as a result of this expanding remit and numbers of failing trusts;
- ➔ Monitor's recent challenges setting the tariff which equally had put pressure on stakeholders (although many pointed out that Monitor had worked hard to consult its stakeholders); and
- ➔ an increasingly complex and changing system.

“They've become less effective over the past year...**they've been run ragged by the number of hospitals that are tipping into negative financial positions into special measures**...I think that's sent them into a spin so they're retrospectively trying to find out why they didn't spot it in advance.”  
Foundation trust

“I think they're becoming increasingly ineffective really, but how much of that's because they're losing their mojo and how much that's because **the world is becoming a world they're not equipped to regulate?**”  
Foundation trust

“As well as **growing in size they've grown in scope** and they are facing a world which is presenting them with a lot of challenges about a number of the areas that they're working in.”  
NHS trust

“Professionalism is diminishing just because they're being **spread so thinly and the level of expertise that they have internally has dropped** down their internal hierarchy.”  
NHS trust

“There seemed to be a **big gap between there being no tariff and us having to submit plans for the following year** in the absence of a tariff...It has not been resolved...Monitor have reacted quite appropriately with FTs in that they've put back the date that they have to submit their plan.”  
CCG

Source: Ipsos MORI

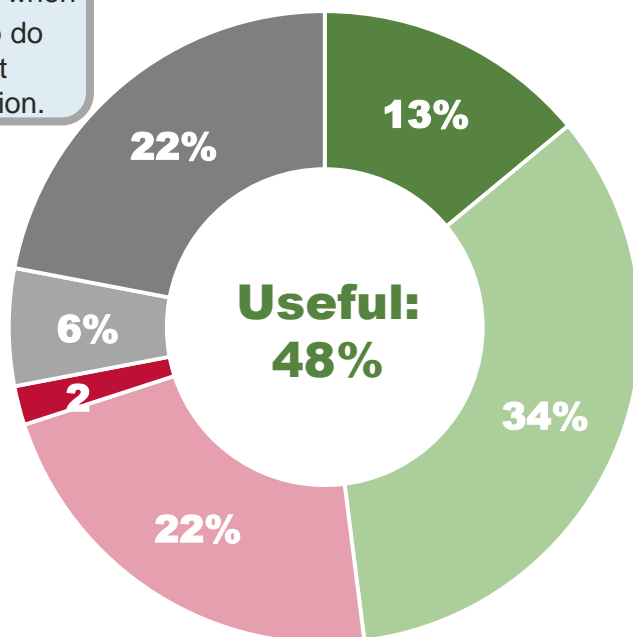


# Around half find Monitor's advice useful

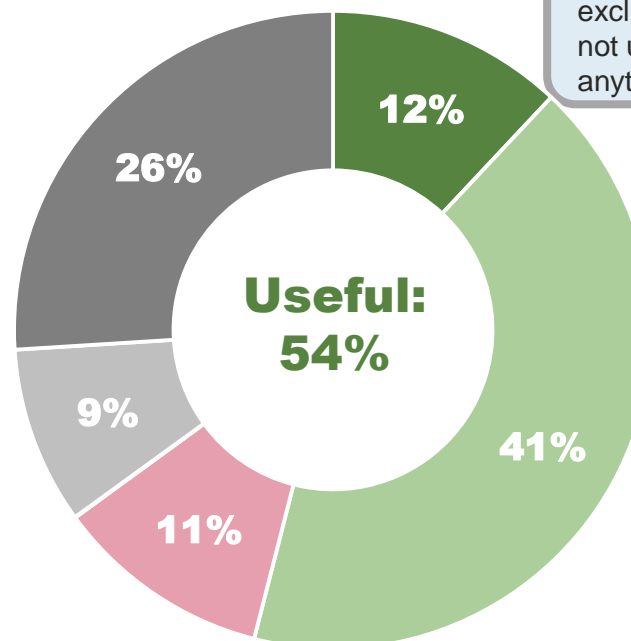
Q23. How useful do you find each of the following?

**61%** find useful when excluding those who do not use advice about choice and competition.

## Advice about choice and competition



## Advice about anything else



**72%** find useful when excluding those who do not use advice about anything else.

- Very useful
- Fairly useful
- Not very useful
- Not at all useful
- Don't know
- Do not use

Around half (48%) find Monitor's advice about choice and competition useful. Slightly higher numbers (54%) find other types of advice helpful.

**Choice and competition:** there are no differences by stakeholder type; however Finance Directors in trusts are more likely to find this useful (77% vs. 48% overall).\*

**Anything else:** A higher proportion of FTs find advice about other areas useful (77% vs. 54% overall), particularly Chairs/Chief Execs (74%) and Finance Directors (73%).\*

\*Please note small base sizes

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

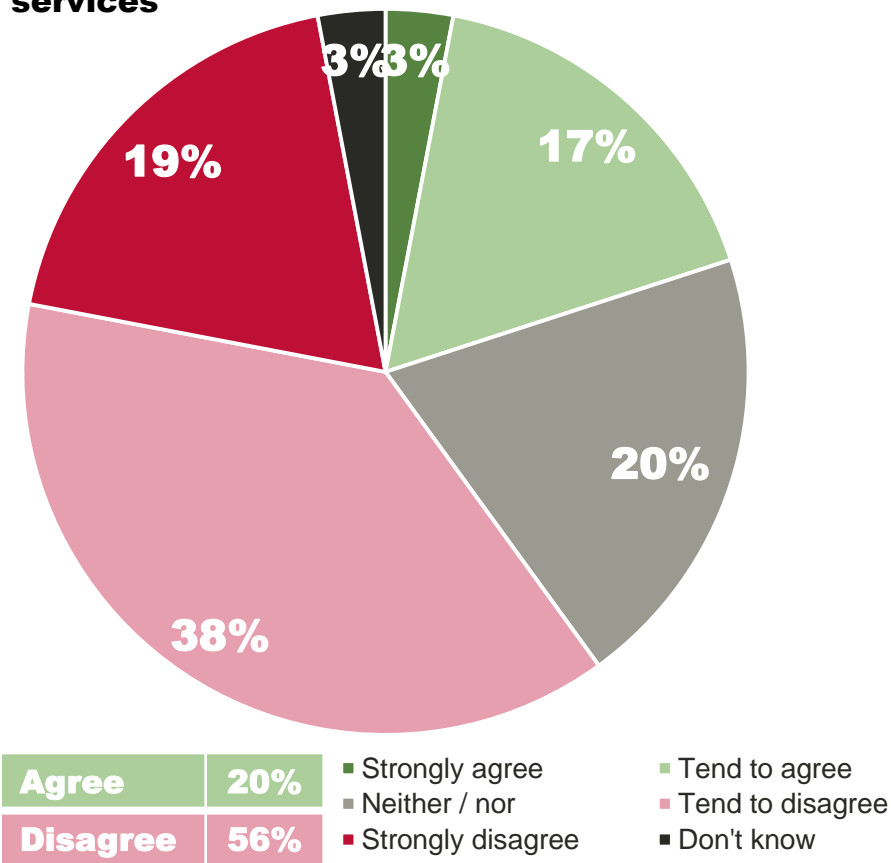
Please note, where individual responses (e.g. tend to agree; strongly agree) do not sum to combined responses (e.g. strongly/tend to agree) this is due to rounding

Source: Ipsos MORI

# Stakeholders are less positive about Monitor's role in enabling integrated care

Q9j. To what extent do you agree or disagree with the following statement? Monitor enables better integration of services.

## Monitor enables better integration of services

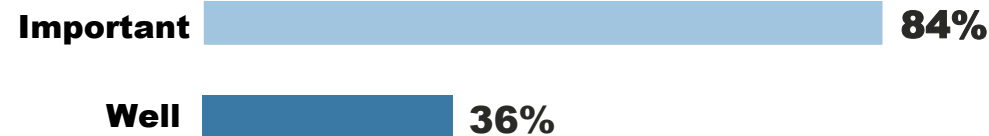


Only one in five (20%) agrees that Monitor enables better integration of services. Over half (56%) disagree.

Though the majority (84%) of stakeholders see enabling integrated care as an important role for Monitor, just over a third (36%) say that Monitor performs this role well. Over half (53%) say Monitor does not enable integrated care well.

CCGs are less likely to see enabling integrated care as an important role for Monitor; one in five (20%) says it is not important compared to 15% overall. However two thirds of CCGs (66%) disagree that Monitor enables better integration, including a quarter (24%) who strongly disagree.

## Monitor enables integrated care\*



\* Q7: How well do you feel Monitor carries out [this function]/Q8: How important is it for Monitor to perform [this function]?

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Please note, where individual responses (e.g. tend to agree; strongly agree) do not sum to combined responses (e.g. strongly/tend to agree) this is due to rounding

Source: Ipsos MORI

# Monitor's role on integrated care not visible to stakeholders

In the qualitative interviews stakeholders had **not seen any evidence of Monitor's work on integrated care** so found it difficult to comment.

*"In all the integration effort I've been engaged with over the last two years - it's obviously not surprising a significant part of what my day job involves - it doesn't involve Monitor."*  
CCG

Stakeholders were therefore not clear on whether enabling integrated care was indeed part of Monitor's role. It was suggested by some that they would expect this to be **more of a role for NHS England, or they would at least expect Monitor and NHS England to be working closely together to make it happen**. Stakeholders did however recognise that driving forward integrated care was a challenge for the whole sector and important for everyone to focus on.

*"All elements of the NHS are pushing for that. So, in terms of leading on it I'm not sure how much evidence there is of that aspect of it...I'm not sure if it's clear."*  
Foundation trust

*"I am not sure that I would ever have said that they were responsible for innovation of care or the whole bit about integrated care...in fact quite clearly I wouldn't recognise that as being Monitor's role."*  
Foundation trust

Stakeholders pointed out that to make integration between services work, the system would need to work collaboratively together. For Monitor this means working more closely with organisations such as local government, NHS England and patient representative bodies. This was not something they were seeing at the moment.

*"We all want better integrated care. There's a lack of clinical insight to that side of things, and I haven't seen it in action. It's not for me to say if that's their role or not, if it is there should be more active engagement with patients, delivery and clinicians but I've never seen that drive."*  
Foundation trust

*"I can't see how they can lead on it without NHS England being at their backs, and local government authorities. I'm just a bit unclear how that would work, actually, without it being with other stakeholders and other partners."*  
Foundation trust

# Is it Monitor's role to support change and development?

More broadly, stakeholders were less clear on Monitor's role **promoting change and encouraging innovation**. For example:

It was suggested that **Monitor does not know enough about the health sector to innovate healthcare**

*“Let providers and chains of providers innovate and create the conditions where providers can do that. Monitor doesn't know about innovating in healthcare; they're not healthcare providers. Most of them have never done it.”*  
Foundation trust

Stakeholders have **not seen evidence of Monitor performing this role**

*“Personally I find it a bit difficult to work out where Monitor is from that point of view as opposed to NHS England, and who does what around making sure there is...some innovation.”*  
Foundation trust

**Supporting the sector's development** was not widely recognised as a key role for Monitor and stakeholders **questioned whether supporting change was part of a regulator's role**. Some stakeholders felt that there was no evidence of Monitor carrying out this role in practice, whereas others did not associate it with Monitor.

*“I know there's a big debate on regulation and the extent to which...the role of regulators is to stimulate innovation. I don't, personally, think regulators should have that role.”*  
Foundation trust

*“[The sector development work] I think they try to do that work. I think they try to get under the skin a bit, but really what they are is, increasingly - in my opinion – focused on a failure regime and on a few Trusts in particular. And that's not development of the sector and that's certainly not innovation.”*  
Foundation trust

However there is appetite for Monitor to support the system; this is discussed later in the report.

# Key messages: Monitor's role and remit

Stakeholders say they have a **good overall understanding of Monitor's role**. It is best known for its regulatory functions, and responsibilities around procurement, choice and competition. The majority feel that Monitor carries out its functions well.

However they **are less familiar with Monitor's role in enabling integrated care**, as well as Monitor's role in supporting change and innovation. These are the two areas where Monitor is felt to be not performing as well. Many stakeholders were yet to see evidence of Monitor's work in this area, and questioned whether the supportive and developmental role was indeed a regulator's responsibility.

Monitor's role ensuring the **NHS payment system promotes quality and efficiency** was also one where stakeholders were less positive about Monitor's performance. Challenges fixing the tariff, as well as more general financial challenges the sector is facing, were consistently referred to throughout the research, and may explain this.

More generally stakeholders acknowledged that **Monitor was operating in a challenging environment** that may impact its ability to perform its functions effectively. These challenges included the expansion of Monitor's remit; capacity and resources available to Monitor; and the number of hospitals in special measures.

Source: Ipsos MORI

# **Ability to deliver role**



# The majority feel Monitor has the appropriate powers to deliver its role

Q13. To what extent would you agree or disagree with the following statements about Monitor?

Monitor has the appropriate powers and autonomy to successfully deliver its role



Monitor has the capacity and resources necessary to successfully deliver its role



Monitor has the leadership necessary to successfully deliver its role



Monitor has the skills necessary to successfully deliver its role



■ Strongly agree ■ Tend to agree ■ Neither / nor ■ Tend to disagree ■ Strongly disagree ■ Don't know

The majority (78%) agree that **Monitor has the right powers to deliver its role**.

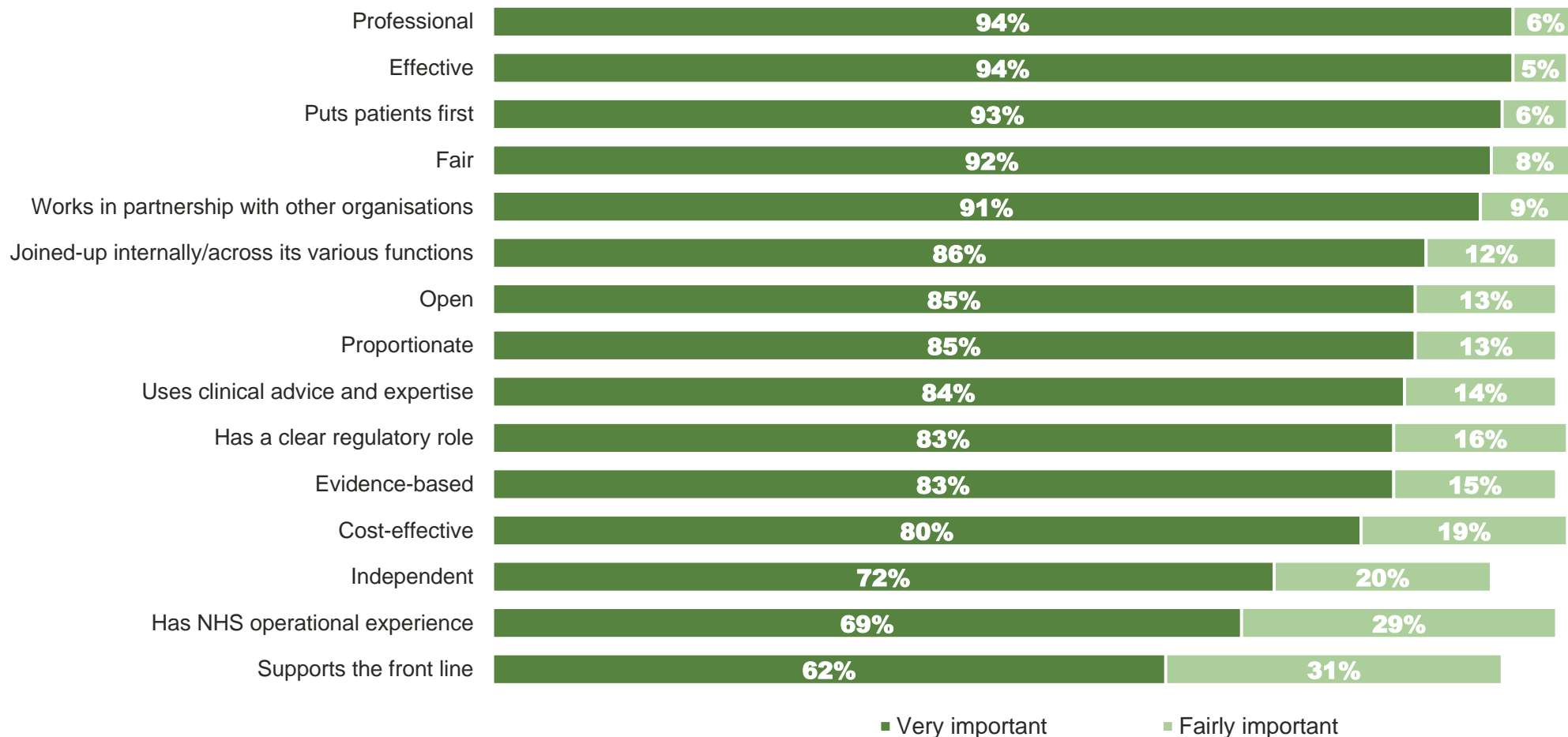
**There is more ambivalence regarding the skills, leadership and capacity Monitor has to deliver its role:** almost half (46%) agree that Monitor has the necessary capacity and resources, however around one in five disagrees (18%) or is undecided (19%) and 17% don't know. Around two in five (43%) agree that Monitor has the leadership necessary to deliver its role, although one in five (19%) disagree and again a sizeable proportion (28%) neither agree nor disagree. Similarly two in five (43%) agree Monitor has the skills to deliver its role, with almost three in ten (27%) disagreeing, and over one in five (22%) undecided.

FTs and NHS trusts are more likely than CCGs to agree that Monitor has the skills to deliver its role (54% agree vs. 34% CCGs); the leadership (53% agree vs. 32% CCGs); and the capacity and resources (41% agree vs. 36% CCGs).



# Monitor needs to be professional, effective and put patients first

*Q11. I am going to read out a list of qualities that might apply to an organisation such as Monitor. I would like you to tell me how important each of these qualities are for Monitor to deliver its functions? (Prompted)*



Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# It is seen as professional but can do more to put patients first

Q12. And how well does Monitor currently exhibit these qualities? (Prompted)



## Monitor's values :

put patients first; work with partners; support the front line; work as one team; and be professional.

Almost all (96%) stakeholders agree that Monitor is **professional** (up from 85% in 2012). FTs are particularly likely to say that Monitor exhibits this very well (60% vs. 48% overall).

Three in five (61%) feel that Monitor **puts patients first**, however only 7% think Monitor does this very well. Again FTs are more positive, with three quarters (74%) saying they do this well.

Half (51%) feel that Monitor **works in partnership**. However over two in five (44%) say Monitor does not, with CCGs particularly likely to say this (54%).

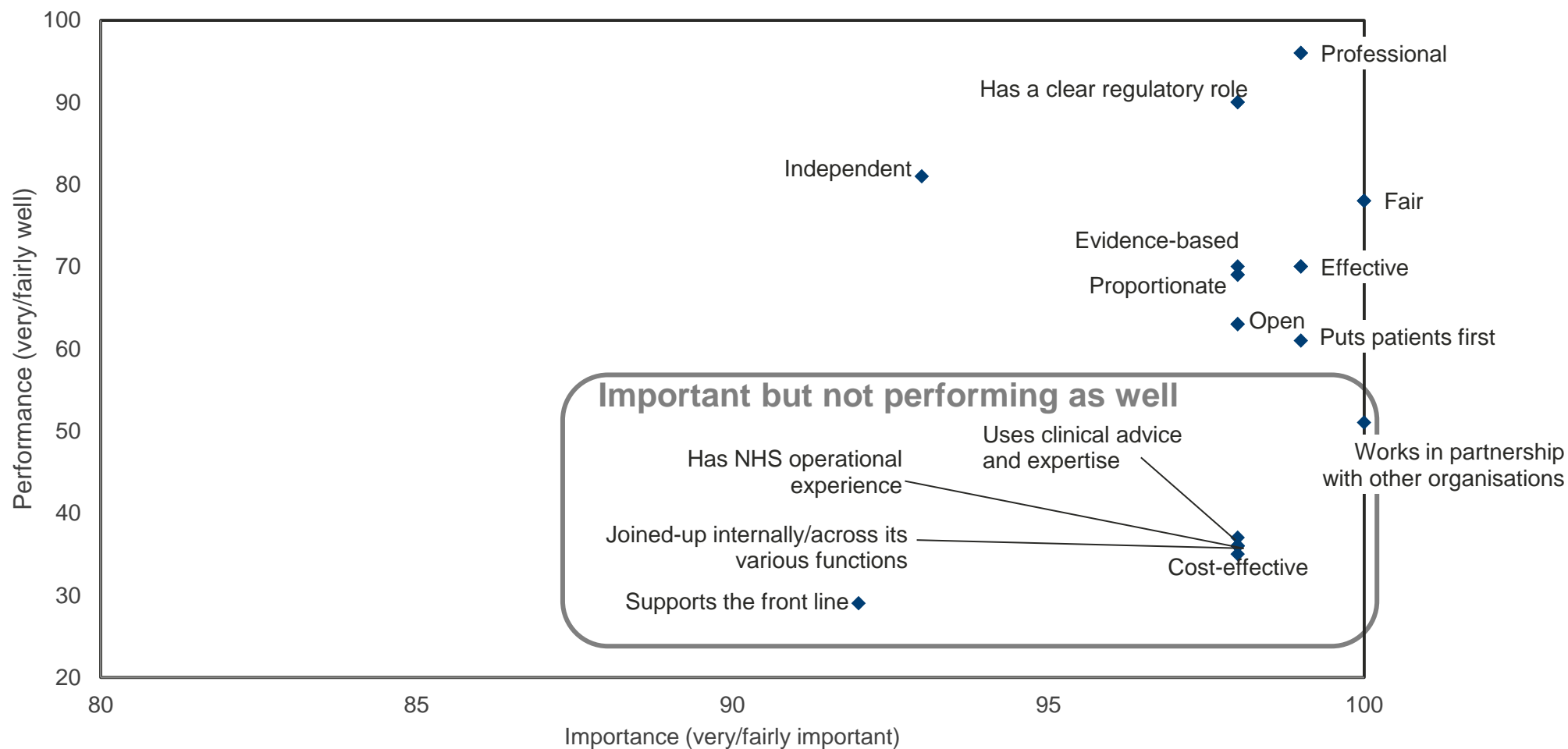
Stakeholders are less positive about how **joined up** Monitor is; only a third (35%) say it does this well. Likewise, only 29% say Monitor **supports the front line** well; with around two thirds (63%) saying it does not do this well.

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Mapping performance vs. importance suggests some clear priorities

Q11. I am going to read out a list of qualities that might apply to an organisation such as Monitor. I would like you to tell me how important each of these qualities are for Monitor to deliver its functions?/Q12. And how well does Monitor currently exhibit these qualities?



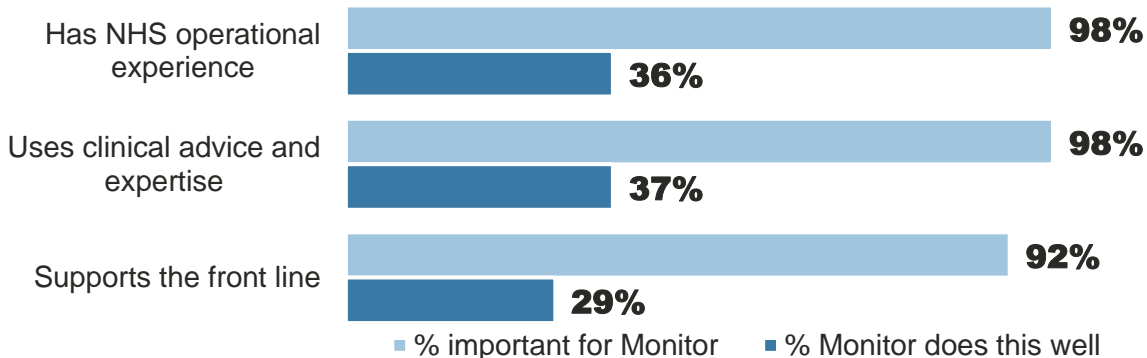
Base: All valid responses (192) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Question mark over Monitor's understanding of the health sector

Q9g. To what extent do you agree or disagree with the following statement?

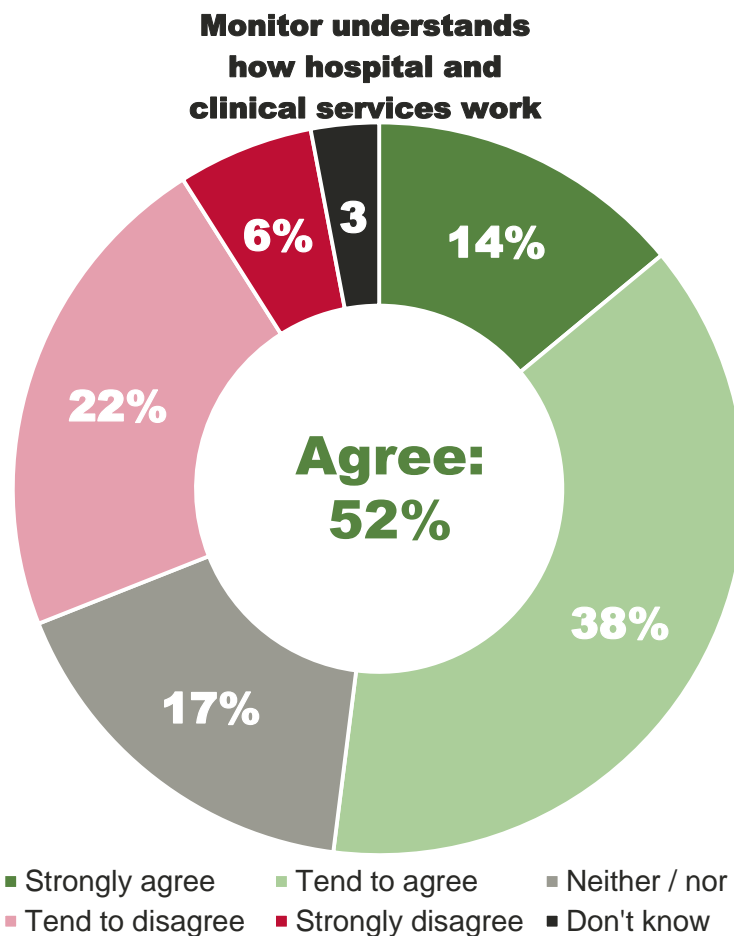
As shown earlier, Monitor...\*



For the vast majority of stakeholders **it is important that Monitor demonstrates hands-on knowledge and expertise**: that it has operational experience (98%); uses clinical advice and expertise (98%); and supports the front line (92%). However stakeholders are not positive about how well Monitor exhibits these qualities.

Furthermore, as already seen, **28% identified Monitor's understanding of the NHS at an operational level as a weakness**; more so than any other weakness. Providers are more likely to say Monitor does not have NHS operational experience (58% vs. 42% CCGs), particularly Finance Directors (70% say it does not)<sup>1</sup>.

Likewise, around **half (52%) agree that Monitor understands how hospital and clinical services work**. Almost three in ten (28%) disagree. Providers are slightly more likely to disagree (31%) although this difference is not statistically significant.



\*Q11: How important is [this quality] for Monitor to deliver its functions/ Q12: How well does Monitor exhibit this quality?

<sup>1</sup>Please note small base sizes

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Monitor is seen as ‘outside’ the NHS

This view was also expressed widely in the qualitative interviews; as already discussed, Monitor was viewed as one step removed from the rest of the health system. **However this was seen as a double edged sword:** Monitor lacks a thorough understanding of the environment it operates in, but at the same time can take an objective view of the organisations it works with.

Though Monitor staff were described as bright and capable, stakeholders felt they lacked a developed understanding of the health sector and the pressures NHS professionals work under. Monitor’s lack of understanding of the health context was also something raised in 2012.

Although it was felt that some senior staff show good awareness, for many Monitor is felt to be **made up of accountants who do not have front line experience**. In this respect Monitor was seen as **distinct from other organisations in the NHS such as the TDA**, which was felt to clearly recruit from within the sector.

Consequently stakeholders raised concerns about Monitor’s ability to deliver its role, particularly its developmental and supportive role in the future. Positively however, a few pointed out that Monitor was taking steps to rectify this by employing staff with more NHS and clinical experience, although this was seen very much as a starting point.

“Clearly quite a few of the people have little or no operational experience...but on the other hand they bring a **level of analysis and critique to the situation which is often much more systematic** and not based on experience and gut feel...actually not having run something gives you a much **clearer view of the thing** and that gets you to ask much sharper questions.”  
CCG

“A lot of them **haven’t got NHS experience**...you still have people who are accountants trained up in the accounting profession...they don’t know enough about the NHS; they don’t know the realities of how health services work, how relationships work between commissioners.”  
Foundation trust

“They are **distinct from somewhere like the TDA**, which tends to be people who have been in the NHS all their life and done different roles in the NHS.”  
Foundation trust

“Monitor understands health but **they come from a different place than others**; this is essential but it’s counter cultural – it is evidence based and analytical which is essential and necessary but not sufficient. Understanding numbers is one thing but you have to see it within the complex context of the NHS.”  
National Body - Provider

However some stakeholders recognised that Monitor’s distance from the NHS brought an **objectivity to its approach** when working with organisations that stakeholders valued. Nonetheless participants felt that it was essential that Monitor gains a **better understanding of the complexities of the NHS context** in order to have a more rounded view and more effectively deliver its role in future.

Source: Ipsos MORI

# Monitor is seen to be interested in patient care but not driving improvements for them

Q9b and Q9h. To what extent do you agree or disagree with the following statement?

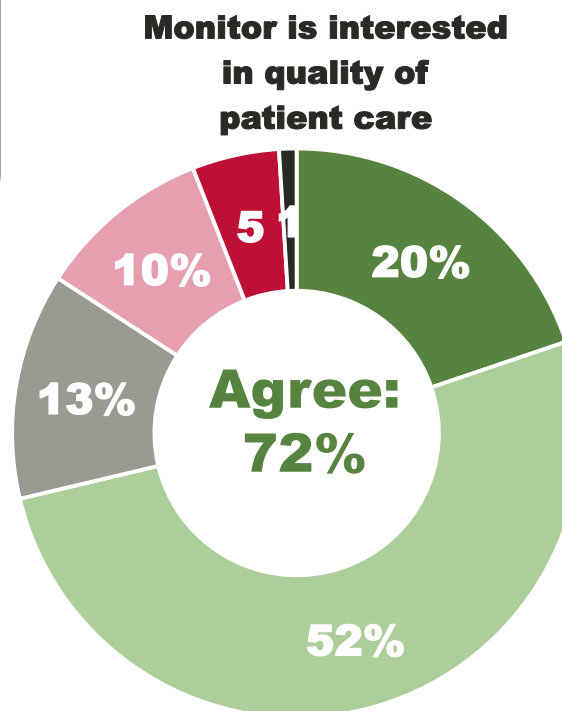
As shown earlier...

**99%** say it's important Monitor puts patients first.

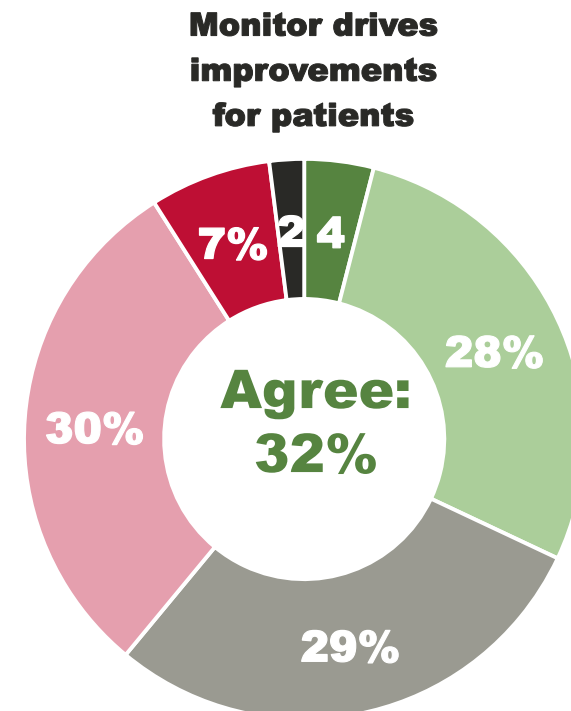
**61%** agree Monitor puts patients first.\*

Almost three in four (72%) **agree that Monitor is interested in the quality of patient care**. This has improved since 2012 when around three in five (58%) said this. Providers are more likely to agree with this; over three quarters (76%) agree it is compared to two-thirds (66%) of CCGs, although this difference is not statistically significant.

**Stakeholders are split on whether Monitor drives improvements for patients**; just under a third (32%) agree that it does, and similar proportions disagree (37%) or neither agree nor disagree (29%).



■ Strongly agree  
■ Tend to disagree



■ Tend to agree  
■ Strongly disagree  
■ Neither / nor  
■ Don't know

\*Q11: How important is [this quality] for Monitor to deliver its functions/ Q12: How well does Monitor exhibit this quality?

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# However, stakeholders question if a patient focus should be a priority for Monitor

## Monitor is seen as broadly patient focused...

During the qualitative interviews, stakeholders acknowledged that a patient **focus is part of Monitor's overall purpose**. Some stakeholders recognised that Monitor was working towards gaining a better patient focus in both its recruitment of new staff with clinical experience and in its training and guidance materials.

However stakeholders were less certain that Monitor had a relationship with patients, and had not seen this demonstrated in Monitor's work.

## But lacks the expertise to understand patient experience:

Monitor's current **lack of clinical experience** was seen to **detract from its ability to be truly patient focused**, although stakeholders were beginning to see Monitor take a more balanced view.

## However does Monitor need to be patient focused?

Furthermore participants questioned **whether Monitor necessarily needed to become more patient focused**. It was largely felt that Monitor's remit is to focus on financial performance and the governance of FTs which does not require any close relationship with patients.

However, it was suggested that as Monitor becomes increasingly involved in quality issues it will need to become more accountable to the public and therefore develop a more public facing profile. Monitor's public profile is discussed further in the section on communications and engagement.

*"They balance every session that we have on financial matters with sessions on quality and patient care so that certainly is in their remit. I would say they go further than just a lip service. So yes they do recognise it."*

Foundation trust

*"They were up for engagement with patients and made it their priority, but [I've] not seen that in their work. They have to think differently around how that would work to how they're already doing it. Now they are thinking not in a relationship way but in a 'this is how it fits with this piece of work way'."*

National Body – Patient group

*"They are just finance people and lawyers - they don't have a front line so don't have an attachment. They don't have anyone who considers the patient."*

Foundation trust

*"They focus more on governance arrangements and that's where their focus needs to be. I don't think they would necessarily have their eye on the day-to-day patient experience."*

NHS trust

*"I don't think they have one. But if they are becoming interventionist they should have more of a public profile."*

Foundation trust

Source: Ipsos MORI



# Monitor could be more joined-up

Q11. How important are each of these qualities for Monitor to deliver its functions? Q12. And how well does Monitor currently exhibit these qualities?

## Monitor is joined up internally

Important



98%

Nearly all (98%) stakeholders feel that it is **important that Monitor is joined up** internally across its various functions. CCGs are particularly likely to say that being joined up is very important (93% say it is compared to 79% providers).

Well



35%

Only a third (35%) feel that Monitor effectively demonstrates that it is joined up, with almost half (47%) saying it does not. FTs are more likely to say that it does this well (45% vs. 31% others), while a quarter (24%) of CCGs are not able to comment.

In the qualitative interviews it is clear that recent expansion has affected how joined up Monitor is perceived to be. A **high staff turnover** has meant stakeholders' key contacts have disappeared, causing frustration and meaning they have to 'start again' with each new member of staff.

Furthermore a few FTs suggested they are often asked to provide the same information to different teams across the organisation, or have received **conflicting advice** from different team members.

*"We do get requests coming from different people for the same information or get feedback from them that doesn't reconcile with ours so we run round like headless chickens trying to link it altogether. Then we get apologies that they didn't realise that they'd asked for it."*

Foundation trust

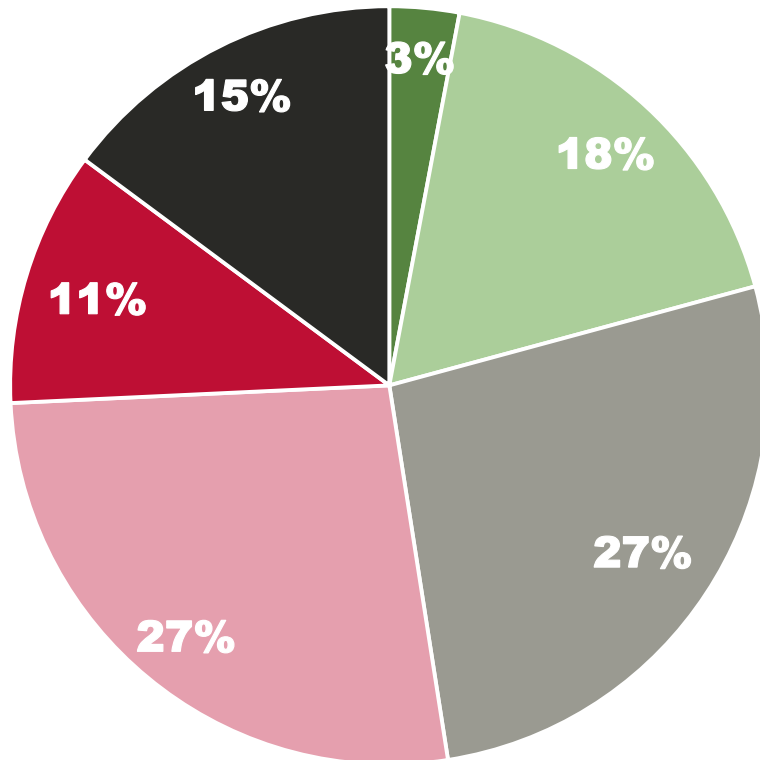
*"Since recent growth they've become less joined up which is inevitable. It can lead to accusations of the **left hand not knowing what the right hand is doing**. I would like to see them getting their act together more on this. Our **members are experiencing a lot of change locally** in the people they're dealing with, and they have to start again with some; this can be frustrating as they don't retain organisational memory."*

National Body - Provider

# Stakeholders are split on whether Monitor represents good value for money

Q9c. To what extent do you agree or disagree with the following statement?

## **Monitor provides good value for money for taxpayers**



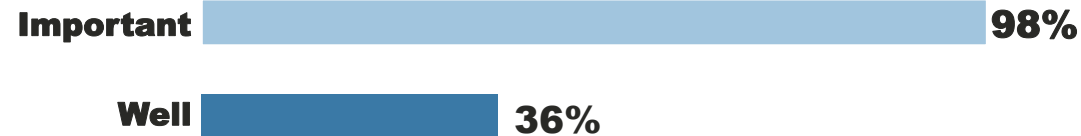
■ Strongly agree   ■ Tend to agree   ■ Neither / nor  
■ Tend to disagree   ■ Strongly disagree   ■ Don't know

Stakeholders are **split on whether Monitor provides good value for money** for taxpayers. While one in five (21%) agrees, almost two in five (37%) disagree. A further quarter (27%) neither agrees nor disagrees, and 15% don't know. This has dropped since 2012, when one third (32%) agreed and one in ten (12%) disagreed.

Furthermore, and as already seen, while the majority of stakeholders (99%) feel that it is important that Monitor is cost-effective, only a third (36%) feel that Monitor exhibits cost effectiveness well. Again, the numbers agreeing has declined since 2012, when over two fifths said Monitor was cost-effective (43%).

**FTs are more likely to say that Monitor is cost effective** (49% say it is) and are more likely to agree that Monitor **provides good value for money** (34% agree vs. 21% overall).

### **As shown earlier, Monitor is cost effective\*:**



\*Q11: How important is [this quality] for Monitor to deliver its functions/ Q12: How well does Monitor exhibit this quality?

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

Stakeholders are confident that Monitor **has the appropriate powers to deliver its role, but less certain about its skills, leadership and capacity**. Providers, who are more familiar with Monitor, are more likely to say it has the appropriate skills, leadership and capacity to deliver its role. However:

- stakeholders recognise that **Monitor is going through change and is still developing**, so this perception may change as the sector settles.
- on the question of skills, though Monitor staff are largely seen as highly capable and knowledgeable, there were concerns about how thoroughly they understand the health environment.

Monitor's values are to put patients first; work with partners; support the front line; work as one team; and be professional.

As seen throughout the research, **stakeholders widely view Monitor as professional**. However, stakeholders are less positive about Monitor's performance across its other values; supporting the front line and acting as one team in particular.

- Monitor's **lack of understanding of the health sector** was consistently highlighted throughout both the quant and qual research, and particularly by providers, as being an issue. Stakeholders feel Monitor needs to develop a greater understanding of the context in which they and their partners work.
- Stakeholders tend to agree that Monitor is **broadly interested in patient care**, but less positive about the extent to which it drives improvements for patients. This is linked to Monitor's expertise in the area of clinical and patient care and experience. Stakeholders also accept that a close relationship with patients is not essential to Monitor's role.
- Monitor is also not performing as well on the question of **being joined up**. High staff turnover has meant that stakeholders miss a continuous relationship with Monitor, and have received conflicting demands from different teams.

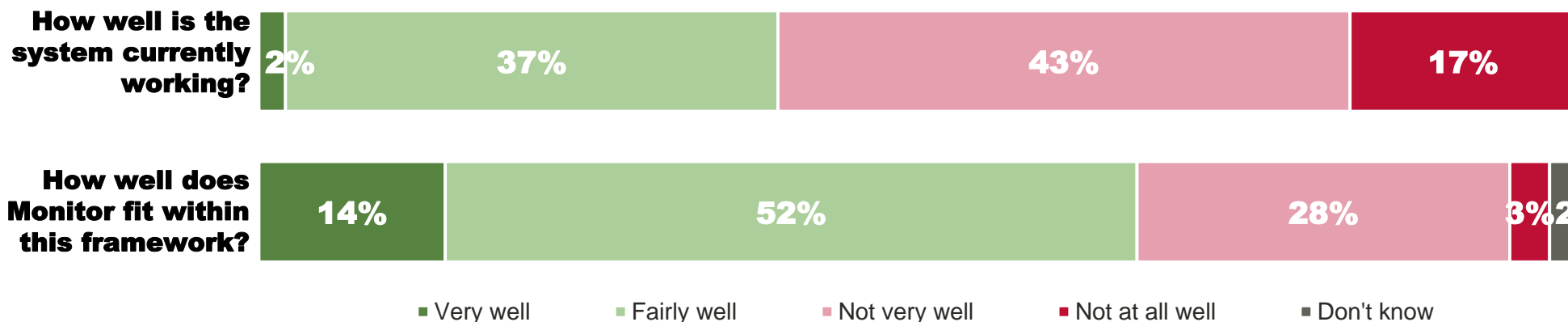
Source: Ipsos MORI

# Working within the system



# The regulatory framework is thought to be overly complex

Q17. In your opinion, how well is the regulatory framework of the healthcare system currently working? Q18. And how well does Monitor fit within this regulatory framework?



The **majority (60%)** feel that the regulatory framework of the healthcare system is **not working well**. This view is shared across the different stakeholder types.

Stakeholders are **more positive about how well Monitor fits within this framework**; over three quarters (67%) say that it fits very well or fairly well. **FTs are slightly more likely to say Monitor fits in well** (73%) although this difference is not statistically significant. Higher proportions of stakeholders who feel they know Monitor very well or a fair amount say that Monitor fits in well (72% vs. 55% who know just a little/nothing). Likewise stakeholders who feel more informed are more positive (75% vs. 50% not very/at all well informed).

During the qualitative interviews stakeholders discussed the complexity of the system as a key challenge. While those within the regulatory system were felt to be working hard to work collaboratively, stakeholders felt that it is **difficult for it to be truly effective in its current form**. There was a general feeling that there are **too many system players** who, while becoming more joined up, continue to act in conflicting ways.

*"It does feel slightly more joined up than it was but it's still a complete dog's dinner...to have the TDA there, Monitor there, NHS England, possibly the CQC there...you've got the most **extraordinary number of players around the table**."*

CCG

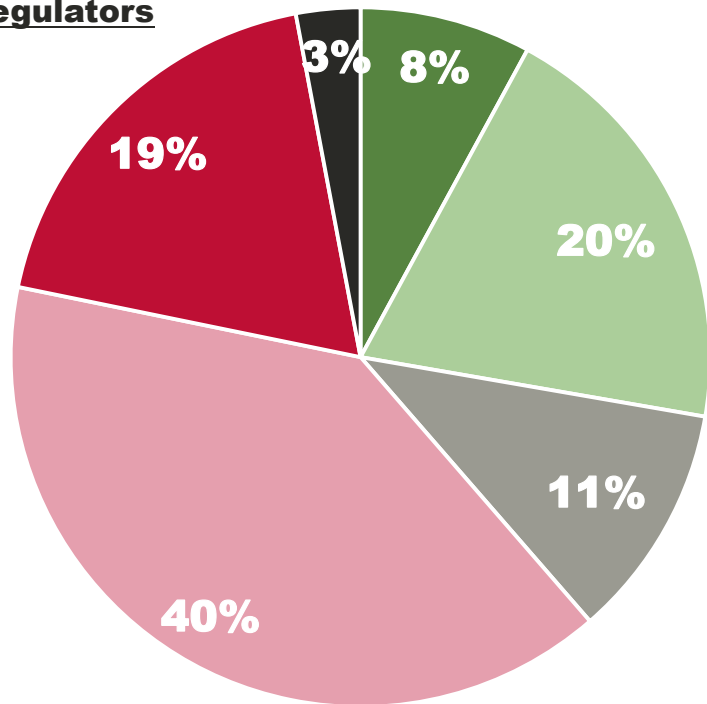
Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# There is felt to be some duplication with other regulators

Q9d. To what extent do you agree or disagree with the following statement? Monitor does not duplicate the role of other regulators

## Monitor does not duplicate the role of other regulators



Agree	27%
Disagree	59%
Strongly agree	
Tend to agree	
Neither / nor	
Don't know	
Tend to disagree	
Strongly disagree	

## As already shown: Monitor has a clear regulatory role\*

Important 98%

Well 90%

Stakeholders typically feel **there is some duplication in Monitor's role with other regulators**. Almost six in ten (59%) disagree that Monitor does not duplicate the role of others. NHS trusts are particularly likely to disagree (70% vs. 51% FTs and 58% CCGs).

On the other hand, as already seen, nearly all stakeholders (98%) say that it is important that Monitor has a clear regulatory role, while the vast majority (90%) agree that it exhibits this quality in practice. This reflects the 2012 findings where 88% said they agreed that Monitor exhibits a clear regulatory role.

Advocates of Monitor are more positive about how distinct its role is; they are more likely to agree that it does not duplicate the role of other regulators (38% vs. 27% overall), and say that Monitor exhibits its clear regulatory role very well (70% vs. 55% overall). Furthermore, three quarters (66%) of FTs feel that Monitor exhibits its clear regulatory role very well (compared to 55% overall).

\*Q11: How important is [this quality] for Monitor to deliver its functions/ Q12: How well does Monitor exhibit this quality?

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Please note, where individual responses (e.g. tend to agree; strongly agree) do not sum to combined responses (e.g. strongly/tend to agree) this is due to rounding

Source: Ipsos MORI



# Monitor is taking positive steps to working more closely with system partners

Monitor's relationship with other system regulators was discussed during the qualitative interviews.

For some stakeholders there was a **lack of clarity around how the different system partners work together**, in particular, **how Monitor works with CQC**.

*"Well, I think there's **massive confusion and overlap and tension between the Monitor and CQC role** still, and I simply don't believe that relationships are much better."*

Foundation trust

Stakeholders would like to see a more co-ordinated approach from Monitor and the CQC, and felt there was a lack of planning between the two regulators.

A number of examples were given where **CQC and Monitor have worked in isolation from each other**. For example:

- Interventions from Monitor and CQC happening simultaneously, putting pressure on providers to meet their conflicting demands
- Contradictory action required from CQC and Monitor, from a quality or financial perspective.

*"We had a **CQC visit, absolutely at the time that we were in the thick of producing our recovery plan with Monitor**. To have a large portion of the board involved in putting a recovery plan together and have 64 auditors arrive and having to put all our patient care issues under scrutiny in the same two months; that was a brilliant bit of co-ordination."*

Foundation trust

*"The regulators are now working together more but **there's still a degree of duplication**. Trusts can't meet quality assurances due to staffing levels so are put in special measures by CQC; they go and get more staff irrespective of cost; come out of special measures but go bust; then they're then scrutinised by Monitor."*

National Body - Provider

However, stakeholders are seeing Monitor and its system partners begin to take **positive steps to closer working**. The **tripartite approach** was particularly welcomed.

*"There are **really good things happening at the moment** - the tripartite is a good thing in principle and they're starting to do things together. The Five Year Forward View was signed by all ALBs which was really positive."*

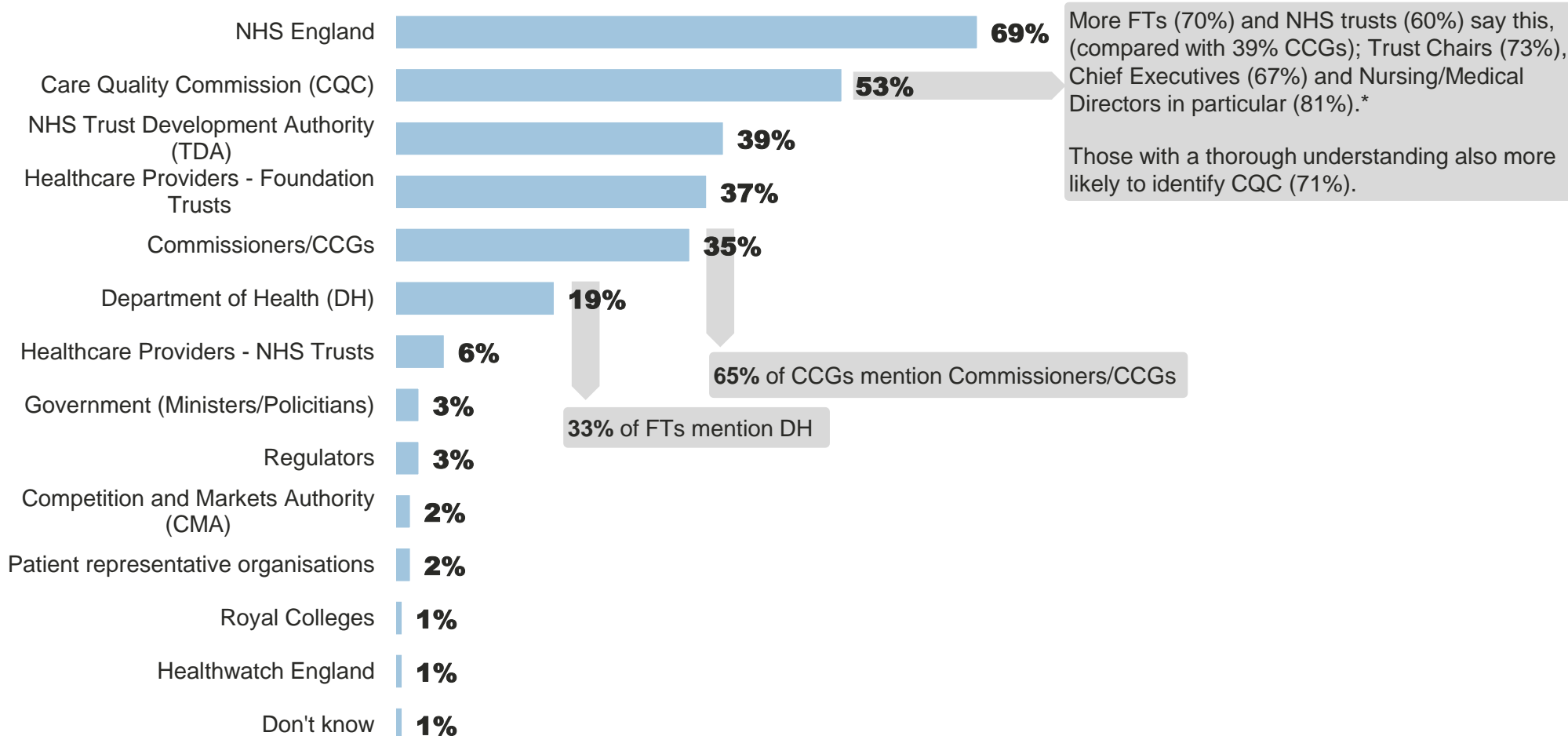
National Body - Provider

Source: Ipsos MORI



# NHS England, CQC and the TDA are the most important partners for Monitor

**Q19. Which are the top three organisations, or types of organisations, it is most important for Monitor to have strong relationships with in order to successfully deliver its role? (Prompted)**



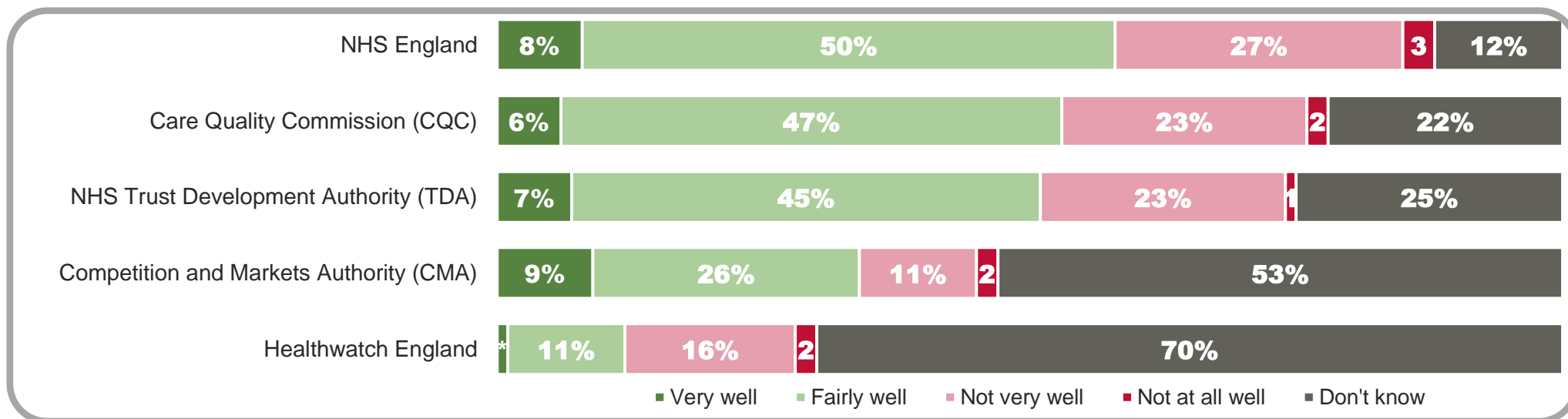
\*Please note small base sizes

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Monitor is working well with its most important partners

**Q20. To confirm, Monitor's main system partners are NHS England, The Care Quality Commission (CQC), The NHS Trust Development Authority (TDA), The Competition and Markets Authority (CMA) and Healthwatch England. In your opinion, how well does Monitor work in partnership with...**



Over **half of stakeholders say that Monitor works well with NHS England (58%), CQC (53%), and the TDA (52%)**, although a sizeable proportion feel Monitor does not work well with each of these organisations (30% say this about NHS England, 25% about CQC, and 24% about the TDA). Furthermore, there is a lack of awareness of how Monitor works with its other system partners, most notably Healthwatch England (70% stakeholders don't know), and the CMA (53% don't know).

Higher proportions of CCGs do not know how well Monitor works with CQC (32% do not know vs. 13% others) and the TDA (31% vs. 25% others). Conversely, **those who have a better knowledge of Monitor are more positive**. For example:

- over six in ten (62%) who know Monitor well say it works well with NHS England (compared to 48% who know Monitor just a little/not at all);
- six in ten (59%) who feel well informed about Monitor say it works well with CQC (compared to 45% who are not very/at all well informed); and
- those with a very thorough understanding of Monitor are more likely to say it works well with the TDA (63% vs. 52% overall) and the CMA (46% vs. 34% overall)

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Scope for Monitor to work better in partnership

Q9e. To what extent do you agree or disagree with the following statement?

As already shown...

**100%** say it's important for Monitor to work in partnership with other organisations.

**51%** agree Monitor exhibits this very or fairly well.\*

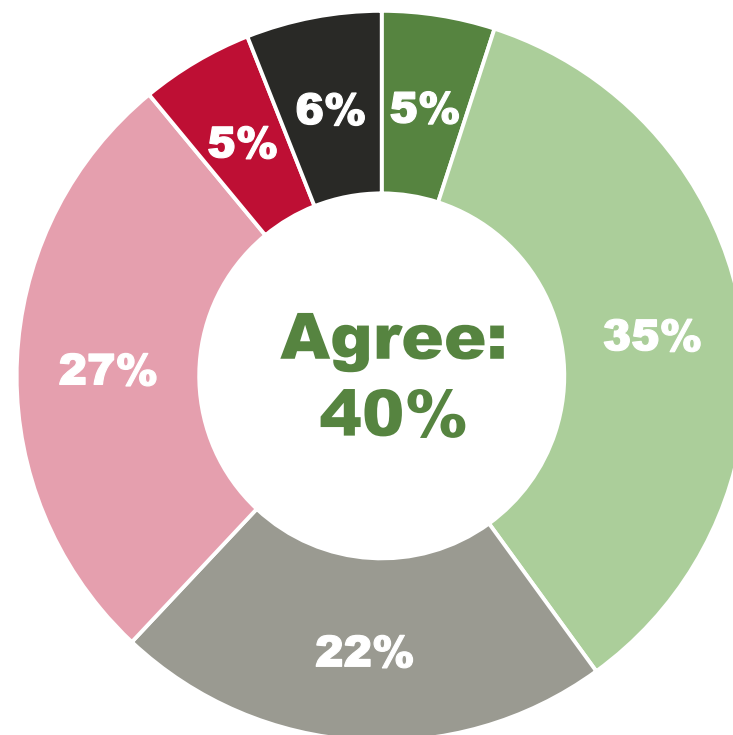
As already seen, although all stakeholders (100%) feel that it is important that Monitor works in partnership with other organisations, only half (51%) feel that Monitor exhibits this quality well. This has improved since 2012 when two fifths (42%) thought Monitor exhibited working in partnership. **CCGs are more likely to say that working in partnership is very important** (96% vs. 88% other stakeholders), but are also more likely to say that Monitor doesn't exhibit partnership working well (54% vs. 36% providers).

Two in five (40%) agree that Monitor works well in partnership with others. A third (32%) disagree.

Higher proportions of **FTs agree that Monitor works well in partnership** (55% agree vs. 40% overall). CCGs are most likely to **disagree that Monitor works well in partnership** (38% vs. 32% overall),

\*Q11: How important is [this quality] for Monitor to deliver its functions/ Q12: How well does Monitor exhibit this quality?

**Monitor works well in partnership with others**



■ Strongly agree ■ Tend to agree ■ Neither / nor  
■ Tend to disagree ■ Strongly disagree ■ Don't know

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Stakeholders generally have positive relationships

Providers and CCGs who took part in the qualitative interviews **mostly only had limited direct contact** with Monitor unless they were FTs in special measures. However, many were satisfied with the frequency and quality of their interactions. National bodies were largely very positive about their relationship with Monitor, particularly at senior level in Monitor.

The organisation was described as responsive and helpful, and some specifically commented on **improvements they had seen in the past two years**. In particular, Monitor is seen to have matured and become more supportive.

*I have seen a positive change in Monitor as an organisation over the past few years; **it is more supportive now**. We certainly have a positive view of the organisation in that they're professional and business-like.*

NHS trust

*There is a desire to help us get through the process. So, it's not been one of trying to trip us up or... You know, I think they genuinely wanted to see us be successful in the process and; therefore worked collaboratively with us on that.*

Foundation trust

However, as seen throughout the research, while it was widely felt that Monitor's staff are very bright and professional, there was frustration that staff can sometimes demonstrate a **lack of frontline expertise, or health system knowledge**, particularly more junior staff.

*I find their senior staff, very positive working with them. Their more junior staff occasionally **I've felt some sense of frustration in having to explain some fairly basic things** about how hospitals work. They're very focused on numbers and it's never as simple as they think it is.*

Foundation trust

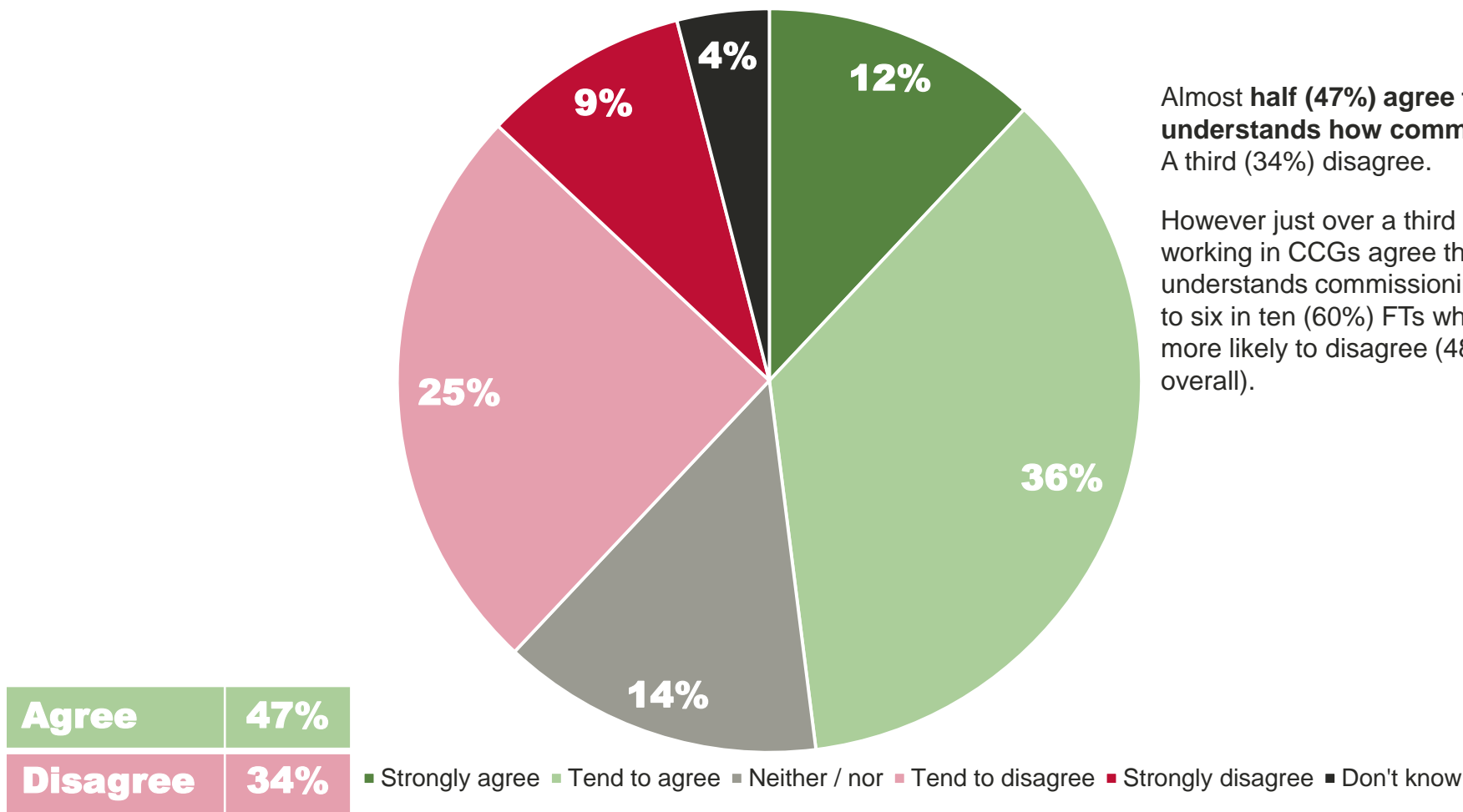
*The day to day people you come across tend to be very very bright, quite young and arrogant... but I'm **not sure they really have any experience of the healthcare sector**, patients and services and what they look like and what they're for... they perhaps need to think about giving their staff some opportunities to get insight.*

CCG

Source: Ipsos MORI

# Just under half agree that Monitor understands commissioning

Q9i. To what extent do you agree or disagree with the following statement? Monitor understands how commissioning works.



Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Please note, where individual responses (e.g. tend to agree; strongly agree) do not sum to combined responses (e.g. strongly/tend to agree) this is due to rounding

Source: Ipsos MORI

Participants in CCGs have much more limited contact with Monitor in comparison to providers. Almost half (45%) say they know Monitor 'just a little' for example. Furthermore, as discussed already, all CCGs feel it is important for Monitor to work in partnership, the vast majority (96%) saying it is very important. However these stakeholders are more likely to disagree that Monitor does this well.

In the qualitative discussions commissioners were generally **happy with the level of contact they have** with Monitor, feeling that they are **consulted and able to feed back**.

“ They have seemed keen to hear my views. ”  
CCG

“ Good. Not had a big disagreement. Would quite happily turn to them. ”  
CCG

They were largely accepting of their limited contact with Monitor. However, stakeholders agreed that both CCGs and Monitor might benefit from closer relationships in the future.

*“I would like **more communication with Monitor**. That might be to seek out our views on proposals or to hear about specific issues or examples of work we're doing with FTs, so there would be a range of benefits both ways.”*

CCG

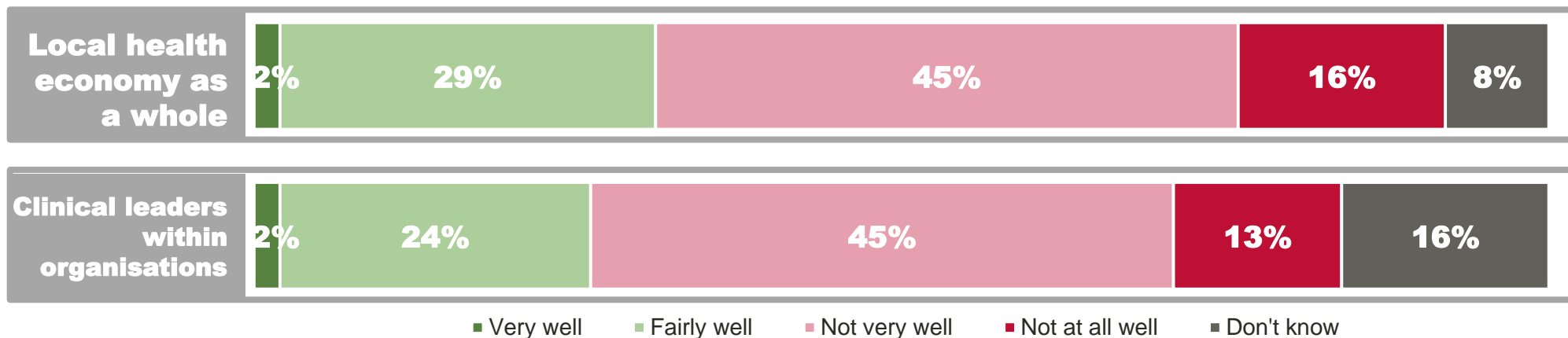
*“Monitor doesn't work with commissioners as they are not their responsibility. My organisation has a huge issue with commissioners which has been part of the reason we have become so financially challenged but I don't feel that Monitor have addressed this.”*

Foundation trust

Source: Ipsos MORI

# A high proportion disagree that Monitor works with the local health economy or clinical leaders

Q21. When carrying out its role, how well does Monitor work in partnership with...?



Over **six in ten (61%)** say that Monitor does not work well in partnership with local health economies; three in ten (31%) say it does. CCGs are more likely to say it doesn't work well with the local health economy (66% say this).

Likewise, almost **six in ten (58%)** feel that Monitor does not work in partnership with clinical leaders well, with just over a quarter (26%) saying it does. Providers are slightly more likely to be negative about Monitor's approach with clinical leaders (63% say this vs. 53% CCGs), although this difference is not statistically significant. However higher proportions of Nursing/Medical Directors in trusts say that Monitor works well with clinical leaders (49% vs. 26% overall).\*

\*Please note small base sizes

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# There is scope to work more closely with the local health economy

## A lack of understanding of local health systems

Concern was expressed in the qualitative interviews, particularly by commissioners, around Monitor's **limited local knowledge and presence**. For example, it was suggested that Monitor might not consider the wider causes for trusts failing beyond finances, or the impact closure or regulatory intervention can have on other local services.

*"I sometimes feel that quite a lot of that knowledge of the local health system, the relationships in it, **how various inter-organisational relationships are developing isn't well understood by Monitor.**"*

CCG

*"Monitor still feels a bit remote from the local system...what's become crystal clear across the health system right across the country is that when you have an acute hospital failing **it's rarely only the hospital that's failing.** It's very often the wider system."*

CCG

*"I would like to **see Monitor play a more integrated role in the local health system.** I don't know to what granularity that might come but I don't see how we're going to get the joined up, integrated, sustainable health systems that we need unless regulation itself is better integrated and plays a system leadership role at that local level."*

CCG

## A more local approach will be required in future

It was suggested that if Monitor, and indeed the health system as a whole, is to take a more integrated approach, then it will need to play a bigger role in the local health economy in future.

## Monitor would benefit from working more closely with CCGs

Working more closely with CCGs would help Monitor gain a more system-wide approach.

*"There **needs to be closer relations with the local health economy**... eg. face to face meetings between representatives of Monitor and local people on wider issues of what it's doing, not just on problems."*

CCG

*"A **discussion once a year with whoever their key lead is for our particular patch, just so they can understand the local circumstance**...It would give them a better understanding of what we're trying to achieve from a service point of view, from an outcome point of view and the financial issues we face locally."*

CCG

Source: Ipsos MORI



# Key messages: Working within the system

Stakeholders are more positive about Monitor's position in the regulatory framework than they are about the system as a whole. Participants in the qualitative interviews described the system as overly complex.

Though stakeholders agree that **Monitor has a clear regulatory role** - its functions are well known for example – they felt there was a degree of duplication in the system. For example **how Monitor works with CQC** is of a particular concern. This is both generally and in practice, where providers have been sent conflicting messages from the two regulators. They would like to see a more co-ordinated approach in future.

The **tripartite** is well received as a sign that this co-ordination is beginning to happen.

Stakeholders recognise **NHS England, CQC and the TDA as the most important partners for Monitor** to work with. While many stakeholders feel that Monitor works well with these three system partners, relatively high numbers feel that this is not the case. Furthermore there is a high proportion who have no awareness at all of how Monitor works with its system partners, notably with regards to the CMA and Healthwatch England. This lack of awareness is particularly evident among CCGs.

There is scope for Monitor to **work better in partnership with other organisations**. Though all stakeholders agree that this is important, they are split on whether Monitor is currently doing this from their own point of view. This may be because stakeholders typically had limited regular contact with Monitor unless they were FTs in special measures.

**Stakeholders from CCGs were less likely to say Monitor works well in partnership** even though higher proportions say this was important for Monitor to do. Furthermore, working more closely with CCGs will allow Monitor to begin to take a more system-wide approach and factor in the wider health economy, something it is not seen to do well at the moment.

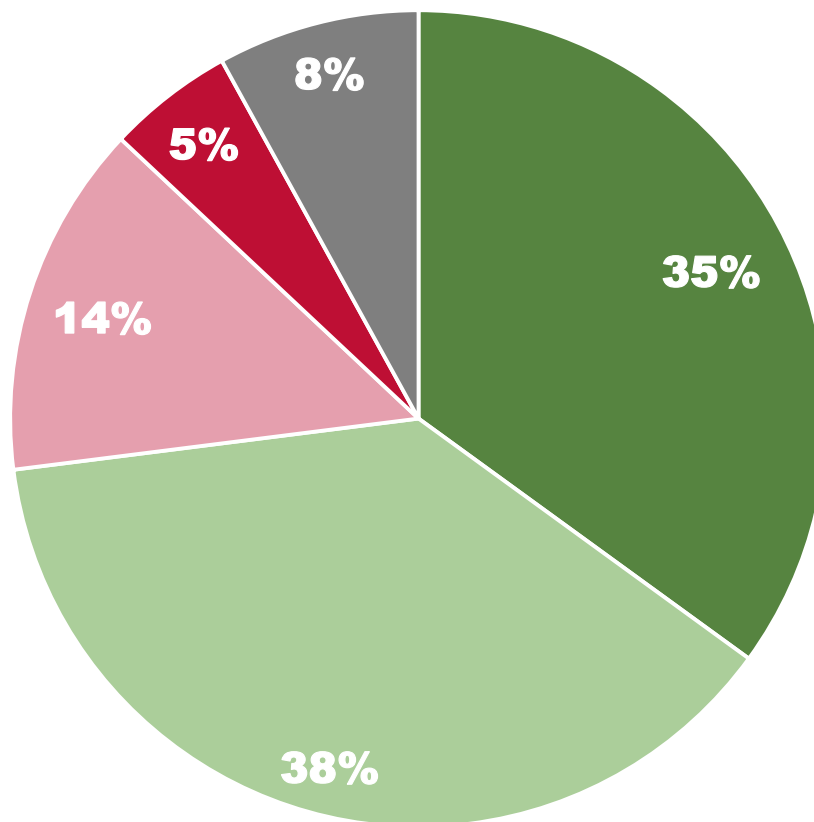
Source: Ipsos MORI

# Supporting the system



# Stakeholders would value more hands on help for struggling FTs

*Q30. Monitor is looking at providing more hands on help for struggling foundation trusts. How useful, if at all, do you think this would be?*



**Almost three quarters (73%) feel that more hands on support to struggling FTs would be useful.**

A slightly higher proportion of FTs say this support would not be useful (26% vs. 19% overall). Please note that these differences are not statistically significant.

Useful	73%
Not useful	19%

■ Very useful ■ Fairly useful ■ Not very useful ■ Not at all useful ■ Don't know

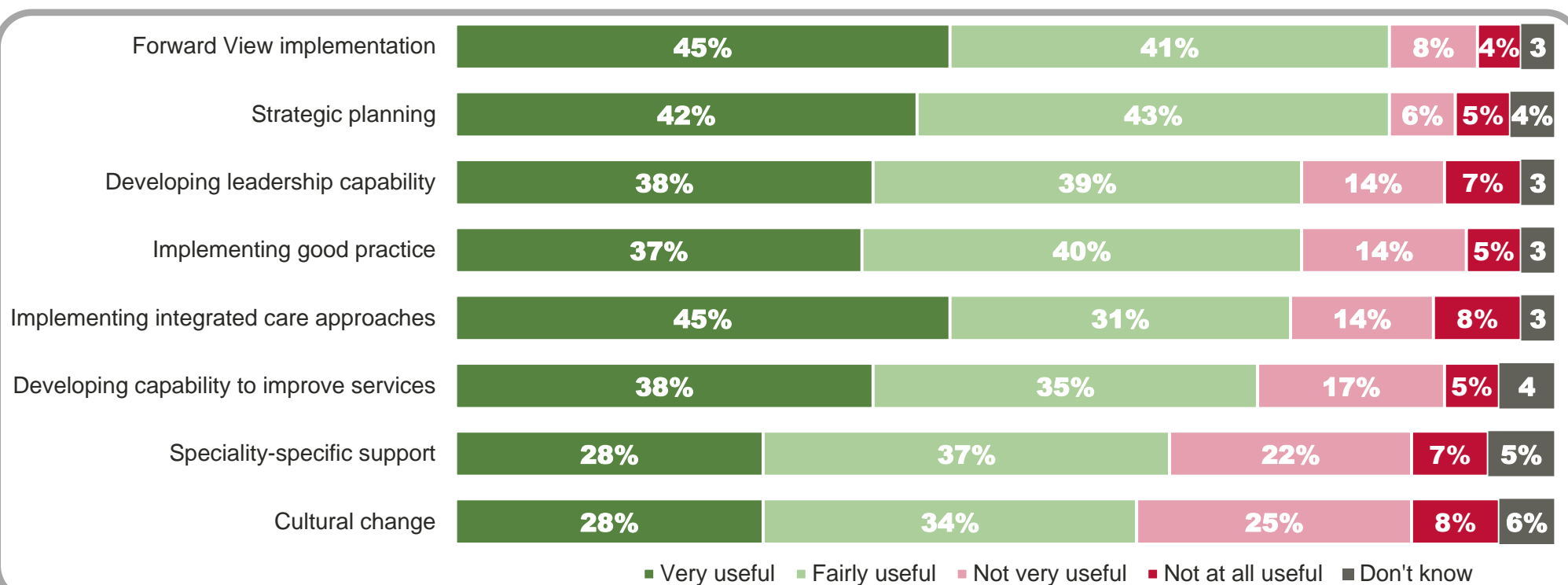
Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

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Source: Ipsos MORI

# Monitor has a role to play in supporting providers to implement the Five Year Forward View

Q31. How useful, if at all, would it be for Monitor to provide support to providers on each of the following?



Support from Monitor is received favourably. Stakeholders would particularly find support on Forward View implementation and strategic planning useful (85% for each).

A **higher proportion of CCGs** than providers say that the following types of support would be useful:

- Implementing good practice (83% vs. 72% providers);
- Developing leadership capability (82% vs. 71% providers);
- Implementing cultural change (69% vs. 55% providers);
- Developing the capability to improve services (50% very useful vs. 27% providers).

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Stakeholders want to see Monitor provide more practical support

There was strong support expressed in the qualitative interviews for Monitor to play a more practical and supportive role with providers. Moreover, there was recognition that **Monitor was starting to move away from its focus on failure towards a more preventative approach.**

“They realise they can't just be about financial failure, it's about **making organisations more viable** and they recognise that. The TDA has a development arm to give support; clinical and financial support etc.”  
National Body - Clinician

Monitor is seen as **uniquely placed to provide practical support** to the sector in this way, by having an overview of what works. Stakeholders felt that it can therefore share best practice and help providers improve based on the experience of others.

Stakeholders' experience of this from Monitor to date has been mixed; some providers were very positive about Monitor offering practical solutions, others had not seen any evidence of it.

“They are uniquely placed - **they have a catalogue of problems and potential solutions**...They should be a repository of expertise (they are already really) and so should be signposting and lending support - sharing solutions etc.”

National Body – Opinion Former

“They have an **overview of lots of different hospitals**, and when looking for advice they can point to lots of different people which was helpful.”

Foundation trust

Source: Ipsos MORI

# Monitor could be more supportive, rather than punitive, when working with providers

Discussions in the qualitative interviews on Monitor's work with providers focused largely on Monitor's approach to failing providers. Though Monitor's approach generally was described as quite 'hands off' when trusts were coping, Monitor was seen to be overly interventionist and punitive at the time of failure; it was felt it should have a more long term and supportive presence.

## Heavy handed and interventionist:

Monitor was felt to take a domineering approach to failing trusts rather than assisting the organisation in understanding the root of the problem and developing a solution.

*"It's very interventionist and prescribed...It feels like some unpleasant medicine you have to take. They should use their resources to get alongside organisations and understand the route of the problem - understand the wider context."*

National Body - Provider

In fact, a common analogy used by FTs to describe their relationship with Monitor was that of a 'headmaster/ naughty school child'.

*"I feel like a naughty school boy being held to account - difficult to know if there's a working relationship. We just get called in when something goes wrong. It's a headmaster/school boy relationship."*

Foundation trust

*"People think they can't do things because they'll be called up by Monitor - they're worried they'll be rapped on the knuckles by Monitor."*

National Body - Clinician

## Relationship driven by failure:

Participants commented that Monitor had no relationship with providers outside of failure; Monitor was subsequently described as being 'driven by failure'.

*"Now they're waiting for people to fail, but they should be more proactive and supportive."*

Foundation trust

Stakeholders felt there was scope for Monitor to play a more ongoing and supportive role with trusts. In this sense, Monitor was compared to other organisations such as the **TDA which is seen as more supportive**:

*"Many of the people working with the TDA are ex NHS staff; it comes as second nature to them to get alongside and to work with and to help shape and support in the way the Monitor mandate isn't really there to do."*

CCG

## Taking on a more supportive role:

However, there was an acknowledgment that Monitor is **becoming more supportive** and **more systematic** in their approach.

*"It's trying to understand more about trusts like ours...It sends staff to us for induction and orientation type of work."*

Foundation trust

Source: Ipsos MORI

# Although there is some uncertainty about how this supportive role would work in practice

However, stakeholders also questioned how well placed Monitor was to provide this more supportive role. For example:

- There was the feeling that a supportive and developmental role is **at odds with Monitor's regulatory responsibilities**, and the two should remain distinct.
- Stakeholders also questioned whether Monitor has the resource and capacity to offer **a more hands-on supportive role**, and it also lacks the direct NHS expertise to do it.
- There was the suggestion that the **resources for development already exist elsewhere in the system**; Monitor should draw on these to avoid duplication.

*"How do you both regulate and develop? **The two don't sit happily together.** That begs the question on whether you should have a monitoring body and a development and support body as two separate entities, that would sit better in my mind."*

Foundation trust

*"By getting involved in the delivery of solutions on the top of regulation **they have become more confused....** This means that they are sending mixed messages - sometimes they are a critical friend, then they become an institutional bully."*

Foundation trust

*"Not sure how geared up Monitor are to provide more hands-on support. **There's not a lot of people with NHS experience**, there's a lot of people from the private sector. They're not large enough to go in to do hands on support - they rely heavily on consultancy."*

CCG

*"Wouldn't it have been better to look to the NHS Leadership Academy and other organisations - **draw on resources collectively** and Monitor could direct to other organisations to help; work with the system rather than creating a department to do it?"*

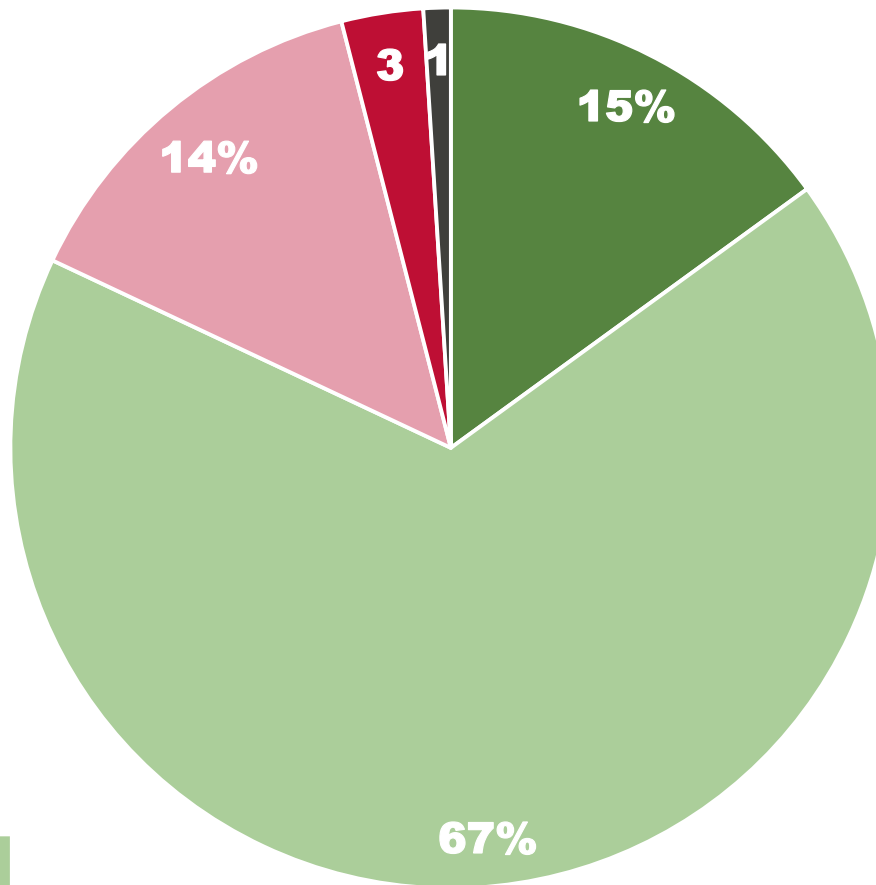
National Body - Provider

Source: Ipsos MORI



# The majority have started to implement new models of care

Q32. To what extent, if at all, have you started to implement any of the new models of care set out in the Five Year Forward View?



The majority (82%) have started to implement new models of care as set out by the Five Year Forward View.

There are no differences by stakeholder type.

Great/some extent	82%
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Hardly/not at all	17%
-------------------	-----

■ To a great extent ■ To some extent ■ Hardly at all ■ Not at all ■ Don't know/not relevant

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Monitor can show what new models work best, but needs to be more innovative

In terms of introducing new models of care as a result of the Five Year Forward View, Monitor was seen to have a specific role to play.

**Monitor is well placed to show what works:** Monitor was seen to have a major role in terms of evaluating any new models and pilots, and sharing best practice across the system.

*"I think Monitor can have a good input in terms of making sure there's a rigorous evaluation [of any pilots] and... looking at the cost and benefit side of it...I think that's where **Monitor's got the specific strength in that evaluation process.**"*  
CCG



However in order to do this it was suggested that **Monitor needs to be more innovative** in its approach:

There was a question mark over how open to innovation Monitor currently is, and whether this might act as a barrier to introducing new models of care in future.

For example:

- It was suggested that Monitor needs to be less risk averse in order to allow providers to adopt new approaches and models:

*"They need to change their risk tolerance. **They need to be less risk averse**, set risk tolerance at a higher level because at the moment [providers are] penalised for taking risks."*

National Body - Provider

- Monitor needs to move beyond the FT model and consider different ways of commissioning services:

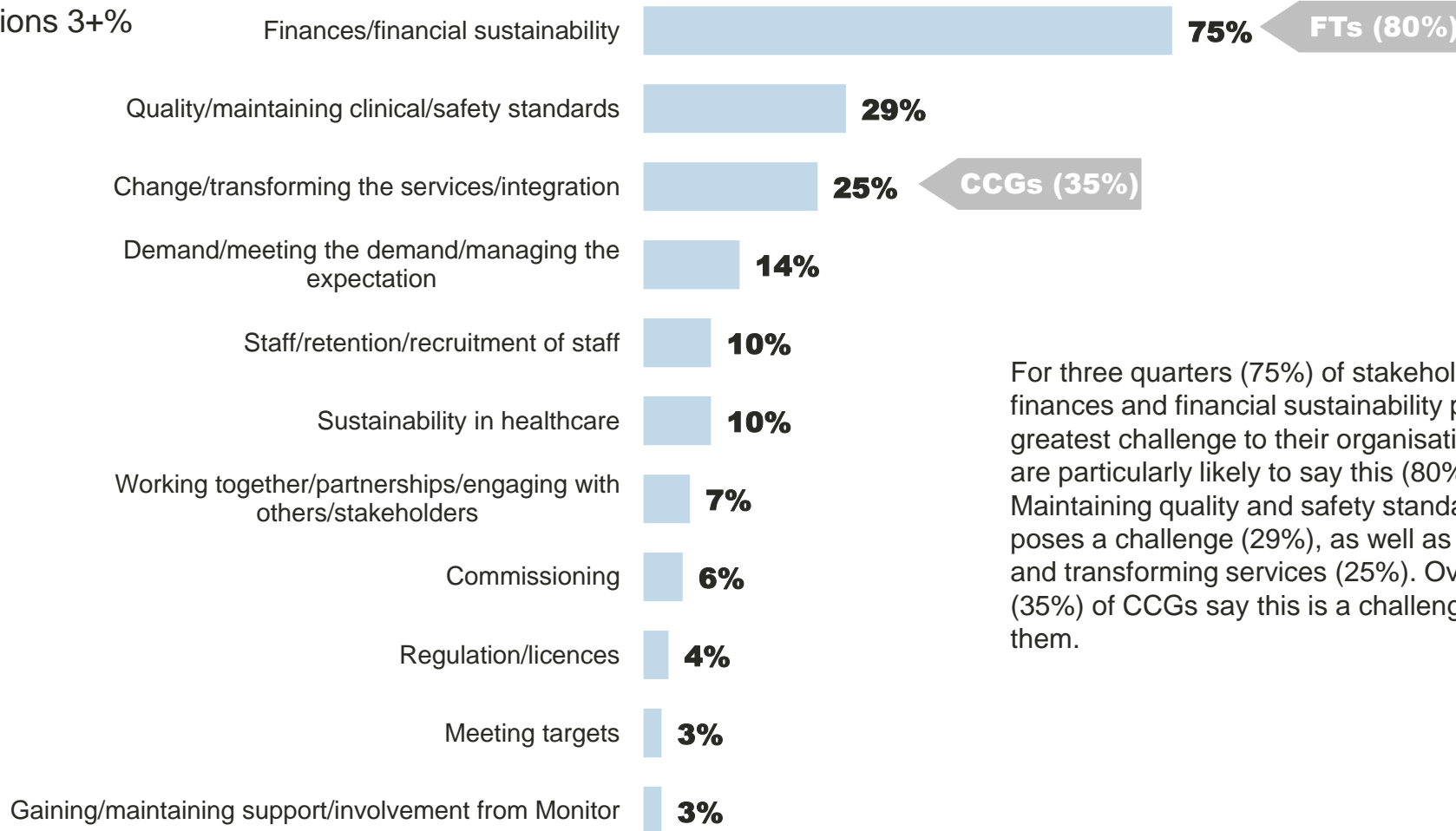
*"They're **wholly focused on the survival of FTs and rigidly on remuneration models** that don't help. They need to move from a generic model of care and from the tariff system on to an outcomes approach."*  
CCG

Source: Ipsos MORI

# Finances are the greatest challenge facing organisations

Q28. What do you see as the greatest challenge facing your organisation over the next two years? (Unprompted)

All mentions 3+%



For three quarters (75%) of stakeholders finances and financial sustainability pose the greatest challenge to their organisation. FTs are particularly likely to say this (80%). Maintaining quality and safety standards also poses a challenge (29%), as well as changing and transforming services (25%). Over a third (35%) of CCGs say this is a challenge for them.

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# There is a demand to see more support from Monitor to help with these challenges

## Q29. What can Monitor do in the next two years to support you through these challenges? (Unprompted)

Stakeholders would like to see Monitor offer more hands on, practical support (59% say this). A third (34%) would like to see Monitor tackle financial problems, and one in five (22%) call for Monitor to focus on improving commissioning, procurement and competition processes.

### Provide practical support and guidance

**59%**

Including encouraging collaborative working (29%); provide support and guidance (23%); provide help for integration (11%, particularly CCGs - 18%); provide expertise (11%)

### Sort out finances/resources

**34%**

**FTs 48%**

Including sorting out the tariff/pricing structure (20%); sorting out how funding is provided (11%); and sorting out payment system (7%)

### Sort out commissioning/procurement

**22%**

Including introducing better procurement processes (13%); sorting out competition markets (8%) and sorting out contracts (4%)

### Consistency across the system

**16%**

Including ensuring focus is system wide (11%); provide a national framework (3%); and provide stability (3%)

### A local health economy approach

**14%**

Including providing help to manage the local economy (8%) and understanding local needs (6%)

### Encourage innovation

**10%**

Including being more open to ideas (4%) and encourage quicker change (6%)

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Key messages: Supporting the system

Stakeholders are positive about Monitor offering more hands on support to FTs. They valued Monitor's attempt to **move away from a punitive approach to failing FTs towards a more preventative one**. Furthermore, they felt Monitor was uniquely placed to provide the kind of practical support that providers need.

However there was some **uncertainty about how well placed Monitor is to provide a more hands-on and supportive role**. Stakeholders questioned whether this was at odds with Monitor's regulatory duties, and whether Monitor has the resource and NHS knowledge to do this. It was also suggested that this developmental function is already being fulfilled elsewhere in the system.

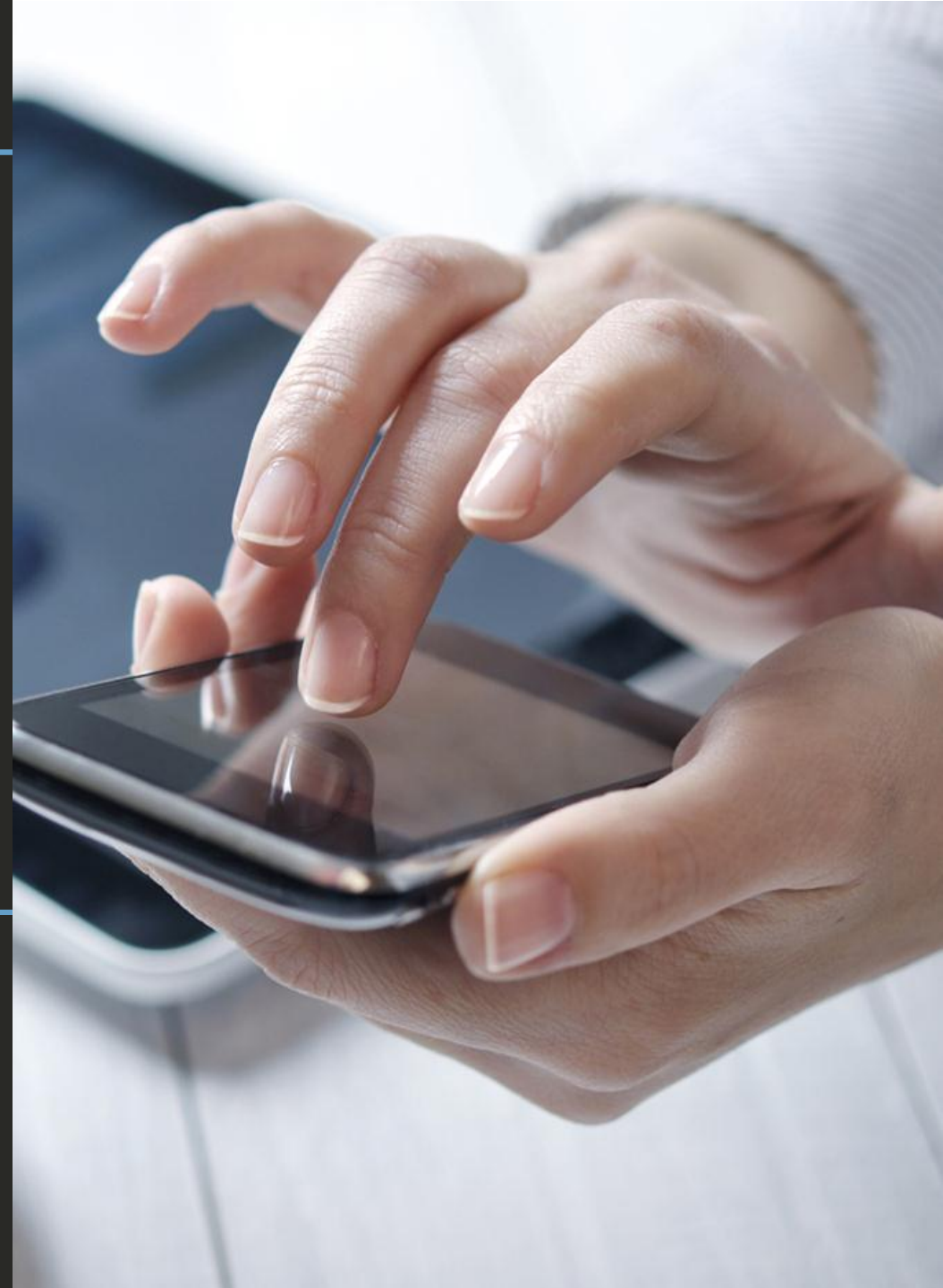
Stakeholders would particularly value support on Forward View implementation and strategic planning, and in particular it was suggested that **Monitor could play a role evaluating new models of care and showing what works**. CCGs are more likely to identify various types of support as useful to providers than providers themselves. It is interesting to note that CCGs are also more likely to identify service transformation as a key challenge for their organisation.

However in order to provide these different types of support, it was suggested that **Monitor needs to become less risk averse**, and be open to new and different ways of doing things.

When asked how best Monitor can support them, **practical guidance and support** featured heavily. However, stakeholders also want Monitor to tackle issues in the system itself; notably financial and commissioning structures.

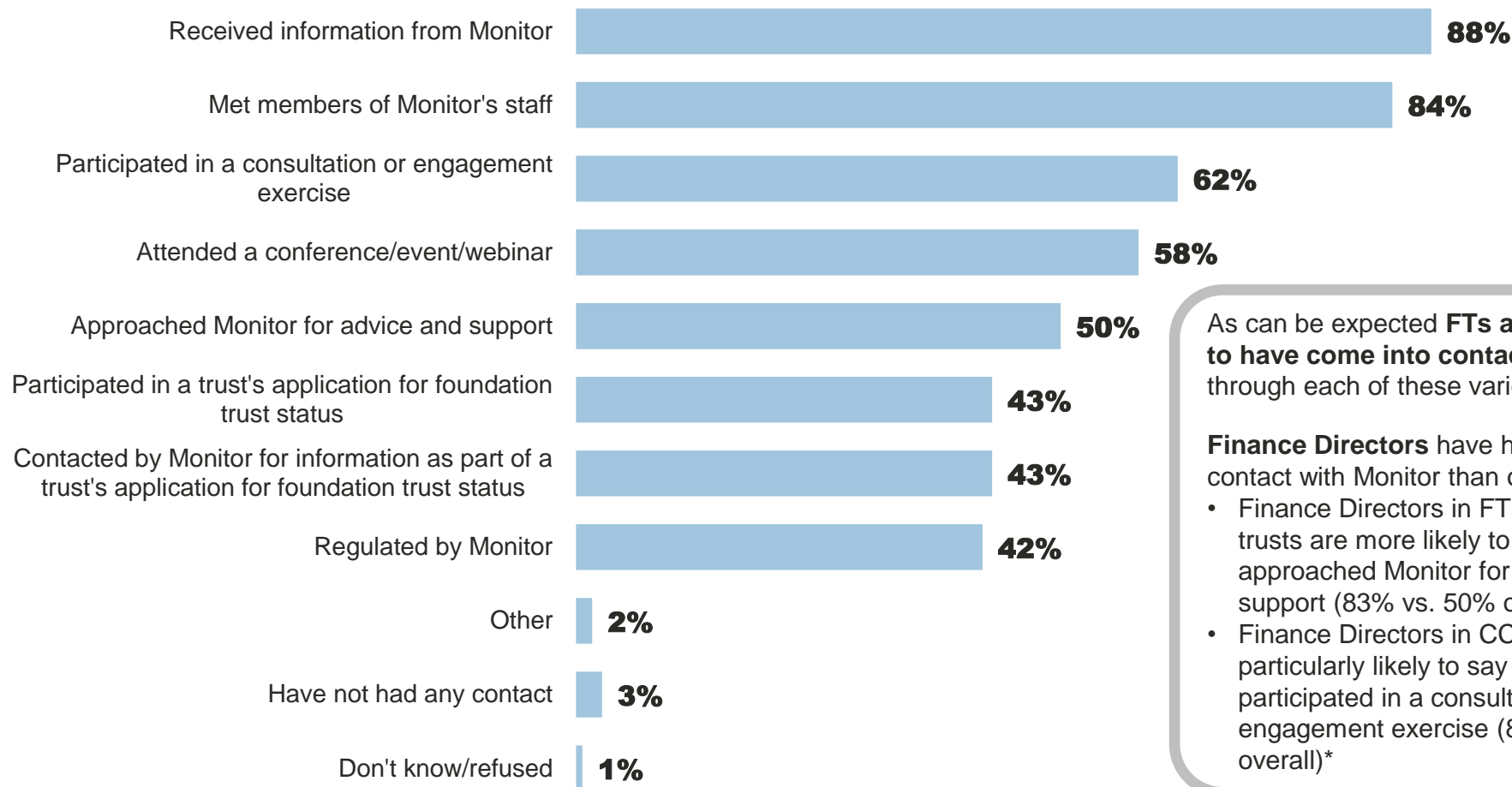
Source: Ipsos MORI

# Communications and Engagement



# The majority have received information from Monitor or met Monitor's staff

Q1. In what ways have you personally come into contact with Monitor? (Prompted)



As can be expected **FTs are more likely to have come into contact** with Monitor through each of these various means.

**Finance Directors** have had more contact with Monitor than other roles.

- Finance Directors in FTs and NHS trusts are more likely to have approached Monitor for advice and support (83% vs. 50% overall)\*
- Finance Directors in CCGs are particularly likely to say they have participated in a consultation or engagement exercise (86% vs. 62% overall)\*

\*Please note small base sizes

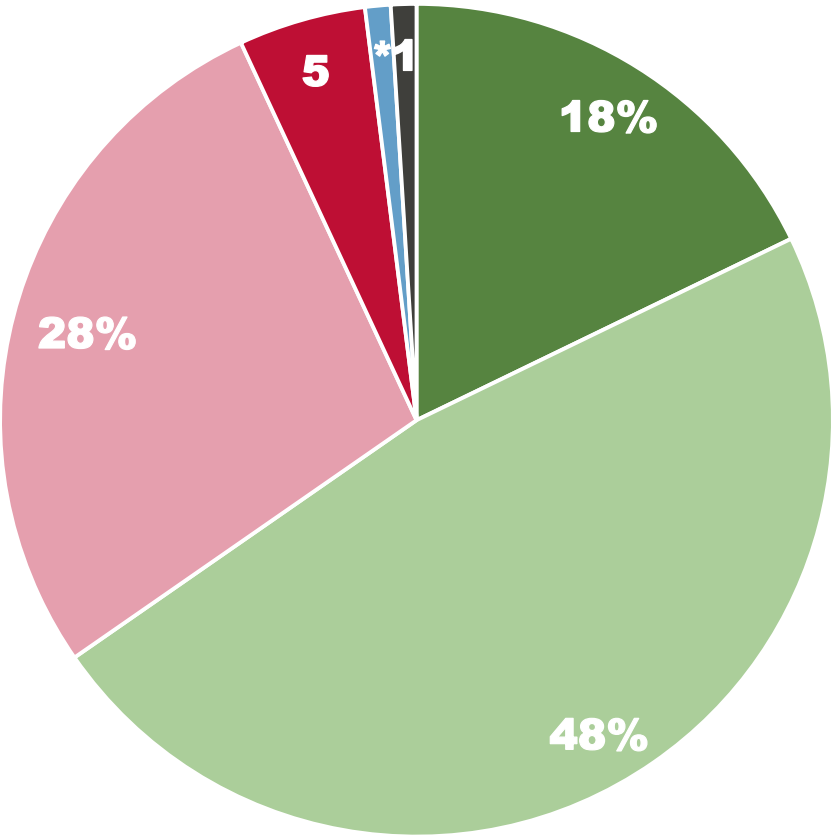
Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI



# Most stakeholders feel well informed

Q22. How well informed, if at all, do you think Monitor keeps you about its work?



Overall two thirds (66%) of stakeholders feel Monitor keeps them well informed about their work. This has increased since 2012 where only half (51%) said they were well informed.

As can be expected, **FTs are more likely to say Monitor keeps them well informed** (90% say this), and in particular say they are very well informed (35% vs. 18% overall). Among providers, a higher proportion of **Chief Executives/Chairs** (82%) and **Finance Directors** (93%) say they are informed than Nursing/Medical Directors (66%) and those in operations/strategy (79%).\*

**CCGs on the other hand are more likely to say they are not kept well informed** (47% say this compared to 35% NHS trusts and 10% FTs).

Informed	66%
Not informed	32%

- Very well informed

Fairly well informed

Not very well informed

Not at all well informed

Does not tell me anything

Don't know / no opinion

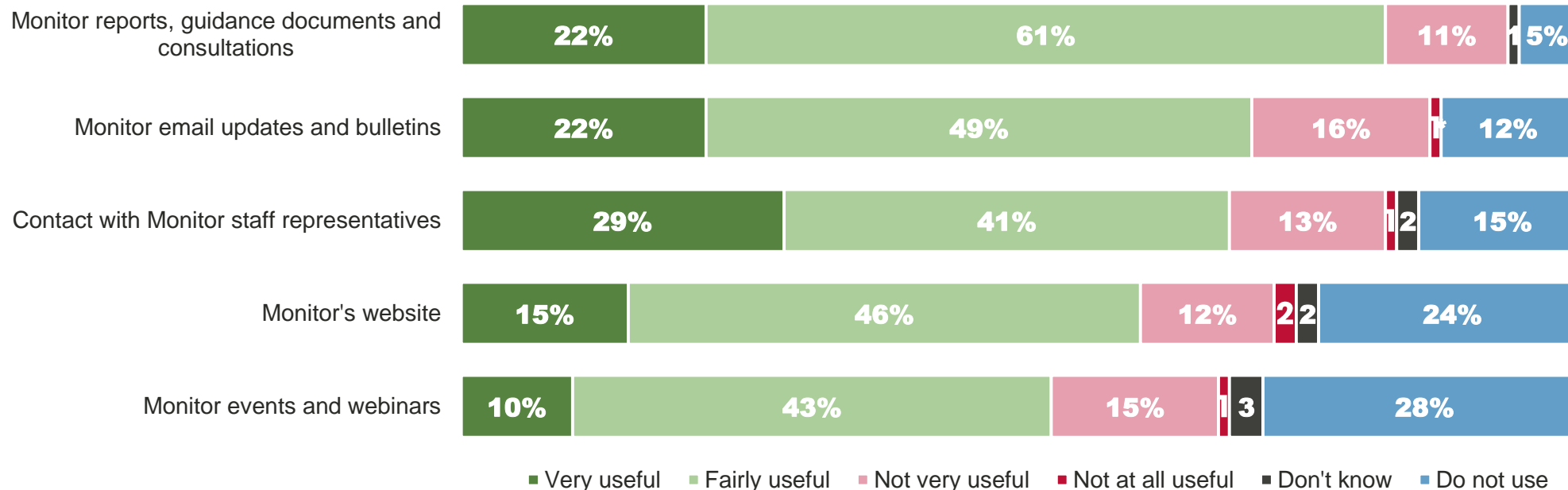
\*Please note small base sizes

Base: All valid responses (254) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Stakeholders are positive about Monitor's communications

Q23. Thinking about communication and engagement, how useful do you find each of the following?



Stakeholders are broadly positive about Monitor's various means of communication. Above all, over four in five (84%) find Monitor's reports, guidance documents and consultations useful. Stakeholders are **particularly positive about contact with Monitor's staff**, with almost three in ten (29%) saying this is very useful. On all types of communication, higher proportions find Monitor's communication useful compared to 2012. For example, in 2012, 75% of stakeholders said that Monitor's reports and publications were useful, rising to 84% in 2015.

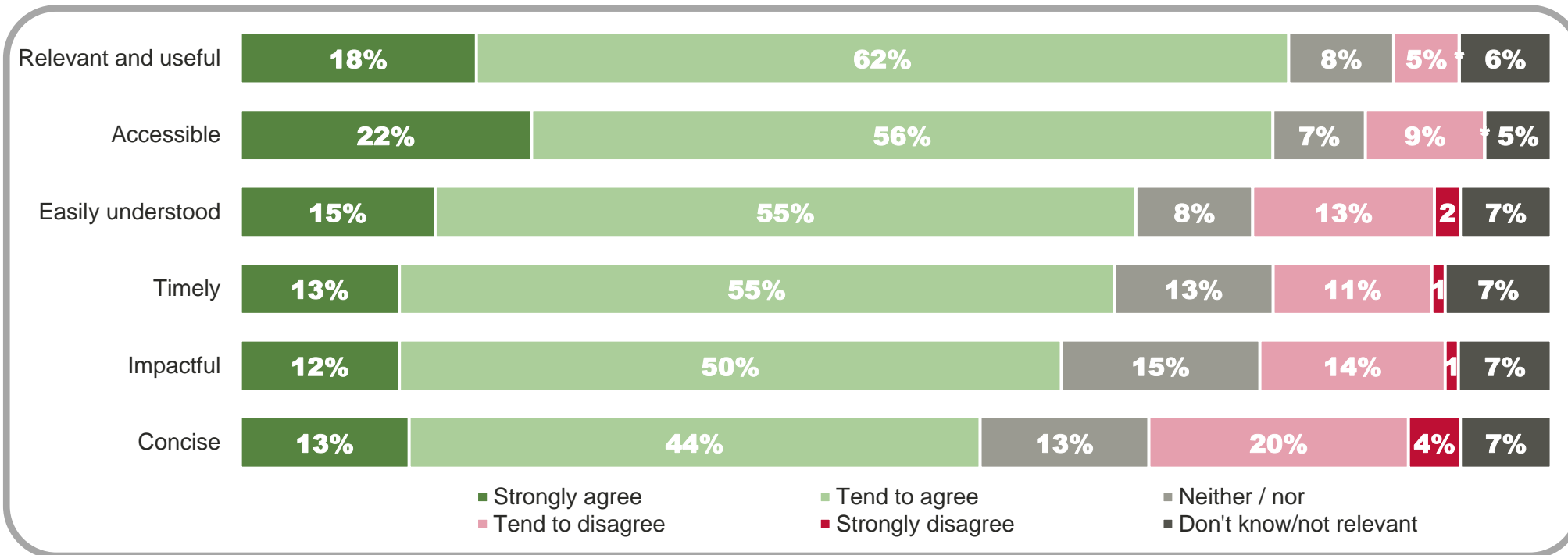
**Higher proportions of stakeholders in FTs find each of these different types of communication useful.** They are particularly likely to say that contact with Monitor's staff (46% vs. 28% overall), email bulletins (40% vs. 22% overall) and reports and guidance (34% vs. 22% overall) are very useful. Stakeholders in CCGs are more likely to not make use of Monitor events (40% vs. 29% overall), Monitor's website (35% vs. 24% overall), email bulletins (18% vs. 12% overall), and contact with Monitor's staff (18% vs. 15% overall).

Base: All valid responses (254) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Monitor's guidance documents and consultations are received positively by providers

**Q24. Thinking about Monitor's reports, guidance documents and consultation, to what extent do you agree or disagree that they are...?**



**FTs and NHS trusts are more positive** about Monitor's guidance documents and consultations than CCGs, across each of these aspects. Notably, they are more likely to say that they are timely (76% vs. 57% CCGs); concise (64% vs. 48% providers); and impactful (69% vs. 53% CCGs).

Within FTs and NHS trusts, **Finance Directors** are more likely to agree that guidance documents and consultations are relevant and useful (100% vs. 80% overall); accessible (93% vs. 78% overall); impactful (83% vs. 62% overall); and timely (83% vs. 67% overall). **Chief Executives and Chairs** also say they are timely (82%) and easily understood (82% vs. 70% overall).\*

\*Please note small base sizes

Base: All valid responses (254) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Communications seen as high quality

In the qualitative interviews, stakeholders discussed a variety of communications from Monitor; most commonly emails, bulletins, newsletters, telephone calls, letters and more informal interaction.

Communications were **generally viewed well and described positively** by stakeholders as being easily accessible, well researched, of high quality and comprehensive.

*"They give you a good sector portrait- they're accurate, they're up to date."*

Foundation trust

*"All the stuff that they put online which is their bulletins and their instructions about various things...that's **usually pretty good, in fact it's very good**. We always know where to go to get what we need and in good time so that we can act on it."*

Foundation trust

*"I think they communicate well, which you would hope, **they are very helpful, quite supportive**...think they are pretty good."*

Foundation trust

In particular Monitor's guidance documents and consultations were received positively; stakeholders commented that they were useful, clearly written and presented well.

*"Clear, well written, informative. High quality and well researched."*

National Body – Opinion Former

*"I think they do stand out as having usually **very well written and well researched papers**. And I think that that certainly has been something that they have shown better standards than in other parts of the NHS"*

Foundation Trust

Furthermore, the communications were being circulated and used within the organisation. Newsletters and bulletins were often distributed to colleagues to pick and choose information which is useful and interesting to them.

*"They're **used quite widely in that they will go to the right person or the right team** who will decide whether it's telling us anything or relevant for what we should know."*

Foundation trust

*"I **circulate internally to relevant groups**. They have used the planning tools recently."*

Foundation trust

*"It's in a **format that's quite easy to bounce the email on** or bounce the link on so that people can see what is relevant."*

Foundation trust

Source: Ipsos MORI

# ...but improvements can be made

It was felt that a number of adjustments could be made to **improve the quality and usefulness of the communications**.

- Some stakeholders would like to see the communications **better tailored to their organisation**, as they felt that whilst the current communications were interesting, they were not always relevant or useful.
- The **language could be simplified**. Stakeholders felt that Monitor's communication can sometimes be difficult for a wider audience to understand.
- Communications could come **a bit too late in the day**, and stakeholders would like information to come through in a more timely manner. This was in particular reference to deadlines and dates being set or changed by Monitor.
- Monitor's position could be **more easily and concisely communicated** through summaries and images. This would make the communications more accessible and usable as a result.
- Monitor's **website could be difficult to navigate**; some had found it difficult to locate information since the relocation to gov.uk.

*"The **website has taken a turn for the worse** since it went into the gov website; it's not as user friendly as it used to be. The original website was quite intuitive and it was a lot easier to use"*

Foundation trust

*"I would like **more regular communication from Monitor that is perhaps pertinent to my needs**"*

Foundation trust

*"**What comes out of Monitor is really complex** - you need the right kind of brain to understand it. It's very techy and jargonistic."*

National Body – Patient group

*"I think our big criticism of communication would be that we've seen evidence recently... of **more last minute communication, last minute changes to deadlines**, more of a demand now for communication back the other way".*

Foundation trust

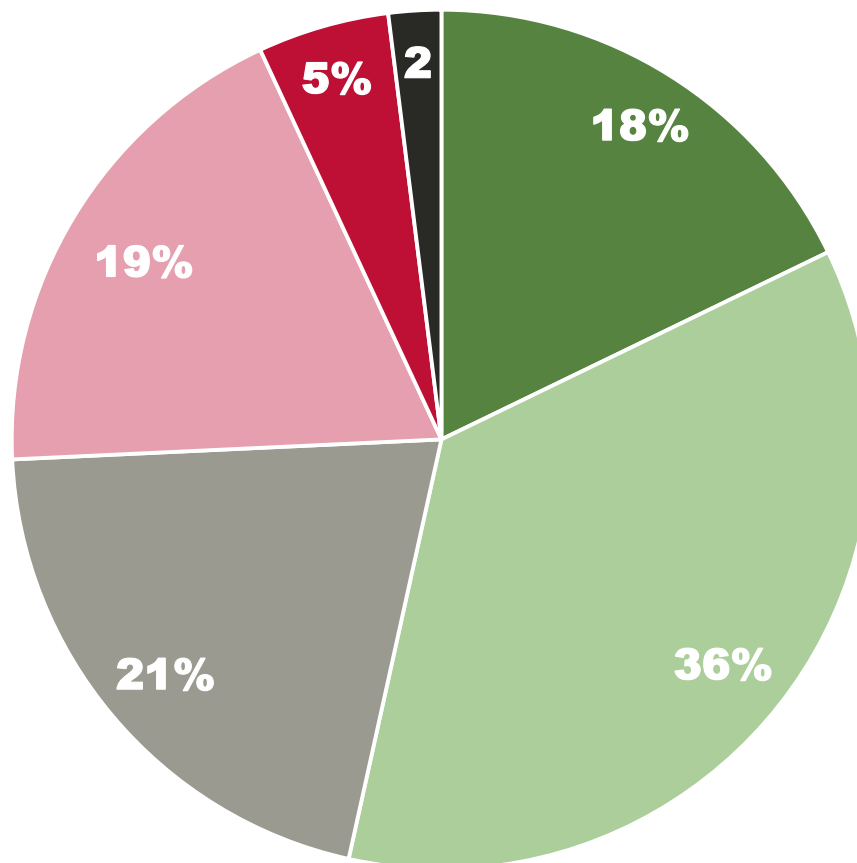
*"A lot of their stuff is very very long and wordy, and I think if they're **trying to get the messages across they really need to have a summary** of the strands and is perhaps a little more graphic as well, which can actually get these things across. And then the detail can be dipped into for references...I think that could be improved upon there"*

Foundation trust

Source: Ipsos MORI

# Over half agree Monitor should work harder to raise its public profile

Q9f. To what extent do you agree or disagree with the following statement? Monitor should work harder to raise its public profile.



Just over half (53%) agree that Monitor should work harder to raise its public profile. A quarter (24%) disagree.

Within FTs and NHS trusts, a higher proportion of **Medical and Nursing Directors** agree that Monitor should work harder to raise its public profile (70% agree compared to 53% overall).

Stakeholders who are **advocates or neutral about Monitor** in discussion with others are more likely to agree that Monitor needs to raise its public profile (57% agree vs. 34% critics). Furthermore, nearly three quarters (64%) of those who feel **less well informed** about Monitor's work want to see it work harder to raise its profile (compared with the 49% who feel well informed). These groups (advocates vs. ill informed) represent a different profile of stakeholders (those who are advocates/neutral about Monitor are also more informed).

Agree	53%
Disagree	24%

■ Strongly agree ■ Tend to agree ■ Neither / nor ■ Tend to disagree ■ Strongly disagree ■ Don't know

Base: All valid responses (264) : Fieldwork dates: 16th February – 2nd April 2015

Please note, where individual responses (e.g. tend to agree; strongly agree) do not sum to combined responses (e.g. strongly/tend to agree) this is due to rounding

Source: Ipsos MORI

# A public profile is not necessarily seen to be a regulator's role

In the qualitative interviews, stakeholders felt that there was limited understanding of Monitor amongst the public. However there was **limited support for Monitor being more visible**.

Many agreed that a **public profile was not relevant for Monitor as a regulator**. However, as already discussed, as Monitor becomes more interventionist, it was suggested that it might be more important for it to be publicly accountable. It was also suggested that if it is Monitor's ambition is to have a more direct relationship patients, they would need to have a better understanding of what Monitor does.

For most stakeholders though, it was more important that Monitor:

- **communicates widely within the sector** about its role and activities.
- acts as an **advocate on behalf of FTs** and supports providers through the challenges they are facing.

*"I think if you ask the general public they wouldn't have a clue who Monitor is... I don't think it matters because **it's about regulating a system... I don't think they need to have a status for the sake of having a status**".*

NHS trust

*"Not sure people understand Monitor - would be helpful if they did. **The CQC is understood due to the press; people struggle with Monitor.** Monitor needs a public profile if it needs to get the public's view."*

National Body – Patient group

*"They're implementing policy but **they don't kick back to government policy**. Still money problems are blamed on organisations rather than the whole system. We can't make all the cuts we're asked to do, they recognise we have problems but they don't kick back against the system...but instead they push down on providers."*

Foundation trust

## Need to be more sensitive when trusts are failing...

Monitor's press releases were regarded as 'professional', 'slick' and 'knowledgeable', however they were also described as **heavy handed** and **insensitive** to local communities and hospital staff.

It was suggested that Monitor does not always take into account the impact its communications has on local communities and NHS staff, and that Monitor could act more tactfully in publicising its involvement with failing trusts in future.

This was linked to Monitor working more closely with the local community to give advance warning of its involvement with failing trusts, and work with the system in approaching these problems.

*"If there's a high profile issue they do stuff just to create the impression that they're acting - **they do something dramatic in a crisis, which is not always the right thing to do**. They're a London based organisation, and don't understand local systems, so respond clumsily."*

CCG

*"Their **media approach is disproportionately heavy handed**... Telling people that their local hospital is rubbish is not helpful. Monitor is out of step with the public; and also it has to think about the morale of staff."*

National Body - Provider

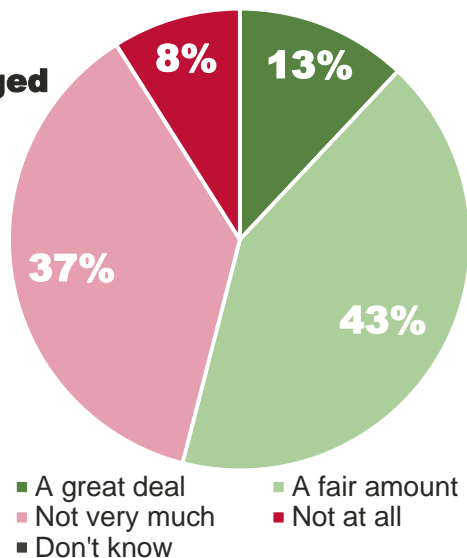
Source: Ipsos MORI



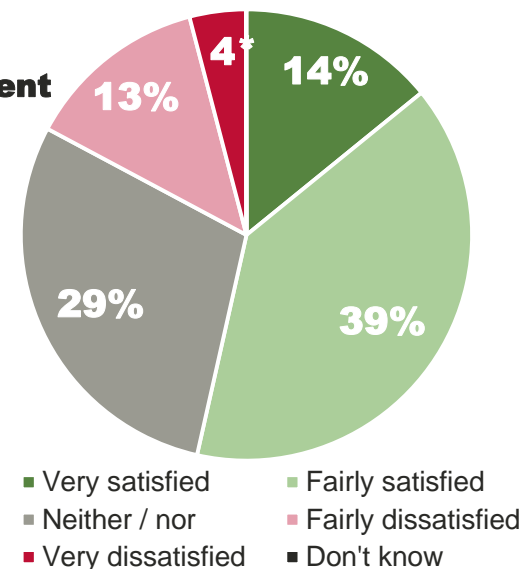
# Stakeholders are satisfied with Monitor's engagement

Q25. Overall, to what extent, if at all, do you feel you have been engaged with by Monitor over the past 12 months? Q26. And how satisfied or dissatisfied are you with the way in which Monitor has engaged with you over the past 12 months?

**Extent to which engaged**



**Satisfaction with engagement**



Over **half of stakeholders feel they have been engaged by Monitor a great deal/fair amount** (55%) and are **satisfied** with this engagement (54%). Though high proportions of stakeholders say they haven't been engaged very much or at all (45%), few are dissatisfied with Monitor's engagement (only 17% say this).

A higher proportion of FTs say they have been engaged a great deal/fair amount (82% vs. 55% overall) and are satisfied with this engagement (78% vs. 54%). NHS trusts and CCGs are more likely than others to say they haven't been engaged very much or at all (63% NHS trusts and 55% CCGs vs. 45% overall). Three in ten (30%) CCGs are dissatisfied with this engagement (compared to 17% overall).

\*Q11: How important is [this quality] for Monitor to deliver its functions/ Q12: How well does Monitor exhibit this quality?

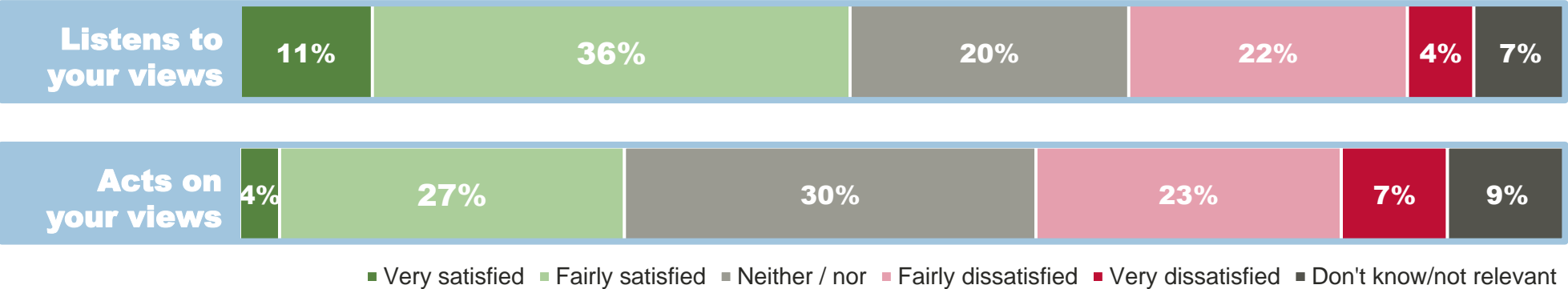
Base: All valid responses (254) : Fieldwork dates: 16th February – 2nd April 2015

Source: Ipsos MORI

# Monitor listens but does not necessarily act

Q27. Overall, to what extent are you satisfied or dissatisfied that Monitor...?

## Extent satisfied Monitor...



Almost **half (47%)** feel satisfied that **Monitor listens to their views**. Higher proportions of FTs are satisfied (72% vs. 47% overall) compared to NHS trusts (43%) and CCGs (31%). Chief Executives/Chairs in FTs and NHS trusts are particularly likely to say they are satisfied that Monitor listens (70% vs. 47% overall).\*

**Lower proportions are satisfied that Monitor acts** on their views; only three in ten (30%) say they are. Again FTs are more positive (45% are satisfied), and CCGs are least positive (19% are satisfied)

\*Please note small base sizes

# Stakeholders value the engagement, but sometimes question the impact they have

Likewise stakeholders in the qualitative interviews described **Monitor's engagement efforts positively**. Many have taken part in consultation activities and believed the **level of engagement to be about right**.

For many stakeholders, they felt Monitor **welcomed feedback and valued it; both formally and informally**. It was subsequently noted that Monitor is improving at seeking feedback and improving relationships.

*"We received negative scoring despite good performance, wrote to Monitor about intelligent monitoring, and subsequently the scoring system was changed. Feedback on a consultation document was also taken on board."*

Foundation trust

*"Yes [have provided feedback], both at formal consultations and informal chats. It's a 2 way thing. At the tariff consultation we were listened to, and early action was taken which is good."*

National Body - Provider

However some stakeholders felt their **participation in engagement activities had a limited impact**, and believed Monitor **did not always value their input**. For example it was suggested that Monitor could be defensive, or had already made a decision before engaging with stakeholders. It was suggested that Monitor could do more to demonstrate how they had come to a decision and show where input had had an effect.

*"I don't feel Monitor use consultation feedback - have already made their decision before the consultation"*

Foundation trust

*"Sometimes they don't do enough to listen, **they need to do more to demonstrate what's shaped the policy** - demonstrate they've listened. Don't always act on what they've heard and could improve by listening and acting on what they've heard. Engagement can sometimes feel like they're defending a proposition."*

National Body - Provider

Source: Ipsos MORI

# Key messages: Communications and Engagement

Stakeholders on the whole **feel well informed**, particularly FTs.

Monitor's **various means of communication are well received**. Monitor's reports, guidance documents and consultations are rated most highly, and providers in particular are more positive about these. They were described in the qualitative interviews as useful, clearly written and well presented.

Stakeholders identified a **number of improvements that could be made to Monitor's communications**. For example the language and tone could sometimes act as a barrier to information being widely accessible, and it was suggested it could be better tailored to the different organisations Monitor works with. Stakeholders also suggested that concise summaries could help people navigate large amounts of technical information, and therefore allow stakeholders to use Monitor's communications more effectively.

There was some agreement that Monitor should **work harder to raise its public profile** although not everyone agreed this was part of a regulator's role. Where Monitor's public profile was discussed however, it was suggested that it could do more to act and communicate sensitively about failing trusts.

The extent to which stakeholders feel they are engaged is split. However, **stakeholders are typically satisfied or accepting of their level of engagement**. CCGs are more likely to say they haven't been engaged as much and are also more likely to be dissatisfied with their level of engagement.

Furthermore, stakeholders question whether their input had had an impact, and it was suggested that Monitor could do more to demonstrate where their input had had an effect.

Source: Ipsos MORI

# **Future challenges and opportunities**



**Continuing to deliver quality services in the context of increasing financial pressures:** Stakeholders who took part in the qualitative interviews were asked what they felt were the biggest challenges facing the health sector and what Monitor can do to support these challenges. The overwhelming message was **financial sustainability of the NHS**.

*“There are enormous, financial pressures on the system. For me it’s about how we keep the show financially and operationally on the road for the next 12 months...”*

CCG

There is a role for Monitor to **represent and advocate the interests of providers**. It was suggested that Monitor needs to do more to acknowledge the pressures providers are under and protect and safeguard their interests.

*“Monitor recognises we’re stretched to the hills, **got to see kick back from the regulator**. They must know everyone is in trouble, they have a duty to kick back.”*

Foundation trust

*“They have a role in **articulating the state of the sector**...representing to the centre, you know to government, what’s actually going on in the NHS, because they have that quite unique oversight of organisations”*

NHS trust

Monitor also has a central role in **being honest and open** about financial constraints, and mapping out clearly the extent of the challenge.

*“Monitor could bring real strength around **transparency and honesty about the money**. I think outing that issue so that it’s plainly understood by all is a good starting point for dealing with a problem. I don’t think you deal with a problem if it’s hidden or not understood”*

Foundation trust

*“Square the rising demand on the NHS. Monitor has the intellectual power house to **articulate the cost of the future demands so we know how far away we are from the target**. Monitor is absolutely central to the role of being honest.”*

National Body - Provider

It was also suggested that Monitor needs to take a more rounded view of services, and **consider quality as well as the finances**. It was suggested that Monitor needs to move beyond a financial assessment of issues in order to deal effectively with the financial pressures the health sector is under.

*“The biggest challenge the NHS has is widespread financial and therefore quality failure across the NHS... Monitor needs to be careful and **not just rely on numbers but also understand that it’s delivered through people**. Their appreciation of organisational development issues and approaches to manage change, I think that’s really key.”*

National Body – Opinion Former

Source: Ipsos MORI



Another key challenge discussed was the transformation of services to improve quality and efficiency, particularly driving forward the integration agenda.

*"[The biggest challenge is] thinking about the health landscape and **how it will look different in five years' time**, in particular integration of health and social care. Maintaining quality through transitions will be a big challenge."*

NHS trust

*"Significant funding shortfall...a need to put on a **sustainable footing the health and social care system** going forward."*

National Body – Opinion Former

**Monitor needs to be less risk averse and show its openness to different ways of delivering services:**

*"It's about support for that investment in change, that's the key thing. It's about **them agreeing to innovation and new ways of working and new ways of thinking** about how it delivers services. I haven't got any evidence whether they're good at that or not."*

National Body - Provider

**It can play a central role in a national framework overseeing local level change:**

*"You need a **national framework with local leaders**, and Monitor is an essential part of the national framework."*

National Body - Provider

*"Larger role in **delivering sensible local level change** which helps progress the patient pathways, integrated delivery of healthcare, capacity to intervene and support in these agendas. Direction and influence in some circumstances would be beneficial."*

Foundation trust - Provider

**And Monitor can directly impact the transformation of services through innovative funding approaches to health and social care:**

*"Creating a **sensible, clear, credible system for the resourcing of services**. There needs to be greater clarity about patient choice and competition."*

National Body - Provider

*"**Monitor can support this through its pricing work**. They should look to be more radical in getting funding right."*

National Body – Opinion Former

Source: Ipsos MORI



# The future of Monitor and the regulatory framework

Finally stakeholders pointed out that the health system is not designed to cope with the increasing demand, an ageing population, increasingly higher expectations for better and higher quality care, coupled with the financial pressures of the twenty-first century. **Monitor likewise was not designed to manage the volume of failing trusts** that it has to deal with today, and it was accepted that the regulatory framework would need to transform alongside the services themselves.

*“Monitor was designed when funding was increasing and failure was the exception. **Now times are different - more trusts will be failing.** Monitor is not designed for the NHS we have today.”*

National Body - Provider

The **general election** also featured in discussions about the future for Monitor and the health system as a whole. Stakeholders were unsure what would happen after the election but agreed that the regulatory framework was likely to change after May. They added caution against another top-down reorganisation of the NHS however.

*“They may well survive a general election but I think **they’ll be in a very different from their current form**, and I don’t know that we’re all clear what that will be in the future.”*

Foundation trust

*“I think everybody feels very strongly that **after the general election there’ll be something different**, and it might still be called Monitor. You know, there’s this whole thing about the relationship with the TDA and the CQC, but, I suppose, everybody feels that what they are currently isn’t sustainable because they’re operating in a landscape that’s not sustainable.”*

Foundation trust

Source: Ipsos MORI

# Conclusions and Implications



# Some progress made since 2012

In terms of impressions of Monitor, there is little change since 2012. Stakeholders **still use many of the same words to describe Monitor**, such as it being finance focused, disciplined and knowledgeable. However it is increasingly seen as professional above anything else.

**Increasing numbers say that Monitor is interested in patient care** (72% compared to 58% in 2012). Furthermore, Monitor is seen to be **working increasingly in partnership** with other organisations (51% agree compared to 42% in 2012), although there is still scope to improve. Finally, stakeholders feel **better informed** than they did previously (66% vs. 51% in 2012), and all types of communications are rated more highly than they were in 2012.

The number of **advocates has remained relatively stable** (22% compared with 24% in 2012), although has notably declined among FTs (dropping to 45% from 59% in 2012). Numbers agreeing that Monitor has had a positive impact on the health system has also declined since 2012 (dropped to 42% from 57%).

Source: Ipsos MORI

## Monitor is performing its role well

Positively, **stakeholders are satisfied with Monitor's performance of its role**. The majority (80%) feel it does this well, and in particular Monitor's regulatory role and responsibility maintaining essential NHS services are rated highly. However, making sure the NHS payment system promotes quality and efficiency is rated less highly. Monitor's recent challenges setting the tariff may go some way to explain this, as well as the financial challenges the sector faces more widely.

## There is uncertainty around how supportive Monitor can be

There is also a **question mark over Monitor's role in enabling integrated care and promoting change**; stakeholders had not seen much evidence of Monitor's work here, and were not confident that it was part of Monitor's role.

Linked to this, there was a **demand to see Monitor play a more supportive role** when regulating FTs. Stakeholders were also favourable about Monitor providing more support to providers more generally, particularly more practical support for implementing new models of care. It was felt that Monitor is uniquely placed to provide this kind of support, as it has an oversight of the health system and can show what works. However there were concerns about whether Monitor has the resources and capability to deliver this role, particularly the front-line expertise, and whether a developmental role was at odds with its regulatory responsibilities.

Source: Ipsos MORI

# There is a strong perception that Monitor lacks an understanding of the NHS

## Monitor's understanding of the NHS is its main weakness

An understanding of the NHS at an operational level was seen as Monitor's main weakness (28% said this; more than any other weakness). Furthermore a perceived lack of front-line experience or clinical expertise was consistently given as a shortcoming throughout the research. It was widely felt that Monitor's **impartial and finance-focused perspective needed to be supported by a more rounded view**. A few stakeholders had recognised Monitor's recent efforts to address this by employing more staff with NHS and clinical experience. This was seen as a step in the right direction, though it was felt there was still some way to go.

## Addressing this will have wide ranging benefits

**Working relationships:** a better understanding of the NHS context will allow Monitor to build closer working relationships with its stakeholders and understand the pressures they work under.

**Working across the system:** taking a more rounded approach by factoring in quality issues, will mean working in a more co-ordinated way with other regulators, particularly the CQC.

**Playing a more supportive role:** front-line experience will allow Monitor to know when and how to offer practical support to providers.

**Working more closely with commissioners:** understanding the system-wide pressures on providers, beyond finances, can be developed through closer working with commissioners.

Source: Ipsos MORI



Version 1 | Public

# Thank you

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