Sharing the Agenda: Increasing collaborative work between finance and clinical teams

Independent Evaluation of the King’s Fund Toolkit Pilot

December 2015
Contents

1. Introduction ...................................................................................................................................... 3
   1.1 Overview .................................................................................................................................... 3
   1.2 Evaluation Objectives .............................................................................................................. 3
2. Management Summary .................................................................................................................. 4
3. Methodology.................................................................................................................................... 5
4. Background ..................................................................................................................................... 6
5. Content Analysis ........................................................................................................................... 7
   5.1 Introduction ............................................................................................................................... 7
   5.2 Motivations ............................................................................................................................... 7
   5.3 The Toolkit ............................................................................................................................... 8
   5.4 Self-Assessment Questionnaire .............................................................................................. 10
   5.5 The review meetings / workshops ......................................................................................... 11
   5.6 The Peer Reviewer ................................................................................................................. 12
   5.7 Other comments ...................................................................................................................... 14
   5.8 Outcomes / Endorsements ...................................................................................................... 15
6. Conclusions and recommendations ............................................................................................. 17
   6.1 Conclusions ............................................................................................................................ 17
   6.2 Recommendations .................................................................................................................. 18
Appendix One: Discussion Guide .................................................................................................. 20
Appendix Two: Case Studies ......................................................................................................... 22
Appendix Three: Self-Assessment Questionnaire Data ............................................................... 24
1. Introduction

1.1 Overview

"Effective engagement between clinicians and finance professionals is the key to improving value in the current financial environment. It must be embedded within each healthcare organisation’s culture and practices and considered an important element of any high performing, patient-centred organisation;” Effective Clinical and Financial Engagement: A best practice guide for the NHS, November 2013.

Previous research has identified the importance of finance teams and clinicians communicating effectively, aligning strategies and collaborating to maximise the patient experience. It has been suggested that there is “lack of basic financial awareness/skills among clinicians,” that can only be resolved through establishing an “enabling culture”. This culture should include a provision of resources for “clinical and financial teams to engage in a meaningful manner.”

One such resource is the King’s Fund Toolkit, which has been designed to enable collaboration between NHS staff. This toolkit has been piloted by organisations of differing type, size, structure and geography, to ascertain its effectiveness in a variety of workplace scenarios. The purpose of this independent evaluation is to establish how the toolkit has been applied, identify its outcomes such as its impact on financial and clinical engagement, and consider whether any changes should be made ahead of a potential rollout.

1.2 Evaluation Objectives

This independent evaluation assessed the following:

- Reactions to the toolkit and associated guidance, including
  - The slide pack
  - The self-assessment questionnaire
  - The stipulated processes, including the use of peer reviewers, team meetings and the journey towards reflexivity;
- How the toolkit has been utilised by the pilot sites and whether there were any barriers to the process;
- Whether the initial objectives of the participating organisations have been met;
- The extent to which financial and clinical engagement has improved across the pilot sites;
- How application of the toolkit can be improved to maximise its effectiveness.

2. Management Summary

- The King’s Fund Pilot was seen as a highly beneficial exercise by those interviewees who completed the process. Particular benefits identified included:
  - The facilitation of a forum to understand staff roles, share learning and improve collaborative working;
  - The provision of a structured process that reduced the time needed to organise meetings, kept the conversations on track and helped to develop realistic actions;
  - Enabling processes for the development of feasible actions, that will allow collaborative processes to continue beyond the pilot process;
- The toolkit was viewed as a resource that could be adapted to specific organisational needs. This was useful as organisations were at different collaborative stages. Examples of adaptation include:
  - The language used in the toolkit
  - The application of the theme cards
  - The assignment and role of a peer reviewer
  - The structure of the meetings;
- Peer reviewers were viewed as having important roles in the pilot process. They helped organise the meetings, offer external perspectives, share good practice and summarise the outcomes;
- Although the results of the self-assessment questionnaire fed into several of the meetings, the questionnaire was generally seen as too lengthy, and it was recommended that the questions were streamlined;
- By far the greatest challenge was organising meeting dates for all relevant staff to attend, caused by conflicting work commitments across different teams;
- The involvement and commitment of the financial and clinical leads are vital to ensuring the success of the project.
3. Methodology

To gather feedback on the pilot process, we interviewed 26 staff across 17 organisations. The interviewees, who were sent discussion guides, were asked to provide feedback on the following areas:

- Motivations for taking part in the pilot, including objectives and previous initiatives that fed into the process;
- Engagement levels between finance staff and clinicians, and how the pilot has impacted this;
- The level of buy-in to the pilots;
- The pilot process, including:
  - Encouraging participation
  - The self-assessment questionnaire
  - The toolkit;
- The key benefits and drawbacks of the pilot.

The discussion guide for the interviews is included in Appendix One. Desk research was undertaken to determine the most appropriate questions to ask participants.
4. Background

To apply for a place in the pilots, organisations had to provide expressions of interest (EOIs) that outlined why they wanted to take part.

The EOIs revealed that most of the chosen sites for the pilot had already undertaken some initiatives to improve communication between financial and clinical teams. These initiatives included:

- Implementing education programmes;
- Integrating clinicians into management structures;
- “Shadowing clinicians” events, to improve the finance staff’s understanding of frontline services;
- Implementing a culture of earned autonomy within clinical divisions, to encourage require more holistic and collaborative approaches.

While some organisations were yet to implement initiatives, they had been reviewing their working practices and the ways in which clinicians and financial teams engaged. There was a general agreement that integrating services was vital for organisational success. The EOIs were used as background for the depth interviews, as a way of determining whether initial objectives had been met.

Examples include:

“We would like to more closely engage with clinicians and other non-finance managers within the CCG to implement the transformational changes and achieve better value for money.”

“With the additional financial challenges impacting across the NHS, we believe that using the FFF toolkit and the theory of team reflexivity will give us a foundation on which to build more integrated teams across the Trust and drive efficiency and best practice.”

“This pilot would take us further on to the next steps working on the direct relationship between the finance team and the clinical team, in ensuring there is a common understanding, goal and vision to really achieve the change we want.”

“The Trust recognises that effective engagement between NHS clinicians and finance professionals is essential to improve the quality of care for patients while becoming more productive and efficient and is keen to develop and improve this relationship.”
5. Content Analysis

5.1 Introduction

The following sections contain summaries of feedback from the 26 depth interviews. The feedback has been divided into the following sections:

- Motivations for taking part;
- The toolkit, including how its contents were utilised, eg use of the themed cards;
- The role of the peer reviewer in the pilot process.

Several quotes from the interviewees have been included as example feedback – please note that some of these have been edited to improve the flow of the quote.

5.2 Motivations

The pilot organisations were at different stages in terms of how established their collaborative processes were between finance and clinical staff. Some organisations are going through transformation programmes that involve a cultural change that this exercise fed into. Some organisations have gone through recent restructures, and the pilots have provided them with an opportunity to gauge how the changes have impacted on their collaborative culture. Other organisations have lost their collaborative practices due to a reorganisation, so the pilot has allowed them to revisit these practices and identify ways to reintegrate them into their organisational structures. Some were simply keen to build on existing relationships and improve joint-working. Not all pilots had started the process of joint-working, so the purpose of their involvement was to start up conversations, establish relationships, put names to faces and provide a benchmark from which to gauge future improvement.

The process was also used in an attempt to initiate forums so that multiple divisions could discuss team-working. Pilots may have already established meetings where finance and clinical staff discuss activities formally, but staff had rarely been given the opportunity to talk about how they could work together beyond specific projects. Furthermore, the pilot has allowed teams to reflect on the practices that worked well, and reconsider the ways in which their organisations are structured to ensure that collaboration can happen more easily. Relevant comments include:

Comments included:

“I’m leading our Trust’s transformation programme so the cultural shift this exercise is trying to deliver, fits in with that. I was new to the Trust. I was neutral. I didn’t have any preconceived ideas about where finance were, where clinical teams were.”

“This was quite a good tool to benchmark where we were. And it was a useful structured way to get a bit more depth of understanding about what we do well, and what we’re not.”

“As a Trust we’re always keen to build on our existing relationships, and anything that we can do to improve joint working is very attractive to us. So, it was a no brainer to try and get involved in it.”
“The pilot was looking at how we work together currently and what we needed to do to strengthen those relationships, to help support the new ways of working.”

“We tend to meet when we need to for a specific outcome as we have to work together and our tools are joint. For example, the cost improvement programme to reduce costs in the Trust, but we weren’t really meeting to say, ‘do we actually function well as a team?’”

5.3 The Toolkit

5.3.1 Summary

The majority of participants used the toolkits as a starting point and did not follow its processes meticulously. It was seen as a very useful tool in terms of generic session planning, and it saved considerable time writing invitations, identifying discussion themes and producing meeting presentations; however, the ways in which the sessions were broken down varied across organisations. A key advantage of the toolkit was that it could be tailored to individual organisational needs, with most participants selecting specific components of the toolkit pertinent to their situations. Indeed, it was noted that an overly prescriptive toolkit may be unsuitable for some participants.

Comments included:

“I think toolkits are good in as much as it’s a great starting point. It’s like a road map really isn’t it? It’s good to have a road map when you don’t know where you’re going. So to that end the toolkit was very useful.”

“Some people do like to be told step by step. It will very much depend on who works with it. I think largely people like the flexibility to adapt what works for them, and I think that’s an advantage with this.”

“The toolkit isn’t very specific so it gives you a range of tools and suggestions that you could use and then it is down to you to decide how you want to use them.”

“We broadly followed the structure that they advised, but if it was helpful to go off that structure then we did to make sure that the discussion remained good.”

“There was so much information contained in the toolkit that I could lift and use for the presentations which also kept us consistent with the rest of the pilot schemes involved in it.”

“I used the toolkit to guide me through the complete process and keep us on the right track; make sure we had the right focus. I found it very useful in the production of the presentations for both of the sessions we held. The card exercise generated quite a lot of open and honest discussion during the sessions.”

5.3.2 Encouraging Participation

The toolkit contained some information on how to promote the pilot, including content for an e-invite. The invitation template was seen as a useful addition in terms of speeding up the pilot process. However, the launch information was quite detailed, which some organisations found daunting, and difficult to describe or promote to their organisations in a concise manner. A suggested solution was to provide a short summary
that explained the process and clarified the reasons for taking part. Another suggested solution was for organisations to ‘target’ those that they wanted to attend the meeting rather than send out a general invitation; however there is a danger that the wrong people could be targeted. A noted benefit of the slide pack was that it provided a sufficient amount of information for leads that did not have experience of facilitating discussion forums; they were able to utilise the information to encourage participation and for subsequent presentations.

Several of the sites we interviewed found it difficult to encourage staff to participate in the pilot. The conflicting schedules of finance and clinical staff meant that pilot promotion was key in order to justify taking time out of their working days. Aside from time constraints, there was also a suggestion of scepticism from some members of staff, with the possibility that some clinicians were concerned about why the finance teams wanted to meet them. This may be particularly apparent in organisations that are yet to establish a collaborative culture, so it is crucial to outline the purposes of the pilot, ie to create a positive, reflexive culture, instead of selling the pilot as a forum to discuss negative aspects of the organisation.

There were some concerns that the pilots were not reaching out to staff that are less engaged, ie that those attending the workshops were already collaborating with each other. Obtaining buy-in from senior stakeholders can also help encourage this participation. One organisation involved a chief executive in the process, which demonstrated how highly regarded the organisation viewed the exercise. Leads should also utilise the contacts at their disposal, as well as booking systems, forums and regular communications that already take place to promote the toolkit.

When organising dates for the meetings, a recommendation was to plan both workshop dates in advance so that the same group can confirm their attendance for both sessions. One participant built the pilot into the agendas of existing meetings as opposed to creating new meetings altogether. The benefits of the process should also be promoted post-workshops to encourage future take-up.

Comments included:

"Don’t underestimate the amount of selling you’ve got to do for this. You have to be a sort of salesperson, which can be a bit tricky sometimes for a traditional finance person."

"What I should have done is target somebody who has influence… somebody who works day in, day out with clinicians and nurses I think that would be a useful way in."

"It was a good way for me to able to encourage participation because I had a high level buy-in."

"I found the toolkit very useful. Having the sample invitation for example, made life a little bit easier and speeded the process up. You could take what you needed from those without having to rethink it all."

"There were a couple of people who weren’t able to attend, because of their clinical commitment, but wanted to contribute."

"I think some of the launch documentation was quite detailed, and it was hard to explain to someone in three sentences what we were going to do. A one-page summary would be useful to get people involved."

"It was difficult to understand where to pitch it. People found it interesting but then wouldn’t commit to taking part. It’s quite a fluid concept so it was difficult to
say ‘well, this is what we’re going to achieve with it’. People were asking me ‘What are the outcomes? What are we trying to achieve with this?’ It was difficult to explain it’s about collaboration, working together, learning off each other.”

“Just keep reminding people of the benefits of what we're doing; this closer working, the benefits of working closer with our clinicians etc and most importantly the better patient care we’re giving.”

“I think that the message to come out with regards to the toolkit and the narrative is there are questions in there that you will use in the future, not necessarily at the start.”

5.4 Self-Assessment Questionnaire

There were some concerns about the self-assessment questionnaire. The main issue was that some felt the questionnaire was too long and detailed, making it difficult to encourage participants to complete it. There was also a suggestion that not all respondents were able to categorise themselves in the question relating to job role. Participants generally found the questionnaire less useful than the card exercises and the face-to-face contact. However, the questionnaire did help remove misconceptions between groups, such as the idea that finance teams were not aware of patient outcomes. The results also revealed that, in some instances, organisations did not have a formal mechanism for facilitating discussion between finance and clinical teams. This was reflected in some of the interview feedback, where it was noted that meeting attendees appreciated the use of a forum encouraged by the toolkit.

The results of the questionnaires were used in different ways. Some sites used it to feed into the first workshop meeting, as a way to open up the discussion. Others used it in their second workshop, combining the outputs with the outcomes of the first meeting to see how the discussions and results compared. Some chose not to use the questionnaire results at all, instead focusing on the topics included in the toolkit’s presentation slides.

There was a comment that suggested the results of the questionnaire could be presented in a more useful format, so that the feedback could be extracted more easily for the meeting presentations.

Comments included:

“There was quite a difference between the clinician’s point of view and the finance point of view, we thought a good place to start would be to talk about why there was such a difference.”

“Personally I found the questionnaire less useful than the card exercises and the actual meeting; sitting down and having that sort of face to face or group to group contact.”

“I think the survey was fantastic. I really liked it and the feedback we got from it was also very good. I’d probably want to improve the way that it's presented slightly, but the survey was great.”

“We found the questionnaire quite onerous to complete as it’s quite long. I know the clinical staff felt that it was tailored more towards finance. My finance colleagues felt that there was quite a lot of repetition in the questions and I think from the responses that we had a lot of people gave up halfway through or skipped questions. There were very few fully completed questionnaires that we had to work with.”
“I think the idea of having a ten question survey is probably a really good thing.”

5.5 The review meetings / workshops

5.5.1 Summary

By far the most challenging aspect of the toolkit was finding a suitable date and time for staff to attend the review meetings. This was largely caused by busy schedules and the lack of time available to attend the meetings.

While some teams already hold formal meetings between finance and clinical teams, they are usually to discuss a specific issue or work programme, as opposed to discussing whether they function well as a team. Therefore, these meetings were generally viewed as a unique opportunity to discuss collaborative working, and understand more about how teams can support one another.

Some respondents noted a keenness from some meeting attendees to discuss specific components, such as financial figures, whereas the leads expressed a desire to refrain from having detailed conversations and focus more broadly on how the teams should work together. The lack of time available meant that it was more appropriate to discuss broader issues and outline actions that could be applied across multiple divisions.

It was suggested that the process might be more challenging for organisations that are yet to establish working groups, because it is harder to organise meeting dates and some of the themes might not be applicable eg dealing with conflict. However, it was also noted that they might be applicable at a later date, hence the toolkit should be seen as a longstanding resource that can be used beyond the two review meetings.

5.5.2 Organisation

Although not all participants had been able to run two review meetings at the time of interview, the majority had completed the first meeting. The time between the first and second workshops varied across the pilot sites, largely due to staff availability, but also to ensure that there was sufficient time for reflection and for agreed actions to be implemented.

The first meetings were generally used to discuss broad topics, understand staff roles and consider some short term actions. The second meetings were mainly used to flesh out the actions, assign roles and decide who is responsible for taking the actions forward. It was suggested that being too specific in the first meeting could make it harder to agree discussion points for the second meeting. One organisation promoted the idea of holding several sessions in smaller groups because it was challenging to find a date for everyone to attend. Having smaller groups would also enable sites to get some initial feedback that could be fed into later meetings.

Some pilot sites divided attendees into groups, whereas others went through the presentation slides as one group. It was noted that if an organisation decides to divide the workshop attendees into different groups, it is important that the groups contain a balance of finance and clinical staff and also a balance of divisions, else it will be difficult to determine whether collaboration is improving. There is a danger that the groups could become comprised of staff that are already engaging, defeating the underlying purpose of the sessions.

The toolkit’s discussion cards were found to be very useful for the workshops and encouraged open and honest discussion during the sessions. They were mainly used to initiate ideas and principles, and also to provide some structure to the meetings.
However, they were used in a variety of ways, including dividing the cards into discussions groups or reviewing them all collectively. While the cards were generally a key component of the workshops, some sites chose not to use them, or only used them to initiate ideas and principles. Other conversations developed organically, hence the cards were not needed to prompt discussion. The flexibility of how the toolkit could be applied in this instance was seen as a great positive.

Comments included:

"We got the first card and we said ‘do we have shared objectives?’ and I think that was dealt with really quickly. To be honest with you the cards went out the window after that and it was just a good hour and a half discussion on what we’re doing, what the challenges are, how can we improve it. It was very organic and just developed."

“I found myself having to tighten up some of the way it was presented, just to make it a little bit more effective, something I could actually stand up and use to generate a discussion with these people.”

“The cards were very for starting conversations. Sometimes finance is a bit of a dull subject, but those cards were useful because they got everyone to think about the different situations that we are often forced into either by finance or by a clinical lead, and how we sort those things out. They were also great at promoting some of the solutions as well.”

“It was so engaged, we could barely get through one slide without them saying ‘can I ask a question?’ When people are challenging and asking questions, they’re listening to you; they’re taking an interest. So I’m feeling really positive about it.”

5.6 The Peer Reviewer

5.6.1 Summary

The majority of participants utilised a peer reviewer as part of the pilot process. The main roles of the peer reviewer were to:

- Feed into and / or facilitate the questionnaire dissemination and subsequent workshops
- Provide an analysis of the self-assessment questionnaire results, pulling out key highlights for each question
- Provide a summary of the workshops (processes, outcomes and agreed actions)

The selection process for the peer reviewers varied, although the majority of pilot sites chose to appoint an external member of staff. Key reasons for appointing internally/externally included (see overleaf):
They could provide a neutral viewpoint to the meetings

They could share external examples of how their organisation facilitated collaboration

Helps develop links with other organisations

They could provide examples of best practice

Easier to arrange the attendance of an internal member of staff

Reassuring for participants where trust was already established

Concerns about having to rearrange meetings

Internal staff already have knowledge of the organisation’s processes and challenges.

In some instances a peer reviewer was chosen from a similar organisation in terms of set up, location, or turnover. The advantage of this is that the organisations were likely to have similar issues, meaning that the peer reviewer was able to feed into the conversations where pertinent and share relevant experiences. Some reviewers were also chosen due to their previous experience of facilitating comparable sessions.

5.6.2 Recommendations

We would advise that the participating organisations are the ones that drive the session as opposed to the peer reviewer, so that the discussion areas are tailored to their situation. While it is vital for the peer reviewer to provide input, they should not be the ones to lead the session. It would also be beneficial to appoint a peer reviewer that has experience of facilitating discussions and are able to challenge attending teams. Additionally, reviewers that can offer examples of best practice from their own organisations can help generate conversations about how attendees can improve their own ways of working.

Participants offered several recommendations regarding the selection and role of the peer reviewer, including:

- It might be better to appoint an external reviewer for groups where trust is yet to be built or where relationships are being generated from scratch;
- Recruit two peer reviewers; one with a finance background and one with a clinical background. This will help to ensure that there are multiple viewpoints, feedback and actions for both finance and clinical teams;
- Identify someone that has influence within the organisation, who works regularly with finance and clinical staff and can help establish or improve divisional links;
- Appoint someone from an organisation that has a similar structure or similar issues.

Comments included:

"The peer reviewer was very good at taking a step back and making sure that everybody was involved in the meeting session. We found it very beneficial. It’s good to get external feedback as well.”
“We moved away from the external and went internal for somebody who was very happy to do it and has facilitated sessions like that in the past. That worked particularly well.”

“The peer reviewer took responsibility for the card exercise because we thought, that could be the challenging part; where we’d want somebody to facilitate any uncomfortable conversations.”

“I would probably recommend an external reviewer for groups where they were building trust or building their relationships from scratch.”

“It was always our intention to go with one just because I think it is useful to have somebody outside the organisation come and see what you are doing and they would probably have a different opinion of the way things would work.”

“The peer reviewer was very good at facilitating discussion and challenging the teams and was also able to provide a lot of examples of best practice that his/her own organisation was doing that we could think about using.”

“[The peer reviewer was] very important because they drove the meeting forward and stopped us getting into too much detail and they wrote a fantastic report at the end of it all summarising it. They did the analysis on the survey results and picked up the threads. I think it was very important.”

“[The peer reviewer] led the debate in the card exercises... they were pushing for a bit more detail or asking people to expand and following the pack on that exercise more closely.”

“If you’ve got someone external coming in, my personal view is that they offer independence. My advice would be to try and have a clinical and a finance peer reviewer.”

“It does depend on where the Trust is and what they’re doing. Somebody mentioned they [appointed internally] because they’re doing a wider Trust strategy... and it was more beneficial rather than look out externally.”

“I haven’t got a finance or a clinical background and I know that it says in facilitation you should have one of those, but I don’t think you need it to be a peer reviewer. I think it’s important to be neutral and to understand about good organisational and business dynamics.”

### 5.7 Other comments

For organisations that were unable to progress to the review meeting stage, the main barriers identified included:

- Time commitments from relevant staff, particularly senior colleagues; it was suggested that organisations will need to think carefully about who they want to invite to get the best out of the sessions;

- Relevance and length of the questionnaire content – it was felt that some of the staff groupings were not applicable to clinical commissioning groups;

- The length of the toolkit content, such that it was challenging to draw out the key information. While the tool’s flexibility was appreciated, it was requested that best practice is produced regarding effective use of the content.
5.8 Outcomes / Endorsements

Participants provided some examples of how the pilot programme has improved their organisations and highlighted some of the benefits of the process:

"It’s definitely increased awareness of clinical roles and finance roles and where there are potential areas of lack of understanding. It’s highlighted that clinical staff need to be more involved in finance training when they reach a certain point in their career so that they are aware of finance terminology, what is expected of them, how to deal with budgets and also who to actually come to within finance."

"I thought it worked really well. It was one of those events that you come away thinking there was a good process in there, it was well facilitated and it enabled a good outcome."

"I think that, with some tweaks to it, you should be running a similar exercise for every single support service that operates in the NHS. I think it’s a good tool to get people thinking differently and to benchmark the value that the support functions are bringing."

"The pilot made us reflect on some of the things that we used to do which actually work really well, like joint formal meetings led by finance with the clinicians. Some of those ideas, as a result of the pilot, we’re going to relook at."

"The biggest improvement for me so far is probably the morale. I think it was good having everyone in the room and it’s just that thing isn’t it, wanting to hear people’s views and opinions and feedback and reflections."

"Apart from everything else, I think it’s a very good way of trying to get clinical staff and finance staff working closer together. We have found that to be incredibly positive, so many things have moved forward because of that partnership, which I think wasn’t the case before and if we can do anything to try and do that in other places or keep strengthening that link within our institution, then I think it should be encouraged."

"I think it reinforced the benefit of working closely with finance. It’s something that we want to make sure the organisational structure allows to happen and support. There may be variances across the organisation which we need to understand and have a much more consistent approach."
“It seemed to be equally useful for all parties. I got a lot out of it. The other thing that’s always critical, the moment you meet other people and you become a little bit more associated with them, when you put requests in for help the help seems a lot quicker. The forging of relationships is always critical, because things always work better when you know who you’re talking to. If it did nothing but that then that’s been incredibly useful.”

“Something that was picked up in both workshops is that we don’t share best practice across divisions and it was something they were all really keen on picking up and doing, going forward. So I think it probably hasn’t increased the sharing yet, but it has made us aware that we need to share best practice more and one of our actions is to go away and think about how we can do that.”

“What was really nice as well was clinicians were going away saying ‘that was really enjoyable this morning. It’s been very well facilitated, we’ve enjoyed every bit of the discussions at the table’.”

“It came up in discussion several times about not knowing when finance should be included so I think that the people who attended now are a lot more aware of when they should involve finance.”

“It was a great day, this is just a start, and this is an initiative which I think is really good. Any organisation where one department doesn’t know what another department does will have problems. Any organisation where you feel that everybody is important, and it’s a massive team effort will thrive, and will end up delivering better outcomes for the people who use services.”
6. Conclusions and recommendations

6.1 Conclusions

Overall, the pilot was universally seen as a very beneficial exercise, regardless of the level of collaboration already in place.

Many respondents were pleased with how the toolkit helped teams reflect on collaborative working in an open, honest forum. It was suggested that discussions between clinicians and finance teams were often very detailed and division-specific, rather than reflective of the ways the organisation works in terms of the culture and engagement. Meetings are usually focused on the process as opposed to relationships, strategy and vision. Therefore, the protected time for discussing how teams could work together was universally welcomed. In some cases the meetings were a novel experience that have helped build relationships and discuss new ideas. It also empowered staff to ask questions and improve their understanding of staff processes and decision-making.

For organisations that already have collaborative structures, the process has allowed them to evaluate how effective these structures are, what teams are doing well, and what can be improved. For example, one site felt that their finance and clinical teams were ‘engaged’ but the pilot identified that their clinicians wanted more useful information and support from their finance team. The organisation had formal meetings with clear agendas in place, but it was felt that that clinical staff were not in an effective environment to ask questions. Consequently, the pilot process identified that finance teams need to offer more support, and signpost to relevant information and training to ensure that there is an understanding of how finance in the NHS works.

For organisations that do not have a collaborative culture in place, it was felt that these processes would start a move towards that culture. The pilots have helped them establish formal mechanisms for working together, forge relationships, appreciate the value of team-working and consider joint objectives. One respondent noted that the sessions provided an opportunity for clinical staff to understand the financial decision-making process, and for finance teams to understand the implications of their decisions and the impact on patient care.

Participants provided some examples of the actions they had agreed or were looking to implement as a result of the pilots. Actions included:

- Clinical shadowing, whereby a member of the finance team will follow a clinician to understand their day-to-day roles;
- A finance newsletter that will provide clinicians with updates from the finance team;
- The provision of financial training for clinicians;
- Identifying the need to celebrate success and promote good practice;
- Implementing reflective sessions at the end of specific / monthly meetings;
- Developing a social committee to improve relationships outside of the workplace;
- Ensuring that there are note takers during multi-disciplinary meetings to guarantee that actions are followed up.
6.2 Recommendations

Participating organisations offered several recommendations for a future roll-out of the toolkit, including:

- The role of the finance and clinical leads is vitally important for ensuring that the process is successful. Similarly, when agreeing actions from the workshops, it could be sensible to assign responsibility to both a member of finance staff and clinical staff to carry out each action. A site noted that it is important that organisations “invest to improve”;

- It was suggested that it could be useful to provide future participating organisations with positive outcomes or reference materials from previous participants, not only to promote the benefits of the toolkit, but also to promote a forum that includes positive discussion rather than negative finger-pointing. The broad nature of the toolkit also means that it would be useful to provide examples of how the toolkit has been applied;

- For teams that are yet to establish collaborative working, it could be useful to provide a before-and-after questionnaire, to identify how relationships have improved following the review meetings;

- The self-assessment questionnaire should be streamlined to encourage completion rates, and the questions need to be relevant for all participating groups;

- Ensure that the actions are realistic, not too distant and require input from both financial and clinical teams. Over ambitious actions may result in frustration and an inability to follow them through. Long-term actions may not come to fruition as busy schedules mean they are not prioritised. Actions that require input from multiple teams ensure that the collaboration will continue;

- The cards were generally thought-provoking and regarded as a useful platform for the conversations, however it is also important to let the conversations flow;

- Sites should plan meeting dates and agendas as early as possible;

- Ensure that the correct audience is being captured. The purpose of the exercise is to increase collaboration, not necessarily to discuss specific objectives with staff that are already engaging regularly.

- Keeping the conversations broad in the first session can help to keep the discussion flowing, and more definitive actions can be confirmed during the follow-on meeting;

- A one-page summary outlining the objectives of the process could help encourage staff to attend the sessions. Utilising the endorsements can help outline the benefits of taking part in the process, while buy-in from senior staff can bring more credibility. It is important to provide more context about how this fits into a wider agenda;

- Although the toolkit is lengthy, it does not have to be followed in its entirety. Many organisations have chosen to adapt the toolkit to their specific needs; ultimately it should be viewed as an organic approach rather than a prescriptive one.

- The pilot should be viewed as an ongoing process – it is important for sites to keep the momentum going.
"We need to think about if we are capturing the right audience. We need to use it as an opportunity to improve the collaboration don’t we rather than necessarily improve good practice."

"There’s a question about are we engaging? Yes. Are we engaging in the right format, and in the right way? I’m not so sure. We had formal meetings set up which have very clear agendas, but actually some of the stuff the pilot and the toolkit came out with was almost the implied knowledge. So you have these sort of structured meetings, but if you don’t understand something or if you’re new to a role, they’re not necessarily the forums to start say ‘I haven’t got a clue what you’re talking about.’"

"It’s more about seeing if we can stretch out the scope of this to those who don’t have regular communication with finance. We’ve definitely been able to improve. There were one or two people there who don’t have regular monthly meetings with finance, and I think they feel after the sessions that it’s very much a place that they can just drop in. They can just pick up the phone. They’re aware now of a few more faces. I think that’s helped."

"I’ve learnt a lot. So much has come out, even just trying to organise it I’ve learnt so much because of trying to get hold of people. I probably would not have spoken to these people if we hadn’t done this pilot and how long would that be going on for? To be honest I can’t praise it enough."

"Something that was picked up in both workshops is that we don’t share best practice across divisions and it was something they were all really keen on picking up and doing. I think it probably hasn’t increased the sharing yet, but it has made us aware that we need to share best practice more and one of our actions is to go away and think about how we can do that."

"It came up in discussion several times about not knowing when finance should be included so I think that the people who attended now are a lot more aware of when they should involve finance."

"For us it’s been brilliant. That first workshop was excellent and the feedback was phenomenal, so they’re really keen to have this as a regular thing. I think if the organisation steps it up a gear, if they actually get examples of success from these actions and sell that point, they’ll get further engagement and the culture will start to change."

"The real value in it is actually showing people the value of having a forum for doing this. I think that people’s keenness to take part was due to the fact that they don’t get the chance to have their say in that sort of forum. I think if there was one thing to take away from the pilot, although there will be absolutely loads, the key thing is that we keep it going.”
Appendix One: Discussion Guide

Motivations

1. Why did you take part in the pilot exercise?
   a. What were your expectations going into the pilot?
   b. What were the main objectives for the pilot?
   c. Has this pilot fed into any current / previous initiatives concerning collaborative working?

Engagement levels before taking part in the pilot

2. How frequently did clinicians and finance staff engage?
   a. Under what circumstances did they engage?
   b. How easy was it to engage?
   c. Did you have any joint objectives / processes?

Engagement in the pilot

3. How did you engage with / encourage people to take part in the pilot?
   a. Your finance team
   b. Clinicians
   c. Any other parts of the organisation

4. What was the level of buy-in from senior staff?
   a. Do you think this impacted on the pilot?

Pilot Process

5. Toolkit
   a. How was the toolkit used?
   b. What were the advantages of the toolkit?
   c. How would you improve the toolkit?

6. Self-assessment questionnaire
   a. How relevant were the questions to your team?
   b. How useful was the questionnaire?
   c. Have you / will you use the feedback?

7. What was the level of buy-in to the process?
   a. Range of staff who participated
   b. Impact of geography / location of staff
   c. Impact of organisational structure and specialities of participants

8. Appointing a peer reviewer
   a. Did you have an internal or external peer reviewer?
   b. Why did you choose that peer reviewer?
   c. How useful/ important was the role?
   d. How did the peer reviewer oversee the process?
   e. In hindsight, would you have appointed differently?

9. Review meetings
   a. How were the review meetings organised?
   b. Were the meetings organised effectively?
c. Who took part in the review meetings?
d. What did you discuss in the review meetings?
e. What were the benefits and drawbacks of the meetings?
f. How would you improve the meetings?

Conclusions

10. Overall, was the pilot a useful exercise?
   a. How has engagement improved? Examples could include:
      i. Improved performance
      ii. Increased morale
      iii. Sharing best practice
      iv. Improving patient experience
      v. More efficient processes
      vi. Awareness of roles
   b. Did the pilot meet your expectations?
      i. What did you not achieve?

11. What were the key benefits and drawbacks of the pilot?
12. How could the pilot be improved?
13. What are the next steps you are planning with the pilot?
14. Would you support the continued use of the programme?
Appendix Two: Case Studies

Northern Devon Healthcare NHS Trust

Northern Devon utilised a peer reviewer from Devon Partnership Trust, who shared their desire to push clinical and financial engagement. The peer reviewer “had heavy involvement in setting up the workshops.” Using the toolkit as a starting point, they produced a presentation and divided it into slots so as to “break up the workshop.”

Some of the key findings from the self-assessment questionnaire featured in their presentation as a precursor to their discussions, and helped to initiate conversations. However, it was suggested that the questionnaire was quite lengthy, making it difficult to encourage participants to complete, and also adding to the time to analyse the results. It was felt that the questionnaire could be streamlined to encourage take-up.

The first workshop was set up as a general discussion, and was used to consider some initial, short-term actions. The second session was used to agree some longer-term aims and clarify the responsibilities of those involved. Both a finance and clinical lead were assigned responsibility for each of the agreed actions, and they were expected to meet up to discuss how the actions could be achieved. Agreed actions and ideas included standardised reporting and clinical shadowing.

They found that the theme cards provided a very useful input to the second session. In hindsight they felt that the cards could have been used in the first session to open up the discussion. Due to the short time scales in setting up each of the meetings made it difficult for clinical staff to attend. They also chose to divide the group into their working divisions, and suggested that it might have been better to mix the group around more.

The opportunity for financial and clinical staff to discuss their roles and ways that they could work together was seen as a real positive. They stressed the importance of continuing the process to ensure that the collaboration continues.

East Kent Hospitals University NHS Foundation Trust

East Kent utilised the pilot to try and improve communication across their sites. During their first meeting, they used the toolkit’s cards to discuss whether the finance and clinical teams had shared objectives. Following the first card, the discussion developed organically, such that the remaining cards were not required. Discussions included thoughts about what their challenges were and how they could improve, how to get clinicians engaged and how to demonstrate the value of team working. Their Chief Executive, who was in attendance, was positively engaged in the discussion, and added considerable weight and experience to the conversation.

Whilst they didn’t use all of the toolkit’s cards to structure the discussion, it was interesting to note, in hindsight, that the main themes of the cards were discussed. They were highly positive about the toolkit, and the discussions helped reveal that good team practice should be recognised and publicised.
The organisation outlined its desire to effectively integrate the finance and clinical teams within its organisation. The main barrier that it faced was the lack of time available to meet together as a team and reflect on collaborative working. This process presented a useful opportunity.

The organisation selected an internal peer reviewer who had facilitated similar discussions in the past. The pilot leads and peer reviewer went through the toolkit from start to finish; from planning, to preparation for the meetings and then finally the card exercises. During the first meeting they spent considerable time on the card sessions, going through the relevant questions, recording comments as either positive, negative or neutral, and then used the forms to list the outcomes. The peer reviewer found it useful to be able to collate the information into pre-defined categories. The final meeting in the pilot will be used to formalise the outcomes from the first meeting into actions.

Outcomes from the pilot included the introduction of a reflexive session as an agenda item for specific monthly meetings. The pilot also allowed a revisit of previous processes that were lost following organisational change, such as the joint formal meetings led by finance and held with the clinicians.

The organisers recommended that the sessions should be held in smaller groups, making them easier to organise; initial feedback could be fed into later meetings. It was also recommended that the pilot data could be used to produce examples for future toolkit users, helping to steer them in the right direction. Finally, they would recommend an external reviewer for groups that were building trust and working relationships from scratch.
Appendix Three: Self-Assessment Questionnaire Data

Below are some highlights of the self-assessment questionnaire, using data from 17 of the pilot organisations. Graph one demonstrates that almost half of clinicians meet finance staff less than once a month. This would suggest that opportunities for finance and clinical staff to meet are rare, which is why the toolkit provided such a useful platform to increase this engagement.

Graph 2 reveals that the greatest barrier to developing an effective working relationship was considered to be the lack of time and availability of staff. This feedback was also reflected during our interviews with the pilot organisations.

1. How often do you meet with finance staff? (Base:191)

2. What in your opinion are the barriers, if any, to developing an effective working relationship with finance / clinical teams? (Base: 184 Clinicians, 124 Finance Staff)
Finally, Graph 3 reveals that over half of respondents felt that their staff did not take time to reflect on how they are doing as a team. As was mentioned during the interviews, the meetings provided protected time to discuss collaborative work.

![Chart showing survey responses to the statement: We take time to reflect on how we are doing as a team (Base: 263, Excludes 'Don't know').]