Understanding the working relationships between National Health Service clinicians and finance staff

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Abstract

Purpose – The Department of Health and the National Health Service (NHS) Future Focused Finance (FFF) programme promotes effective engagement between clinical and finance staff. Surveys undertaken by the Department of Health between 2013 and 2015 found few NHS Trusts reported high levels of engagement. The purpose of this paper is to gain a better understanding of current working relationships between NHS clinical and finance professionals and how they might be supported to become more effective.

Design/methodology/approach – Ipsos MORI were commissioned by the NHS FFF programme to undertake an online survey of NHS clinical and finance staff between June and August 2015.

Findings – The majority of clinicians had a member of a finance team linked to their speciality or directorate. Clinical and finance professionals have a positive view of joint working preferring face-to-face contact. Clinician's confidence in their understanding of finance was generally good and finance staff felt they had a good understanding of clinical issues. Effective working relationships were facilitated by face-to-face contact, a professional relationship, and the availability of clear, well presented finance and activity data.

Research limitations/implications – Data protection issues limited the accessibility of the survey team to NHS staff resulting in a relatively low-response rate. Other forms of communication, including social media, were utilised to increase access to the survey.

Originality/value – The FFF programme is a unique programme aimed at making the NHS finance profession fit for the future. The close partnering work stream brings together the finance and clinical perspective to share knowledge, evidence, training, and to develop good practice and engagement.

Keywords Quality of care, Clinical and finance professions, Effective engagement, Outcomes, Patient safety

Paper type Research paper

Introduction

This is a time of unprecedented challenges in the National Health Service (NHS) including the financial challenges of a projected shortfall in funding of £2 billion by 2020 (Roberts *et al.*, 2015), £8 billion if adult social care costs are added. In the first quarter of 2015, 82 per cent of NHS provider organisations were already reporting an over spend (NHS Trust Development Authority, 2015; Monitor, 2015). At the end of quarter two, 64 per cent of provider organisations (88 per cent of acute Trusts) were forecasting a deficit position by the end of 2015/2016 with a potential overspend of £2 billion (Kings Fund, 2015a, b). Reasons for this lay in the imposition of budget constraints, meeting the changing needs of the population e.g. ageing population; long term conditions; demand for new treatments and the introduction of new ways of working. A number of programmes are aimed at making the NHS more efficient and sustainable whilst delivering high value services and meeting patient outcomes. These include the efficiency programme, productivity challenge, sustainability strategy, the Carter review of procurement, choosing wisely and reducing waste (NHS England *et al.*, 2014; Appleby *et al.*, 2014; Sustainability Development Unit, 2014; Carter, 2015; Academy of Medical Royal Colleges, 2014).

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As the NHS goes through further transformation of its services, and introduces new models of care, clinicians and finance staff need to work more closely together to achieve the requirements of the various programmes (Department of Health, 2013a). In early 2014 the NHS Future Focused Finance (FFF) programme was initiated as a five-year vision for NHS finance professionals, clinicians, patients, and the public. It is sponsored by heads of finance from the Department of Health, three NHS Arm's Length Bodies (ALBs) and the Healthcare Finance Managers Association (HFMA). Created under the Health and Social Care Act 2012, ALBs are non-departmental public bodies accountable to the secretary of state for health. The ALBs within the FFF programme are: NHS England, the NHS Improvement, and Health Education England. FFF was launched against a backdrop of changing commissioning landscapes and funding shortfall as outlined above. The programme is made up of six work streams including "close partnering" which promotes closer partnership working between finance, clinical decision makers, patients and the public.

Joint working between NHS clinical and finance services

Guidance published by the Department of Health in 2013 was designed to promote more effective engagement between clinical and finance professionals. The purpose of this was to tackle the two challenges of improving the quality of care and delivering the efficiencies needed to meet financial constraints. Surveys undertaken between 2013 and 2015 suggested that there was some way to go to achieve this (Department of Health, 2013b; Department of Health, 2014). The annual reference costs surveys required NHS trusts to assess themselves on the level of clinical and financial engagement. The levels of engagement ranged from 1: engagement only at board/strategic level to 4: joined up, collaborative working between clinical and finance professionals as the norm across all clinical specialties and directorates. In both surveys, the majority of trusts reported working at levels 2 and 3 (some joined up working or at least one specialty or directorate working collaboratively). In 2012/2013, 23 per cent reported working at level 4 but this reduced in 2013/2014 to just under 21 per cent and in 2014/2015 even further to 18 per cent (Department of Health, 2013b; Department of Health, 2014).

Despite the imperative for NHS finance professionals and clinicians to engage more closely, and the findings of the Francis Review (Francis, 2013) that identified poor cost control as an issue, it is clear from the literature that shared working is not widespread. In "Decisions of Value" (Academy of Medical Royal Colleges and NHS Confederation, 2014) the study found:

> An overwhelming number of NHS senior clinicians and finance directors recognise the need for strong clinical and financial relationships to help improve quality of care and change the way services are delivered […] Yet our findings show that nearly three quarters of clinicians feel they are rarely or never involved in financial decisions affecting their whole organisations, and over half do not believe they are involved in financial decisions that affect just their service or team.

Many of the new models of care being introduced across the NHS, as part of the drive to make the NHS sustainable for the future, require health organisations and professionals to work together and move beyond traditional boundaries (NHS England *et al.,* 2014). Assuming that quality of patient care and patient safety are a shared concern for all NHS professionals, joint working would seem to be a pre-requisite to attain high quality care (Glasby and Dickinson, 2014). The events at Mid Staffordshire NHS Trust (Francis, 2013) demonstrated the implications for quality care of a failure of NHS professionals to engage with each other and their organisation. Staff who are engaged and empowered within their organisations deliver better quality care (Ham, 2014). Team based working, based on factors such as leadership, culture, organisational support, and staff well-being, is linked to an increase in organisational effectiveness (Carter *et al.*, 2008). Leadership is a particularly significant feature of effective joint working between clinical leaders, finance leaders and managers.

Making a team work effectively takes considerable investment and time yet failure to work together on shared goals, for quality and cost improvement, will have a negative impact on organisational efficiency (Mitchell *et al.*, 2012; Neath *et al.*, 2012). This is particularly true of teams that cross-professional boundaries where the focus may be more on outcomes than the process and characteristics of effective teams (Woolley, 2008; West and Lyobovnikova, 2013). Furthermore, individuals may be members of multiple teams which can lead to role ambiguity, stress and impact on motivation and performance (Mortensen *et al.*, 2007). Individuals within teams can often see their role as discipline specific and moving beyond those boundaries can be challenging. West *et al.* (2004) believe that change management is facilitated by teams that are innovative and can implement ideas. Innovation can be stifled by management approaches built on performance targets and Pentland (2014) suggests that incentives to foster engagement should be based on social networks to create the pressure to interact and develop cooperation. Social sensitivity or working together, collective intelligence and the proportion of females working within groups are factors cited by Woolley *et al.* (2010) as critical to performance in teams.

In order for collaboration and inter professional working in healthcare to be effective it needs investment by the people involved and by their employing organisation if it is to produce good outcomes (Gardner, 2005). However, the level of support for joint working may be dependent on the context or professional grouping. Medical engagement is seen as a key factor in effective engagement in the NHS and should be embedded in the culture (Nicol, 2012; Clark and Nath, 2014; McGivern *et al.*, 2015). This needs mutual respect between managers and clinicians, clear vision and goals, and commitment to working together to deliver the goals (Clark and Nath, 2014). Despite the Griffiths (1983) report recommending clinical engagement, and control of budgets and services, more than 30 years ago, this has still not been fully realised. However, shared working is not always easy to embrace and although, as Nancarrow *et al.* (2013) points out, inter professional working is increasingly necessary to meet the needs of an ageing population and those with complex and long term health issues, the skills and knowledge required may take time to acquire.

One barrier to effective clinical engagement may be the need to improve the relationship between medical clinicians and managers. The emergence of clinical leadership over the last three decades has not led to doctors embracing the role of service and budget management to the same extent as nurses (Nicol, 2012). However, the medical profession has felt some shift and loss of power as clinical leadership has evolved. McGivern *et al.* (2015) point to the professional identify of the medical profession which tends to be more collegiate and self-regulatory than other health professions. Reconciling professional identity with the culture of managerialism across the NHS can be challenging for the medical profession. Yet it is clear that clinical engagement is needed in the push to ensure best possible value. In addition to good clinical and managerial engagement, collaborative working between clinicians and finance is fundamental to good allocative decision making and the delivery of better quality patient outcomes (Carey-Kent, 2015).

Developing the skills, tools and attitudes for effective working is essential (Nancarrow *et al.*, 2013; Edmondson, 1999). This entails understanding the others language and developing a shared culture, communication and vision. This philosophy was echoed by (Chartered Institute of Management Accountants (CIMA) (2014a, b) who recommended building clinical and financial engagement through understanding, clinical champions, communication, and leadership from the top of an organisation. Other writers suggested learning in teams underpins change and provides a safe environment for individuals to develop trust and common goals (Pentland, 2014; Edmondson, 1999).

In response to the drive for closer engagement between clinicians and finance professionals, the NHS FFF programme developed the close partnering work stream. Close partnering brings together the finance and clinical perspective to share knowledge,

evidence, training, and to develop good practice and engagement. In 2015, the Close Partnering Delivery Group commissioned Ipsos MORI to undertake a survey designed to increase understanding of current joint working between finance and clinicians and how they might be improved. A review of the research literature did not identify any similar studies in this area other than the annual reference costs surveys (Department of Health, 2013b; Department of Health, 2014). Those surveys had focussed on the level of clinical and finance engagement rather than the nature of engagement which was the topic for this study. The design of the survey and method of delivery was agreed over several meetings between clinical and finance representatives of the Close Partnering Delivery Group and the Kings Fund. The survey subsequently formed the self-assessment element of a toolkit aimed at increasing effective working between clinicians and finance professionals through collaborative teamwork (Kings Fund, 2015a, b). See Appendix 1 – survey questions.

The survey

An online survey of NHS clinicians and finance staff was undertaken by Ipsos MORI between June and August 2015. The purpose of the survey was to consult the finance, clinical and management teams working within the NHS, to gain a better understanding of current working relationships and how they might become more effective. Invitations to take part in the survey were sent to 3,000 clinicians via the Binley database and 2,000 finance staff via the HFMA database. The clinicians and finance staff on the databases represented only a small proportion of the total number of those eligible to take part in the survey (circa 15,000 finance staff, 720,000 clinicians and managers. According to data produced by the NHS Confederation, in 2014 there were 150,273 doctors, 377,191 qualified nursing staff, 155,960 qualified scientific, therapeutic and technical staff and 37,078 managers employed within the NHS (NHS Confederation, 2016).

To achieve broader representation, various other forms of communication were utilised to publicise an open generic link to the survey, including social media and engagement of the heads of the various clinical professions (medical, nursing, allied health professions, pharmacy). Data protection issues meant that Ipsos MORI could not be given access to NHS data and databases that would enable them to have direct access to the relevant NHS personnel and this restricted them to issuing the survey through third parties. This methodology imposed severe limitations on the accessibility of the survey and it was unclear how many clinical and finance staff were in receipt of an invitation to take part. Further issues were identified with access to the survey being blocked by browsers and 707 potential respondents abandoning or not completing the survey. The reasons for the latter were not clear.

A total of 547 responses to the survey were received with 368 coming from finance staff and 179 from clinicians. The breakdown of the responses is shown in Table I and indicates that more than two-thirds of clinicians responded through the open generic link but, although more finance staff responded to the direct invitation, just over 40 per cent submitted through the generic link.

Initial analysis of the data was undertaken by Ipsos MORI who presented the findings in the form of frequency analysis to the Close Partnering Delivery Group. The paper's authors then undertook further frequency and thematic analysis before preparing a project report. Themes used were those identified by the Close Partnering Delivery Group at the design

Table I. Survey responses

Respondents	Total responses	Direct invitation	Generic link
Clinicians	179	55	124
Finance staff	368	210	158

stage: contact between clinicians and finance professionals, levels of understanding, working relationships, key factors in effective working relationships, and factors in improving working relationships.

Profile of respondents

Of those who participated in the survey, 47 per cent worked in an acute NHS Trust with 51 per cent of the remaining respondents working in other parts of the NHS and 2 per cent working in a social enterprise or a community interest company. The highest rate of responses came from the North West (20 per cent), South West (14 per cent), West Midlands (11 per cent), and South Central (10 per cent). In all, 82 per cent of respondents were managers (57 per cent finance, 25 per cent clinical). The majority of finance managers and other finance staff had been working in finance for more than ten years. Finance staff respondents were evenly spread between male and female (48 and 51 per cent, respectively) but a larger proportion of female to male clinicians responded to the survey (68 and 31 per cent, respectively). More nurses responded to the survey than other clinical groups (14 per cent) with doctors being the next largest group (8 per cent) and the rest being made up of allied health professionals and pharmacists.

Joint working between finance and clinicians

In total, 85 per cent of clinician respondents had a dedicated or named member of a finance team, linked to their directorate or speciality, to provide support and 63 per cent reported that this person was based on site with other management staff. A further 12 per cent had a finance team member in their department or in their directorate but 22 per cent reported the finance team being based off site. Six clinicians (4 per cent) did not know where their finance team member was based.

Clinicians and finance staff respectively were asked to estimate what proportion of their job was spent working with finance or clinical colleagues. Clinician responses varied from no part of their job to one person spending a hundred per cent of their time with finance staff, but two-thirds of respondents estimated somewhere between nought and 20 hours (120/179). Of those respondents, 35 reported spending 10 per cent of their time working with finance and 29 spent 5 per cent of their time; the mean score was 20.15 per cent. It should be noted, however, that as the wording of the question to clinicians specified the proportion of time spent "working with finances", rather than "working with Finance", it is possible that time estimates from clinicians have also included finance-related work carried out independently of finance colleagues.

Finance staff reported spending between nought and 90 per cent of their time with clinicians with just under half estimating between nought and ten per cent (182/368). In all, 46 per cent of finance staff met clinical colleagues at least once a week as opposed to 20 per cent of clinicians meeting finance staff at the same frequency. The majority of clinical staff (64 per cent) felt that the level of contact was about right. This was lower for finance staff where only 47 per cent felt that it was about right with slightly over half (52 per cent) feeling that the contact was insufficient. E mail and telephone were the most frequently used mode of contact by both clinicians and finance (see Figure 1) but their preferred mode of contact was face-to-face, with finance staff showing a slightly higher preference for this than clinicians (58.18 and 50.52 per cent). This may be due to clinicians finding it harder than finance staff to arrange time for face-to-face contact.

Understanding of finance and clinical issues

Half of clinician respondents rated their understanding of NHS finance in general as very good or good; 17 per cent rated it as poor and 33 per cent as neither good nor poor.

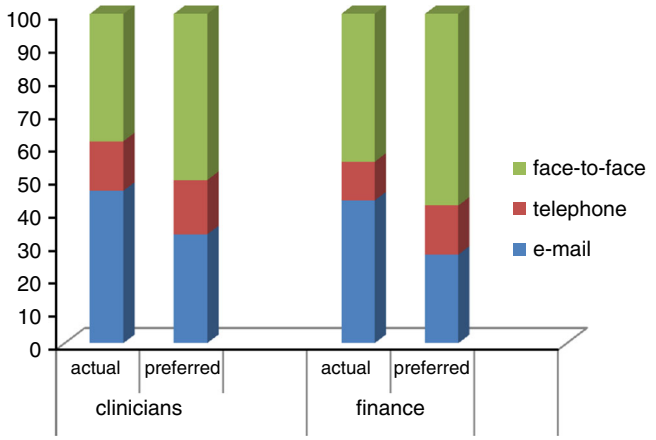

Figure 1.
Actual and preferred mode of contact between clinicians and finance staff

They were most confident in their understanding of where the funding for their service area came from, running costs, managing costs to an approved budget, and decisions on workforce levels. Clinicians were slightly less confident in understanding "getting value for money for patients", efficiency savings plans, replacing equipment, and much less confident in their understanding of the procurement process (see Figure 2). This was reflected in finance staff perceptions of clinician's level of understanding although finance staff felt that clinicians had a better understanding of finance issues than the clinicians themselves had reported. Finance staff felt that clinicians placed greatest importance on those financial decisions which directly affected their ability to undertake their job i.e. decisions about levels of workforce, replacement of equipment, getting value for money for patients, running their service area, and managing costs to an approved budget. Finance staff believed that less importance was attached to managing costs, efficiency savings plans and knowing where the money for the service came from but did not believe this was due to lack of understanding. The procurement process was an exception to this as finance staff believed clinicians lacked understanding and knowledge in this area and did not see it as important.

More than half of the finance staff respondents (58 per cent) rated their understanding of the patient journey as very good or good with only 10 per cent rating it as poor.

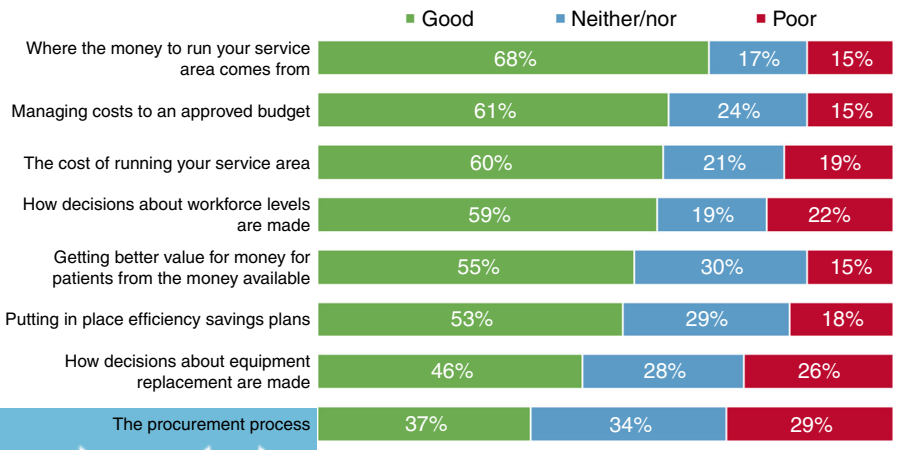

Figure 2.
Level of understanding of finance among clinicians

Over half felt their understanding of quality care, safety, and the patient experience was very good or good but they were slightly less confident about their understanding of clinical outcomes (see Figure 3). Clinicians were slightly less positive in their perception of finance staff understanding of clinical issues and suggested that understanding of the patient experience and clinical outcomes were the greatest areas of weakness and of least importance to finance staff (see Figure 4). Safety was perceived as the area of greatest importance for finance staff.

Working relationships

Respondents to the survey were asked how finance staff and clinicians worked together in their organisation. There was general agreement that roles within a team were clearly defined and that support from senior management was provided. Listening to concerns, considering best possible value for patients, and having shared goals, were also happening but at slightly less frequency than the other elements of a good working relationship (see Figure 5).

Effective working relationships were primarily facilitated by face-to-face contact, a professional relationship and rapport, and the availability of clear, well-presented finance and activity data (see Figure 6).

Insufficient time as a team, and to reflect on team working, were the biggest barriers to effective working relationships. Clinicians pointed to lack of clinical awareness amongst finance staff, poor communication and the lack of robust cost and income data. Finance staff cited general lack of interest, on the part of clinicians, in financial matters and a lack of financial awareness, provision of inaccurate data and poor communication as barriers to effective working. Some felt that their current working practices were at fault, with 46 per cent of finance staff and 42 per cent of clinicians considering the lack of a formal mechanism for working together to be a barrier. Clinicians viewed finance staff strengths as being good at listening, responding to queries quickly, being available when needed, and explaining issues clearly in understandable language. Finance staff thought clinicians were

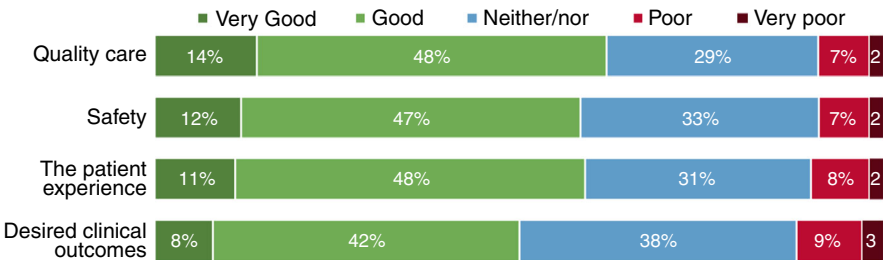

Figure 3.
Level of understanding of clinical issues among finance staff

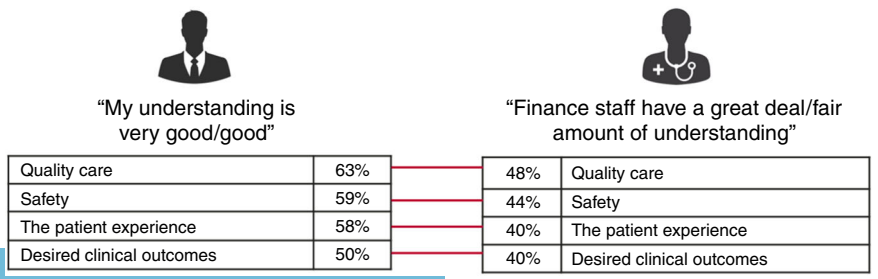

Figure 4.
Comparison of finance staff understanding of clinical issues with clinical perceptions

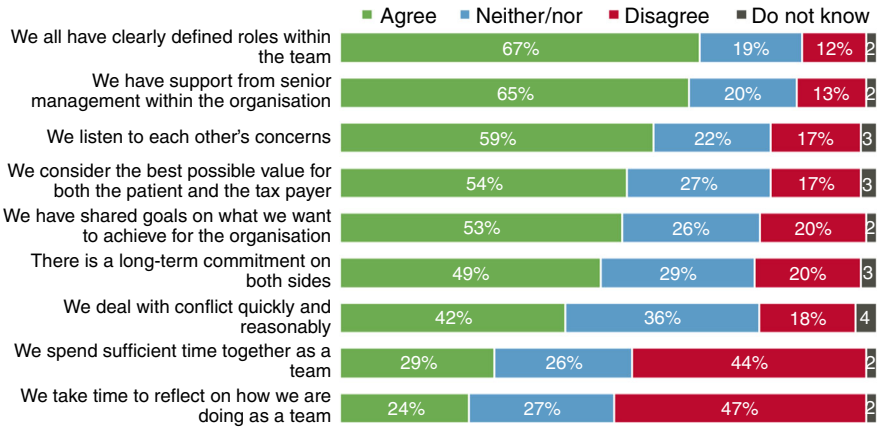

Figure 5.
Elements of working relationships between clinicians and finance staff

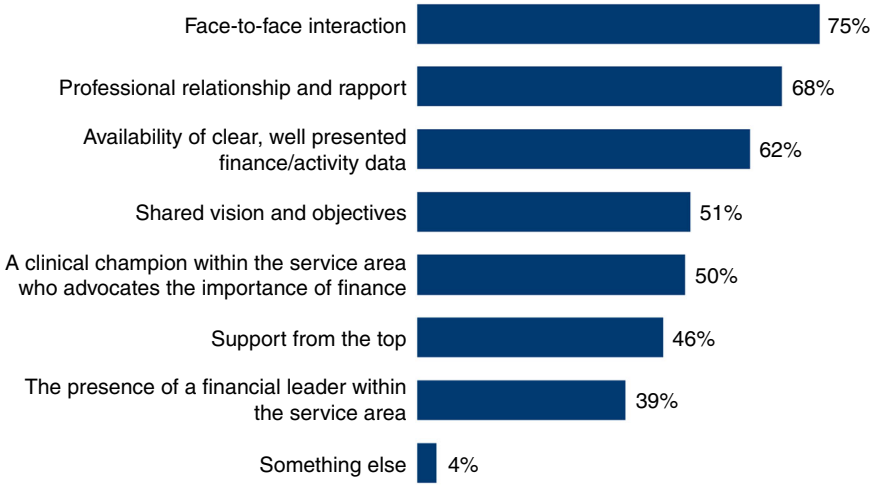

Figure 6.
Key factors in effective working relationships

also good at listening and explaining issues clearly but were less good at responding quickly and being available when needed (see Figure 7).

The main outcomes and achievements of effective joint working between clinicians and finance staff were cited as cost savings (70 per cent), changes to service delivery based on patient feedback (37 per cent), and new staff appointments to improve services for patients (31 per cent).

In order to increase joint working and the effectiveness of working relationships between clinicians and finance staff, respondents to the survey suggested a number of initiatives. These fell broadly into three categories: education and training, team and workplace, and use of tools and management approaches. Both clinicians and finance staff pointed to the need to ensure Continuing Professional Development (CPD) supported effective clinical and finance working relationships. Respondents suggested that discussions should take place with professional and regulatory bodies to ensure finance was part of undergraduate training for clinicians as well as including it in CPD. Similarly, finance professional bodies

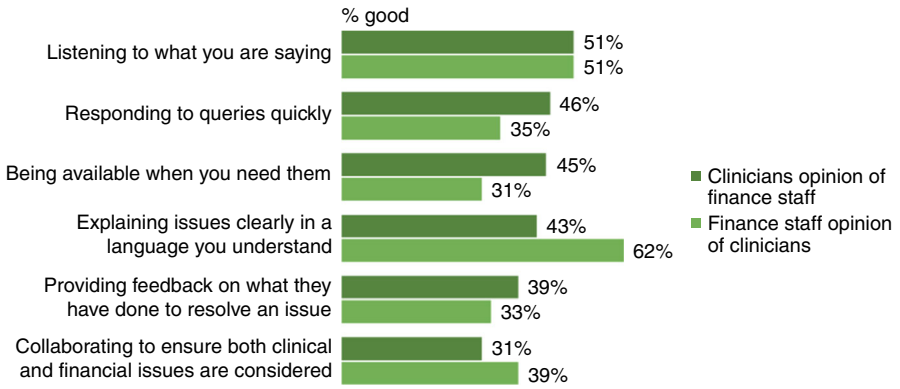

Figure 7.
Perceived strengths of clinicians and finance staff in joint working

such as HFMA, CIMA and the Chartered Institute of Public Finance and Accountancy should be engaged in discussions about the inclusion of understanding clinical services in training and CPD. In total, 71 per cent of clinicians and 65 per cent of finance staff agreed that finance staff should also have opportunities to gain experience of clinical services through shadowing or observation. Suggested areas of improvement in the workplace, and within teams, included increasing the visibility, access and participation of clinicians and finance staff in each other's domain to enable better working relationships, developing shared definitions of value, and increasing the parity of quality, safety and finance as areas of importance in financial decision making (see Figure 8).

Finance staff felt that the use of specific management tools and approaches could also aid joint working. Although approaches such as involvement of clinicians in procurement, service line reporting, service line management, tools such as patient level costing, benchmarking, use of CQUINS, commissioning and contracting processes, were all regarded as having a potentially positive impact, cost improvement plans were only viewed as positive by half of the respondents with the remaining half viewing them as negative or having no impact (see Figure 9).

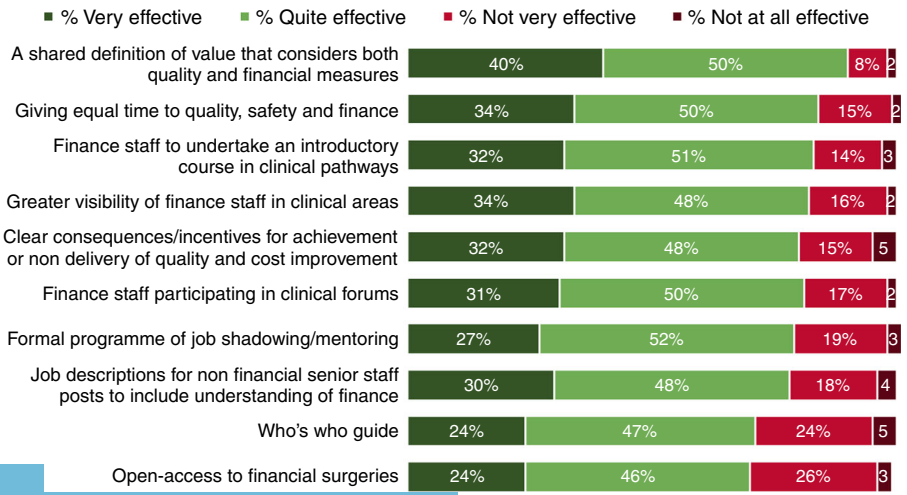

Figure 8.
Effectiveness of methods to improve joint working between clinicians and finance

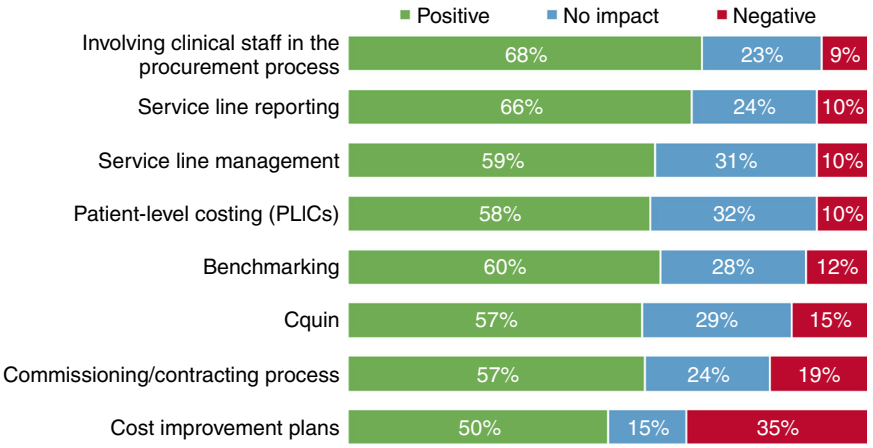

Figure 9.
Tools and management approaches to facilitate joint working

Engaging with colleagues

The most common ways in which clinicians engage with finance colleagues, in order to help develop their understanding of clinical services and quality, were through meetings, one-to-one sessions and education. Only 9 per cent reported taking finance colleagues on ward rounds, and 22 per cent of clinicians had not engaged with them at all. Clinicians considered one-to-one sessions to be the most effective method of engaging with finance, followed by monthly meetings.

In all, 84 per cent of finance staff report that they engage with clinical colleagues through face-to-face contact or formal meetings. Open door policies, workshops and joint working on business cases for service development were also popular, with face-to-face contact, workshops and business cases considered to be the most effective ways to engage clinicians.

Given that over two-thirds of all respondents agreed that more on-the-job clinical exposure would be of benefit to finance staff, the low number of clinicians taking clinicians on ward rounds was surprising. However, the majority of those finance staff who had made themselves visible in clinical areas (88 per cent) or available during ward rounds (60 per cent) reported that these were effective ways to engage with their clinical colleagues.

Conclusions

Although the survey attracted responses from a relatively small sample of clinicians and finance staff, it provided a useful snapshot of their respective views, particularly from the management and acute care perspective, of joint working. Previous studies showed that medical engagement was a key factor in effective team working (Nicol, 2012; Clark and Nath, 2014; McGivern *et al.*, 2015). This study showed that clinicians and finance staff have a positive view of joint working preferring face-to-face contact with each other where possible. This suggests a recognition of the need and readiness to engage in developing effective team working as reflected in the Academy of Medical Royal Colleges (2014) report. The main barrier to this is the investment of time required as suggested by the literature on team working and particularly inter professional working. As indicated by Mortensen *et al.* (2007) many professionals are members of multiple teams. This study found that clinicians in particular may find it difficult to invest time away from clinical work into team building and developing a shared vision. Increasing the number of clinical leaders, particularly those with a good understanding of finance matters, may enable more inter-professional working between clinicians and finance staff.

Previous studies demonstrated that developing effective joint working skills and tools is important (Nancarrow *et al.*, 2013; CIMA 2014a, b; Woolley *et al.*, 2010). This study showed that clinical and finance respondents had invested in developing knowledge and understanding of each other's roles. Clinician's confidence in their understanding of finance is generally good, with the exception of procurement, and finance staff feel they have a reasonable understanding of clinical issues. The main differences were in the perception of how each staff group rated the importance of quality care, safety and patient experience in decision making. This demonstrated the potential value of inter professional groups taking time to develop an understanding of language and culture, goals and outcomes. Both clinicians and finance staff identified positive traits in each other, in terms of listening and explaining issues clearly, but clinicians were perceived as less good than finance staff at responding quickly and being available when needed. Education and training, including CPD, developing shared values, and using management tools, were seen as the means to increasing the effectiveness of joint working in the future. The FFF finance educator programme will assist in the development of training through its network of educators based in NHS organisations. A clinical educator network is being developed, alongside the finance educator network, to focus on developing training and resources for clinicians. This involves the provision of training materials at three levels (basic, intermediate and advanced) for a range of clinical staff. The training will cover topics under the broad headings of structure and money flow, payment systems and costing, and contracts.

The survey has provided a benchmark for evaluating how clinicians and finance staff work together across the NHS. The Department of Health survey data from 2013-2015 has demonstrated that much more needs to be done to increase the number of Trusts working at a high level of engagement. This study confirmed those findings but also demonstrated that pockets of good practice in effective joint working between NHS clinicians and finance professionals exist. It has identified a number of approaches to improved joint working (Figure 8) that can be utilised. Board level engagement and organisational culture are central to this as indicated by the Chartered Institute of Management Accountants:

> Despite the best efforts of costing teams to engage clinicians with costing information, there will be little progress without Board-level commitment to the use of costing information for decision-making. New organisational structures, procedures and priorities must reflect this emphasis: the drive for efficiency coupled with an increased emphasis upon patients, quality and outcomes is not sustainable without a stronger relationship and mutual understanding between clinicians and accountants (CIMA, 2014a, b).

Clinical and finance teams need to share the same goals and view of a patient centred culture with an emphasis on patient safety, improved outcomes, and quality of care. Focussing only on finance driven decision making and efficiency savings will not engage clinicians. The Healthcare Finance Managers Association (2013) envisaged a clear role for finance staff in support of clinical colleagues in transforming NHS services and creating an environment where financial efficiencies could be achieved.

Further interrogation of the data may shed further light on joint working in the acute and other sectors and identify any regional variations. Elements of the survey could be repeated in the future to measure any changes or the impact of improvement programmes. The survey was intended to form one element of a change programme for organisations aimed at encouraging finance and clinical staff to work together. Materials developed for the FFF programme in 2015, by the Kings Fund, comprise of a self-assessment questionnaire, toolkit to encourage teams to reflect on how well they are working, and an accompanying summary of research providing the conceptual framework for effective team working. Following a pilot in 2015, by a number of NHS trusts (Chartered Institute of Public Finance and Accountancy, 2015), and a formal launch in February 2016, the tool is now available for use

across the NHS. The study reported in this paper indicates that the toolkit will have an important role to play in facilitating joint working. The toolkit provides a framework for collaborative team work and cross-team partnerships. The Close Partnering Delivery Group will identify areas of good practice to enable those to be shared with other teams.

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Further reading

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Appendix 1. Survey questions

(1) What organisation best describes your place of work?

(2) In which region are you based?

(3) So that we may direct you to the relevant set of questions, which of the following best describes your job role?

(4) Are you?

- Male
- Female
- Prefer not to say

(5) On average, what proportion of your job involves working with finances/clinicians?

(6) How often do you meet with finance/clinical staff?

(7) Do you think the frequency with which you meet these staff is too often, not often enough or about right?

(8) Thinking about contact you have with these staff, what proportion of that contact is by telephone, e-mail or face to face?

(9) How would you prefer that balance of contact to look?

(10) Do you have a dedicated/named member of the financial linked to your clinical directorate or speciality to provide you and the team with support?

(11) Where, in the main, is this finance team member based?

(12) How would you rate your understanding of NHS finance in general?

(13) And specifically, what about your understanding of the following elements?

- Where the money to run your service comes from
- Managing costs to an approved budget
- The cost of running your service area
- How decisions about workforce levels are made
- Getting better value for money for patients from the money available
- Putting in place efficiency savings plans
- How decisions about equipment replacement are made
- The procurement process

(14) To what extent, if at all, do you think finance staff understand how the following is achieved in your organisation …?

- Quality care
- Safety
- The patient experience
- Desired clinical outcomes

(15) In your opinion, what degree of importance, if any, do finance staff place on the following …?

- Quality care
- Safety

- The patient experience
- Desired clinical outcomes

(16) How would you rate your understanding of a patient's journey?

(17) And specifically, what about your understanding of the following elements?

- Quality care
- Safety
- The patient experience
- Desired clinical outcomes

(18) To what extent, if at all, do you think clinical staff understand how the following is achieved in their organisation …?

- Decisions about workforce levels
- Managing costs to an approved budget
- Where the money to run their service comes from
- Getting better value for money for patients from the money available
- The cost of running their service area
- Putting in place efficiency savings plans
- Decisions about equipment replacements
- The procurement process

(19) In your opinion, what degree of importance, if any, do clinical staff place on the following …?

- Decisions about workforce levels
- Managing costs to an approved budget
- Where the money to run their service comes from
- Getting better value for money for patients from the money available
- The cost of running their service area
- Putting in place efficiency savings plans
- Decisions about equipment replacements
- The procurement process

(20) Thinking about how finance teams and clinicians work within your organisation, how much do you agree or disagree with the following statements?

- We all have clearly defined roles within the team
- We have support from senior management within the organisation
- We listen to each other's concerns
- We consider the best possible value for both the patient and the taxpayer
- We have shared goals on what we want to achieve for the organisation
- There is long term commitment on both sides
- We deal with conflict quickly and reasonably
- We spend sufficient time together as a team
- We take time to reflect on how we are doing as a team

(21) To what extent if at all, are patients and the public involved in service design?

(22) How good or poor do you think the finance team is at the following?

- Listening to what you are saying
- Responding to queries quickly
- Being available when you need them
- Explaining issues clearly in a language you understand
- Providing feedback on what they have done to resolve an issue
- Collaborating to ensure both clinical and financial issues are considered

(23) How good or poor do you think the clinicians are at the following?

- Listening to what you are saying
- Responding to queries quickly
- Being available when you need them
- Explaining issues clearly in a language you understand
- Providing feedback on what they have done to resolve an issue
- Collaborating to ensure both clinical and financial issues are considered

(24) In which of the following ways, if any, do you help finance teams understand clinical services and quality?

- Monthly meetings
- One to one sessions
- Multi-disciplinary team meetings
- Education
- Workshops
- Ward rounds
- Other

(25) How effective do you find each of these methods in engaging finance staff on issues around clinical services and quality?

- Monthly meetings
- One to one sessions
- Multi-disciplinary team meetings
- Education
- Workshops
- Ward rounds
- Other

(26) In which of the following ways, if any, do you help clinical staff understand financial issues?

- Face to face contact
- Meetings
- Open door policy
- Creating a business case for the development of a clinical service

- Workshops
- Visibility of finance staff in clinical areas
- Events
- E learning
- Being available during ward rounds
- Other

(27) How effective do you find each of these methods in engaging clinical staff on issues around finance?

- Face to face contact
- Meetings
- Open door policy
- Creating a business case for the development of a clinical service
- Workshops
- Visibility of finance staff in clinical areas
- Events
- E learning
- Being available during ward rounds
- Other

(28) What impact, if any, have the following tools/management approaches had on working relationships between finance staff and clinical colleagues?

- Including clinical staff in the procurement process
- Service line reporting
- Patient level costing
- Benchmarking
- Cquin
- Commissioning/contracting process
- Cost improvement plans

(29) In your opinion, how effective or not, could the following methods be in improving the working relationship between finance and clinical staff?

- A shared definition of value that considers both quality and financial measures
- Giving equal time to quality, safety and finance
- Finance staff to undertake an introductory course in clinical pathways
- Greater visibility of finance staff in clinical areas
- Clear consequences/incentives for achievement or non-delivery of quality and cost improvement
- Finance staff participating in clinical forums
- Formal programme of shadowing/mentoring
- Job descriptions of non-finance staff to include understanding of finance

- Who's who guide
- Open access to financial surgeries

(30) Which, if any, of the following national initiatives would help support financial-clinical working relationships?

- Work with professional bodies such as Royal Colleges, professional societies, regulatory bodies such as the GMC and specialist societies to ensure financial awareness is prioritised as a part of CPD
- Encourage more on the ground experience of clinical care amongst finance professionals
- Include finance and quality improvement bodies in clinical and finance undergraduate courses/exams
- Work with finance professional bodies such as CIMA, HFMA, and CIPFA to ensure clinical quality is prioritised as part of CPD
- Open access resources
- Other

(31) What has been achieved, if anything, by joint working between finance and clinical teams in your organisation?

(32) What in your opinion were the key reasons for this effective working relationship?

(33) In your opinion how much waste, if at all, do you think there is in your organisation with regard to …?

- Time management related to staff
- Administration
- Procurement
- Medicines management
- Diagnostics

(34) What in your opinion are the barriers, if any, to developing an effective working relationship with finance teams?

(35) What in your opinion are the barriers, if any, to developing an effective working relationship with clinical teams?

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