

The gap between demands on the NHS and the finances to pay for it is widening. Can getting financial and clinical staff to think as a team help to bridge it?

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By Ann McGuaran

linical and finance staff in the NHS are traditionally viewed as separate professional groups who approach their work in radically different ways – two tribes with conflicting goals and clashing priorities.

NHS finance teams are characterised as being overly desk bound and not well enough informed to know what good-quality care looks like. Clinicians are the heroes of the frontline – the ones making life and death decisions every day.

Encouraging them to work effectively together has proved challenging. A 2015 Ipsos Mori poll of clinical and finance staff revealed that only 29% of them said they spent sufficient time together as a team, while fewer than one in four (24%) took time to reflect on how well they were doing as a team.

But, with the NHS in full-blown crisis mode, the need for better partnerships has never been greater. According to the Five Year Forward View, the health service has to find a further £30bn over the next few years in the face of both rising demand for services and a push for higher clinical quality. Patients cannot be turned away at the door, so how can organisations address the gap between what teams are being asked to do and the amount of funding available?

Back in February 2014, the Future Focused Finance programme was launched to boost the profile and influence of accountants across the health service. One of its six action areas is close partnering, which aims to improve understanding and working relationships between finance and clinical teams. It focuses on three

main elements: building a network of finance and clinical educators (FACE) to increase knowledge of NHS finance and make free training material available; fostering relationships by encouraging clinical and finance leaders to work across professional boundaries; and facilitating and fostering clinical, finance and citizen involvement in reducing waste in the NHS.

Dr Sanjay Agrawal is a consultant at University Hospitals of Leicester NHS Trust and the senior responsible officer for close partnering. In his view, the squeeze on NHS finances means it is crucial to get frontline clinicians on board “and understand that they are the stewards of NHS financing in care”.

The FACE network is helping clinicians learn about NHS finance and how money flows around the system.

“We have approximately 160 finance educators across organisations and they will all be active to a variable degree,” he

says. This network, he adds, is “maturing, growing and evolving”.

Joint working is supported by a toolkit developed by healthcare think-tank the King’s Fund. Crossing Professional Boundaries: a Toolkit for Collaborative Teamwork is designed to address the challenge of getting clinical and finance and management staff to work together and think as a team.

Based around workshops and review meetings, the toolkit draws on clinicians’ use of reflective practice to consider and improve their work. It encourages reflection on relationships, including those between clinical and finance staff, and working to improve them. Launched across the health service in February this year, it has been piloted in 24 NHS organisations.

Mersey Care NHS Foundation Trust, which provides specialist mental health services, was one of those helping to test the toolkit. Lynne Donald, a business accountant for the local services division of the trust, says the whole finance team was involved with the pilot.

It “definitely encouraged interdisciplinary teams”, she tells PF. “We found the reflective practice clinicians use in their everyday jobs was something we in finance were capable of taking on board. We found it really helpful in developing the partnership across the functional boundaries and it helped us all work to the same objectives. It has opened up that cross-boundary working and, certainly on finance, we’ve been developing new, user-friendly systems and all of that came out of the toolkit.”

CLINICS, CASH AND COOPERATION



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Jane Payling, CIPFA

The finance team have helped with bids for new services. They can also tell us if it's worth bidding for new business for the effort involved

Richard Whitehead, Mersey Care NHS Foundation Trust

Richard Whitehead is head of psychology at the local services division of the trust and says practical solutions involving clinical and finance staff are now being achieved more quickly. "We've got really good working relationships now so we can feel free to talk about anything."

He cites some examples: "There have been a couple of times where we've had to lose some good staff and [the finance team] have helped me with bids for new services so that we could move those staff into setting up new services, which have been very successful. Also, for the effort involved, they can tell us if it's actually worth bidding for new business."

Getting clinical heads around financial issues and training and knowledge sharing are important parts of the close partnering workstream. Ben Roberts, head of finance transformation at Bolton NHS Foundation

Trust and a lead member of the delivery group for the FACE network, explains that a typical training session might cover budget management, cost improvement and business cases. He also observes that some innovative training approaches are emerging.

"The Walton Centre [a major neurology hospital in Liverpool] holds a drop-in budget holder clinic, and Liverpool Clinical Commissioning Group has an award-winning session called Show Me the Money, which are open days for staff who work with the CCG."

Other interactive, engaging approaches include Chesterfield Royal Hospital Foundation Trust, which "ended up doing a video about why the NHS is under pressure and why it's so important people up their game and understand the challenges". He also highlights Bolton CCG's War on Waste campaign, which talked to

GPs, patients and local residents using a number of formats including Twitter and poster advertising.

Roberts flags up the work of another FACE member – Dr Akeeban Maheswaran, known as AK, an anaesthetic registrar at University Hospitals Leicester NHS Trust – who put together compelling, informative visuals to help demystify NHS finance. "Our network isn't just finance people talking about finance," he says. "AK is the perfect example of this, as a clinician who is a FACE of finance, sharing his knowledge of finance in the most creative ways like animations and posters."

Rebecca Edwards, deputy programme director for FFF, says that, despite promising progress, there's a long way to go before close partnering delivers significant wins.

One difficulty is the lack of time. "We've had over 400 downloads of the toolkit. The feedback we get from people is that yes it looks great and it's on my pile of things to do, but it never gets to the top," she says.

CIPFA carried out an independent evaluation of the toolkit pilots, published last year, which concluded that, although workshops and reviews were seen as highly beneficial, busy schedules and a lack of time limited the ability of staff to attend.

Jane Payling, CIPFA's head of health and integration, led the evaluation. She highlights the importance of leadership: "Although you would imagine lots of people are already doing lots of work between finance departments and clinicians, it is actually really patchy."

"In general, it comes down to leadership in an organisation on the medical side and on the finance side. Particularly, it was down to individuals to go and do it. What the toolkit did was provide a structured approach. That was one of the main values of it – almost as an instruction kit that people could fall back on."

According to Edwards, the next aim is to find out what has been going on at the pilot sites "and what have been the great wins, so we can say 'look this is a great thing to be involved with'".

Putting examples of best practice online "so people can get on and have a look and see what other people are doing" could help reduce wasteful spending, she adds.

At Leicester, Agrawal stresses that stewarding finances has to become part of everybody's day job. "You need to know why you're doing it, how you're going to deal with conflict, whether you have put sufficient time aside to address the issues, and whether you have reflective practice to make sure you're doing what you think you're doing. Honestly, it sounds so basic – but we know it doesn't happen in many teams all around healthcare."

He agrees that the wider picture so far is one of progress in some organisations rather than system-wide improvement. But this is a work in progress, he concludes, that will take "dedication, resources and commitment from the finance community and the clinical community over several years". ●

Getting clinicians to understand finance is essential as they are the stewards of NHS financing in care



GETTY

▶ CLOSE PARTNERING



Close partnering at a large acute hospital

University Hospitals Coventry and Warwickshire NHS Trust was an early adopter of close partnering.

Pam Kaur, a commercial finance manager at the trust and a lead member of the delivery group for the FACE network, says all finance training has been relaunched. Over the past two and a half years, the trust has trained about 250 budget holders, run finance masterclasses and introduced a medical leadership programme with finance modules.

Instead of implementing the King's Fund toolkit "right from scratch", the trust built on the work it had already done, Kaur explains. "We have a regular matrons' nursing and midwifery forum that happens every week so our chief nursing officer said we could run the toolkit requirement through that workshop and test it with our matrons."

Dr Clare Ingram, a consultant anaesthetist at the trust, works alongside Kaur to help deliver the registrar leadership programme to junior doctors.

She describes a typical finance training day: "It's all done in house in our own training rooms. Pam comes in and does a general overview of the financial situation in the NHS and in our trust. They also get an overview of business case planning. There's then a discussion on commissioning, involving someone from inside our organisation and often someone from the CCG speaking."

The feedback has been extremely positive, says Ingram, with those attending "using words including illuminating, worrying and intriguing".