



Improvement

Stakeholder Perceptions Research 2016

December 2016

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Social Research Institute

This work was carried out in accordance with the requirements of the international quality standard for market research, ISO 20252:2012 and with the Ipsos MORI Terms and Conditions.

Introduction

Background and objectives

Background

Six months after its launch, NHS Improvement wanted to understand views of the organisation, its performance and impact so far. NHS Improvement commissioned Ipsos MORI to conduct research with senior staff in NHS Trusts and Foundation Trusts as well as with key stakeholders in national health and care bodies.

The aim of this research is to enable NHS Improvement to understand its stakeholders' views, to aid in building relationships, supporting local health systems and organisations, and ultimately to develop the organisation's strategic direction.

Objectives

With the above in mind, the main objectives of the research were to:

1. Provide an understanding of stakeholders' awareness and views of NHS Improvement and its work
2. Explore the impact that NHS Improvement has had since its launch, the aspects of its role that are important to stakeholders, and their views of the greatest challenges facing NHS Improvement
3. Investigate stakeholders' concerns and issues, exploring perceived major risks and opportunities
4. Help NHS Improvement to further develop and refine its detailed communications and engagement approach

Methodology

A combined quantitative and qualitative methodology was used for this research, comprising the following:

Quantitative element:

Telephone survey with **180 senior staff working in NHS Trusts and Foundation Trusts.**

The quantitative approach enabled the measurement of views of a large number of providers, and has set a baseline for key questions to be tracked over time. Quotas were set by region, job type, Trust/Foundation Trust and organisation type to ensure a representative sample.

Fieldwork for the quantitative survey took place between 21st October and 25th November 2016.

Qualitative element:

36 qualitative telephone depth interviews with **senior members of staff in NHS Trusts and Foundation Trusts, and stakeholders from CCGs and national healthcare organisations.**

The qualitative approach allowed interviewers to explore issues and themes in depth.

Fieldwork for the qualitative interviews took place between 21st October and 16th December 2016.

Interpreting the findings

Quantitative data:

Quantitative data have not been weighted. As a sample and not the entire population of providers took part in the survey, not all differences between results are statistically significant. Please note that all analysis included within this report based on specific groups of providers (for example, comparing different types of trust or job role) should be treated as indicative due to the small numbers of individuals. Unless otherwise stated, all figures included in this report indicate statistically significant differences.

When an asterisk (*) appears, this indicates a percentage of less than half of one per cent, but greater than zero. Where percentages do not add up to 100% this can be due to a variety of factors – such as the exclusion of 'Don't know' or 'Other' responses, multiple responses or computer rounding.

Qualitative data:

Qualitative research is not designed to provide statistically reliable data. It is illustrative and exploratory, and is used to provide a more in-depth understanding around issues, rather than being statistically reliable.

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

Who took part

180 senior members of staff in NHS Trusts and Foundation Trusts took part in the **quantitative survey**:

Job type		
Chair		40
Chief Executive		33
Finance Director		42
Medical Director		34
Nursing Director		29
Operations Director		1
Strategy Director		1
Region		
North		60
South		44
Midlands and East		53
London		23
Stakeholder type		
Foundation Trust		116
NHS Trust		64
Service type		
Acute		102
Mental Health		46
Specialist		13
Community		12
Ambulance		7
Segment		
1 – autonomous		26
2 – targeted support		78
3 – mandated support		61
4 – special measures		15
Total		180

36 stakeholders took part in the **qualitative interviews**:

Stakeholder type		
Foundation Trust		13
NHS Trust		12
National Stakeholders		7
CCGs		4
Total		36



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Executive summary



Executive summary

Understanding of NHS Improvement's role

Stakeholders felt that they were familiar with NHS Improvement, and reported a high level of understanding of the organisation's role. Many described its role as regulation and saw performance management as its predominant task. However, they recognised that support and improvement is a growing part of the organisation's role. Stakeholders were interested to see what the balance would be between support and regulation, and some were concerned that the two roles were in tension.

Overall perceptions of NHS Improvement

Around half of stakeholders were neutral towards NHS Improvement. The general perception was of an organisation that had been in transition while merging different cultures. However, many were supportive of NHS Improvement's direction of travel and were keen to see it implemented in practice. The leadership was viewed particularly positively, and was seen as a key strength for NHS Improvement, but there were questions about whether the approach espoused by the leadership was implemented in practice by the teams working with providers on a day-to-day basis.

Views of NHS Improvement's role

Providers were positive about how well NHS Improvement supports them to improve, albeit that there is room to move them from rating NHS Improvement from 'fairly' well to 'very' well. The qualitative research suggested a mixed picture in terms of the support received. Some providers, mostly those in Segments 1 and 2, had received little support so far – while some would welcome more, others were satisfied with their autonomy. Some providers in Segments 3 and 4 had more interaction with NHS Improvement, and while some reported positive experiences, others felt they received little support, or were regulated rather than supported. While positive examples of support were given, limitations to the support were also identified around the capacity of NHS Improvement staff to give strategic advice, the need for more sector specific support, and a need for a more system based approach rather than one aimed at individual organisations.

Executive summary

Embedding improvement and sharing best practice

There was room for NHS Improvement to strengthen its approach to sharing best practice and embedding an improvement culture. Some examples were shared where NHS Improvement had shared learning across organisations and connected individuals within the NHS. This was well-received where it had happened, and there was an appetite among stakeholders for more of this. This included facilitating networks for peer-to-peer support. While few stakeholders thought NHS Improvement had helped their organisation to embed an improvement approach so far, there were examples where trusts were working on improvement and some potential for NHS Improvement to assist further.

Working across the system

Stakeholders did not think NHS Improvement, NHS England and the Care Quality Commission (CQC) were well aligned, and gave examples such as safe staffing where there are conflicting priorities. Although some stakeholders thought a concerted effort had been made to improve collaboration, this was not thought to be translated into practice among those working in the organisations locally. This was an area that many stakeholders felt needed further attention.

Working relationships

Overall, providers were positive about the level of engagement they had with NHS Improvement, and many stakeholders thought working relationships were strong. Where they worked, discussions were constructive and challenging, open and honest, and NHS Improvement understood the challenges facing providers. However, there were a small number of cases where relationships appeared very negative and NHS Improvement was described as bullying or threatening. Relationships also came under strain around finances in particular, and a feeling among stakeholders that unrealistic targets could be set. Sometimes this led to an imposition of targets and less supportive discussions.

Communications and engagement

On the whole, stakeholders were positive about NHS Improvement's communications and engagement, although communications such as reports, guidance documents and consultations or bulletins and newsletters were found more useful than the website, social media content or Improvement Directory. In addition, there was room to improve how communications and engagement support trusts to improve, particularly through sharing best practice. Although broadly positive, there were suggestions about managing the flow of emails to ensure they reach the right person, are read, and are relevant, or packaged so they can be easily acted upon - providers sometimes found it difficult to navigate the number of emails they receive, from NHS Improvement and others.

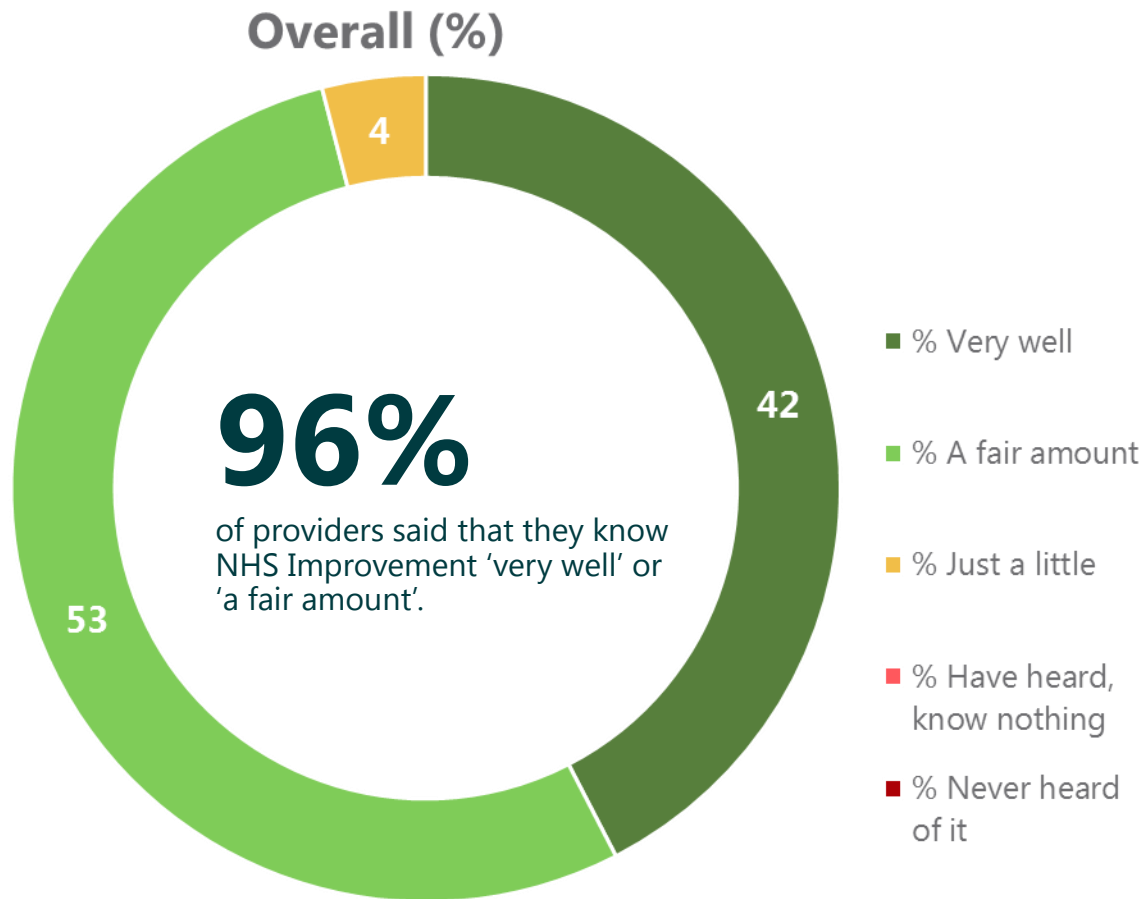


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Understanding of NHS Improvement's role



Providers felt that they know NHS Improvement well



Nearly all (96%) providers surveyed said that they know NHS Improvement 'very well' or 'a fair amount'. No providers said that they know nothing of NHS Improvement or have never heard of it.

Finance Directors were most likely to say that they know NHS Improvement 'very well'; 60% of Finance Directors said this, compared with 42% overall. This is likely because Finance Directors have more contact with NHS Improvement than other roles – the Finance Directors interviewed in the qualitative research had more contact with NHS Improvement (around fiscal performance).

Those who were most familiar with the organisation were more likely to be advocates of NHS Improvement – over half (56%) of those who would 'speak highly' of NHS Improvement without being asked said they knew the organisation 'very well'. Those who were neutral towards NHS Improvement tended to say that they knew the organisation 'a fair amount' instead (60% of those who were neutral towards NHS Improvement said this). This suggests that greater awareness of the organisation and its activities may translate into greater advocacy, as we often find in our stakeholder perceptions research.

Please note that the analysis by different groups of individuals (i.e. Finance Directors or advocates/neutral/critics) is indicative only as it is based on a small number of individuals

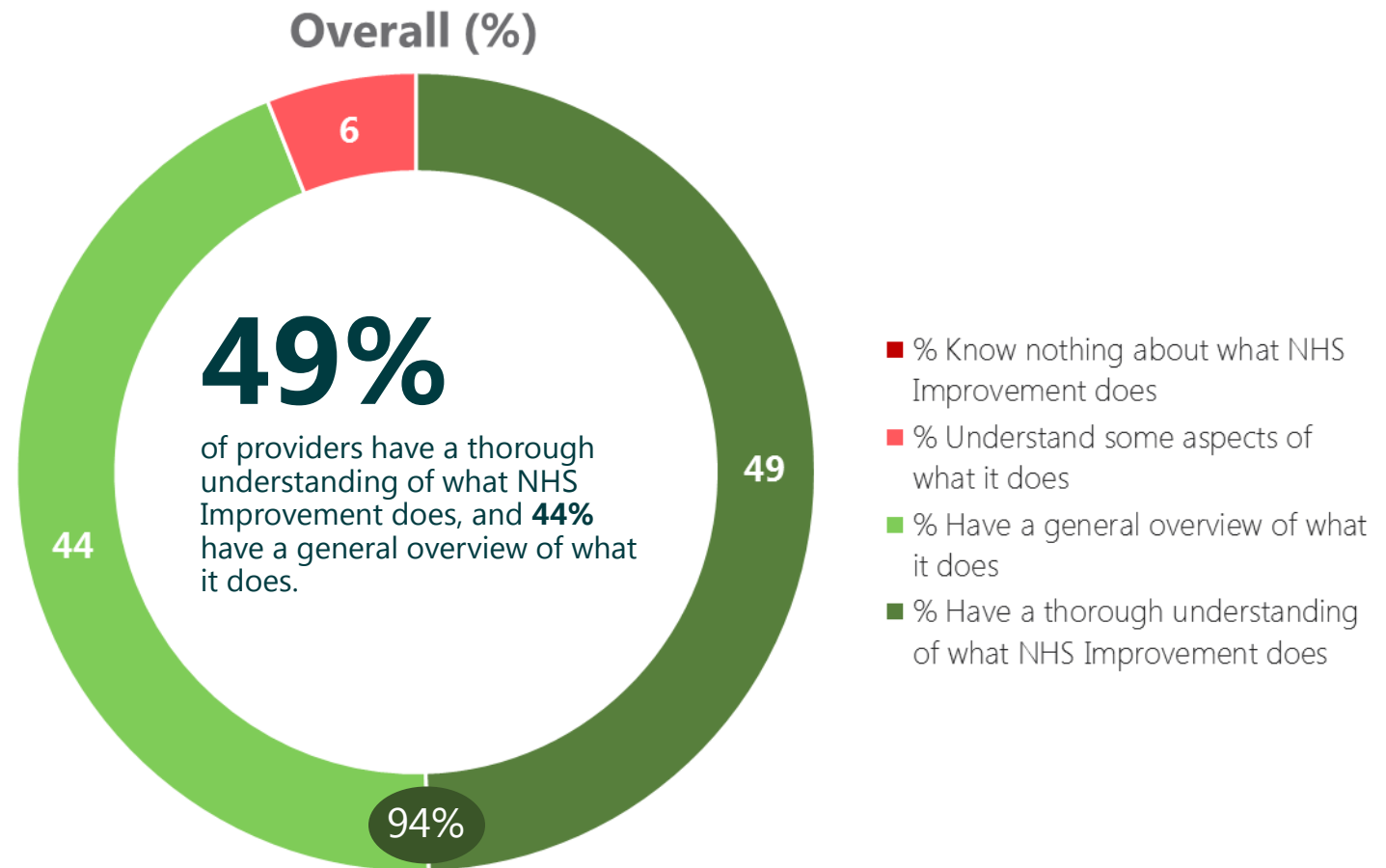
Source: Ipsos MORI



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Q1. How well, if at all, do you feel you know NHS Improvement? Would you say you know it...? Base: All (180)

They generally reported understanding NHS Improvement's role



Although the predominant understanding of NHS

Improvement's role was regulation

When asked to describe NHS Improvement's main role in their own words, two thirds said 'regulation' (66%). Service or quality of care improvement (27%) and support provision (25%) were mentioned by fewer providers.

"To act as regulator for providers, both foundation and non foundation trusts within the NHS."

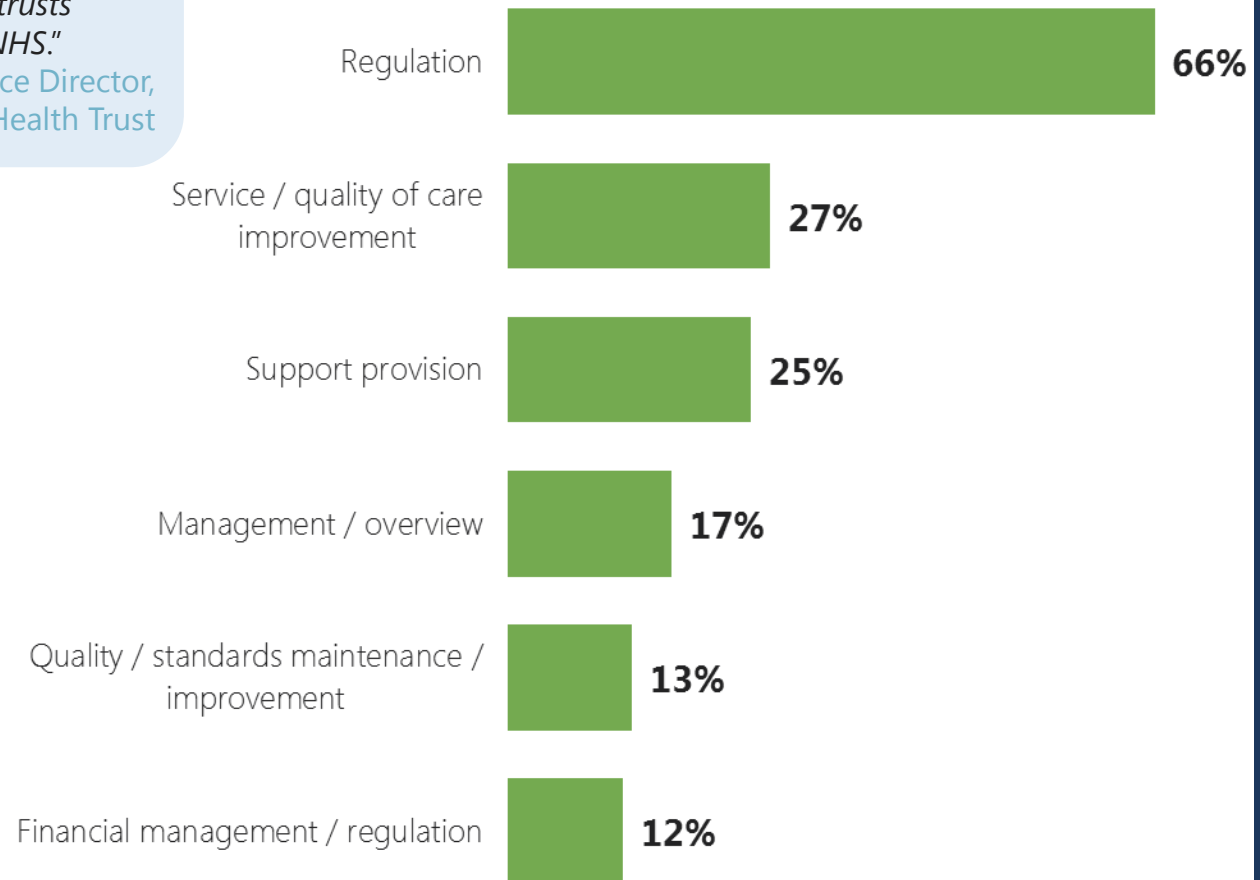
Finance Director,
Mental Health Trust

Similarly, in the qualitative research, NHS Improvement's role was predominantly viewed as regulation. Stakeholders often acknowledged NHS Improvement's growing role as a supporter of providers, but thought this was secondary to its regulatory / performance management role.

"They're trying to be the 'I' in NHS Improvement but I don't think it's always, there's a supportive role and not – so we get support in some senses but it's still very much performance at the end of the day."

Nursing Director, Acute Trust

NHS Improvement's main role



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Q5. How would you describe NHS Improvement's main role? All (180)

Source: Ipsos MORI

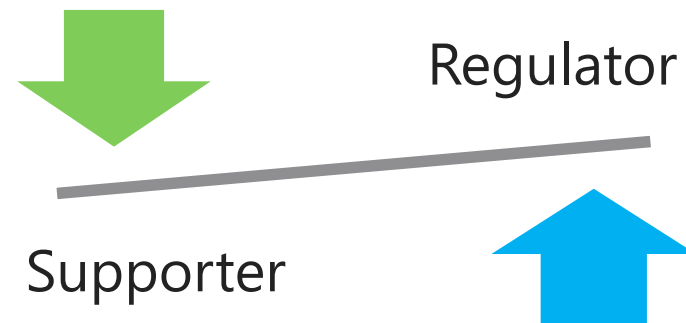
Stakeholders were unclear on NHS Improvement's dual role

There was some confusion over NHS Improvement's dual role as a supporter of providers and as a regulator. One in seven (15%) providers said that the reason for NHS Improvement's main weaknesses was **confusion and lack of understanding about its role**.

This was evidenced in the qualitative interviews, where stakeholders could be **unclear as to where NHS Improvement sat on the spectrum between regulation and support**. Some were unconvinced that having one organisation trying to play both roles was possible or beneficial.

"It's a slight sort of schizophrenic organisation which on one hand is saying it's there to help improve people and get along side you and work with you and support you, and then another part of the organisation is sending out very, very direct messaging, 'you will comply with this, you will submit this by end of play tomorrow' and I think it can lead to people being a bit unclear about what the organisation is."

National Stakeholder



However, stakeholders also acknowledged it can take time to make clear what NHS Improvement's role is, and that they have a difficult role to play within the system.

"As well as we could be expected to understand it at the moment because they were only formed in April. So I think the reality is that they're trying to find their feet as well in terms of the new identity because it's so different from the previous regulator. So I think the reality is there's a little bit of making it up as you go along and providers trying to respond to that."

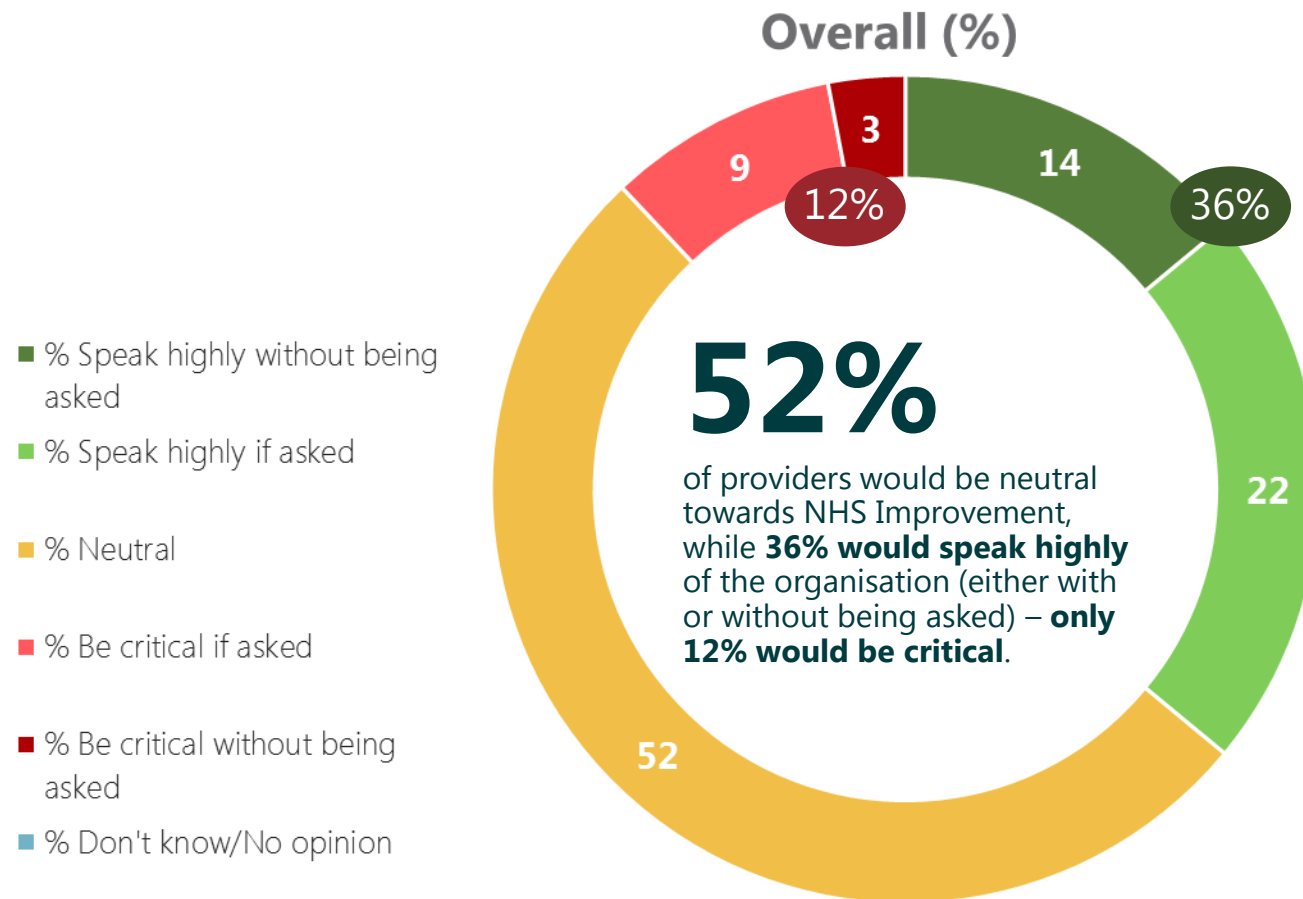
Nursing Director, Acute Trust



Overall perceptions of NHS Improvement

Views since its launch

In terms of advocacy, providers were generally neutral towards NHS Improvement – few were critical



Advocacy varied between different types of provider. **Advocacy was highest among acute providers, of whom 44% said they would 'speak highly' of NHS Improvement.** Medical Directors, meanwhile, were particularly likely to be neutral (74%).

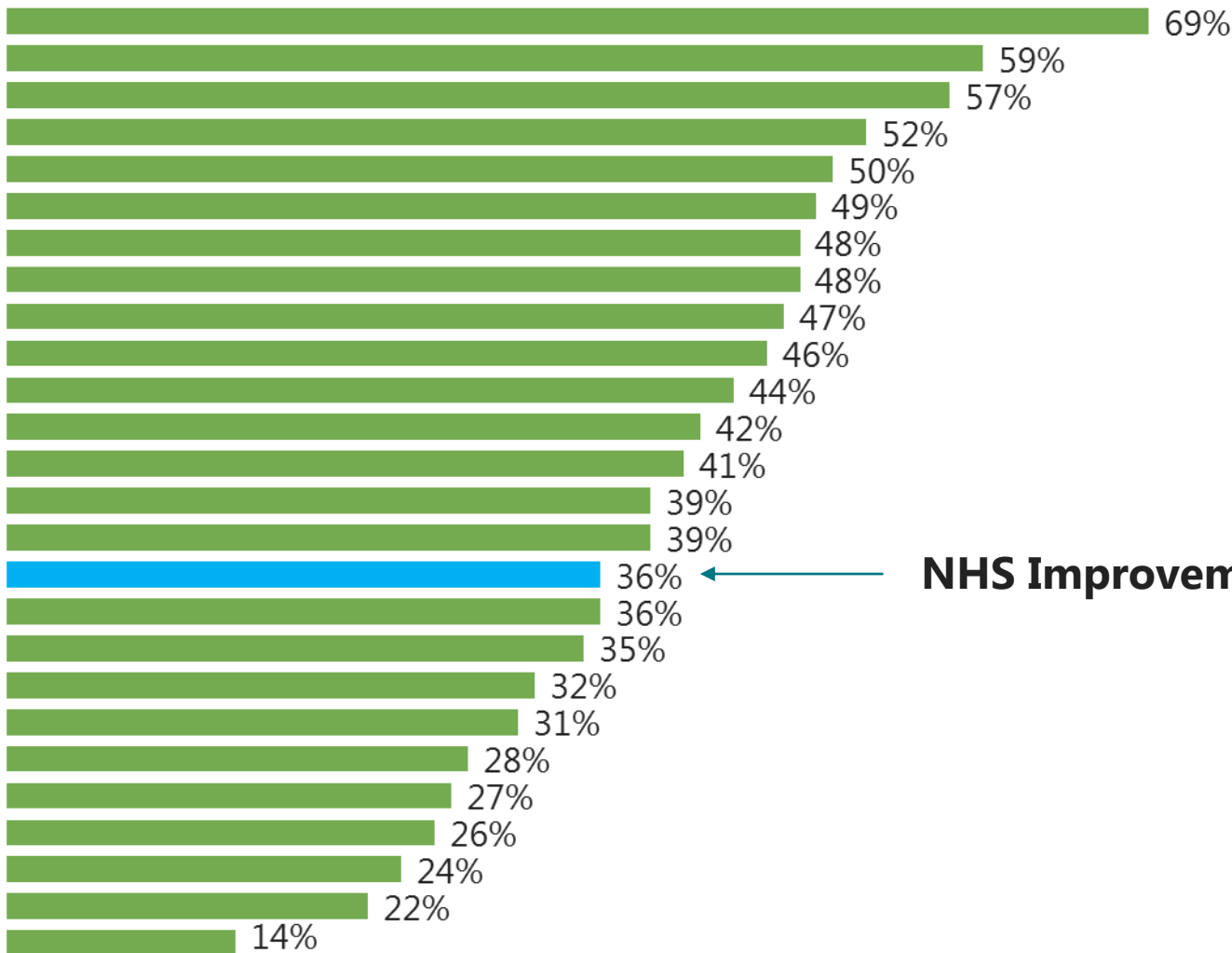
Similarly, advocacy varied by segment. The proportion of providers who would 'speak highly' of NHS Improvement was relatively similar across Segments 1 – 3. However, only 2 of the 15 providers in special measures interviewed said that they would 'speak highly' of NHS Improvement.

Please note that the analysis by trust type, job type or segment is indicative only as it is based on a small number of individuals. In particular, the finding for Segment 4 has not been significance tested due to the small number of individuals.

Q2. Which of these phrases best describes the way you would speak of NHS Improvement to other people? Base: All (180)

How this compares with other organisations...

Advocacy is reasonable considering the organisation is so new



% saying they would speak highly without being asked/if asked

NHS Improvement

"It's too soon to make any definitive judgements, I think the general perception is they are doing a good job of a difficult situation."

National Stakeholder



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Base: Various public sector stakeholder surveys since 2008, includes multiple waves

Source: Ipsos MORI

Some were neutral towards NHS Improvement because they thought it was too soon to assess the organisation

Many providers (52%) were neutral towards NHS Improvement, but this is partly because they think it's too soon to say.

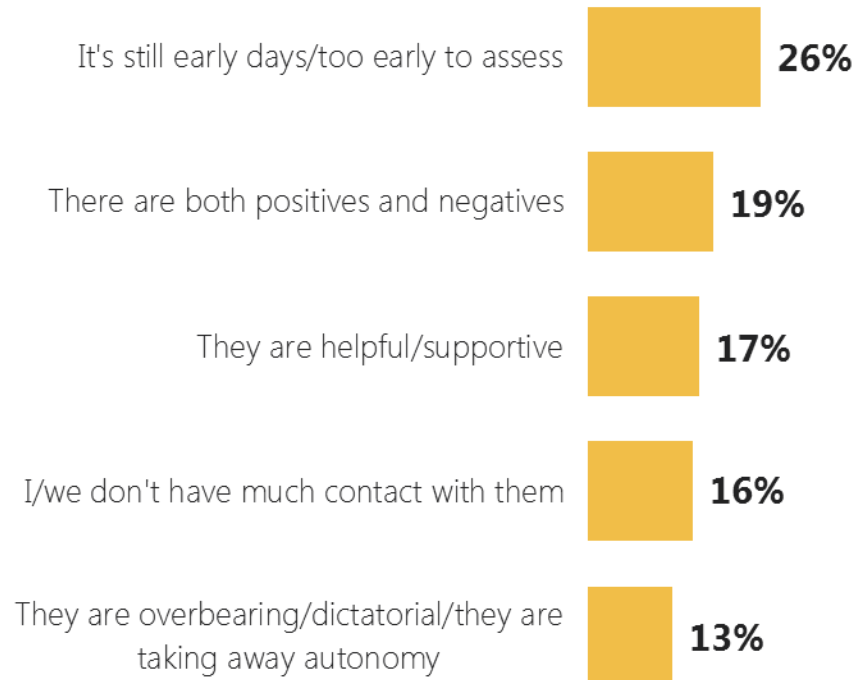
After being asked how they would speak about NHS Improvement to others, providers who took part in the survey were asked why they feel this way. Responses were open-ended but have been grouped together thematically.

Of those who were neutral towards NHS Improvement, 26% spontaneously said the reason for this is that it is early days/too early to assess.

"It's early days on that stuff [sharing best practice]. They're a relatively new organisation."

National Stakeholder

Top 5 reasons that providers would be neutral about NHS Improvement

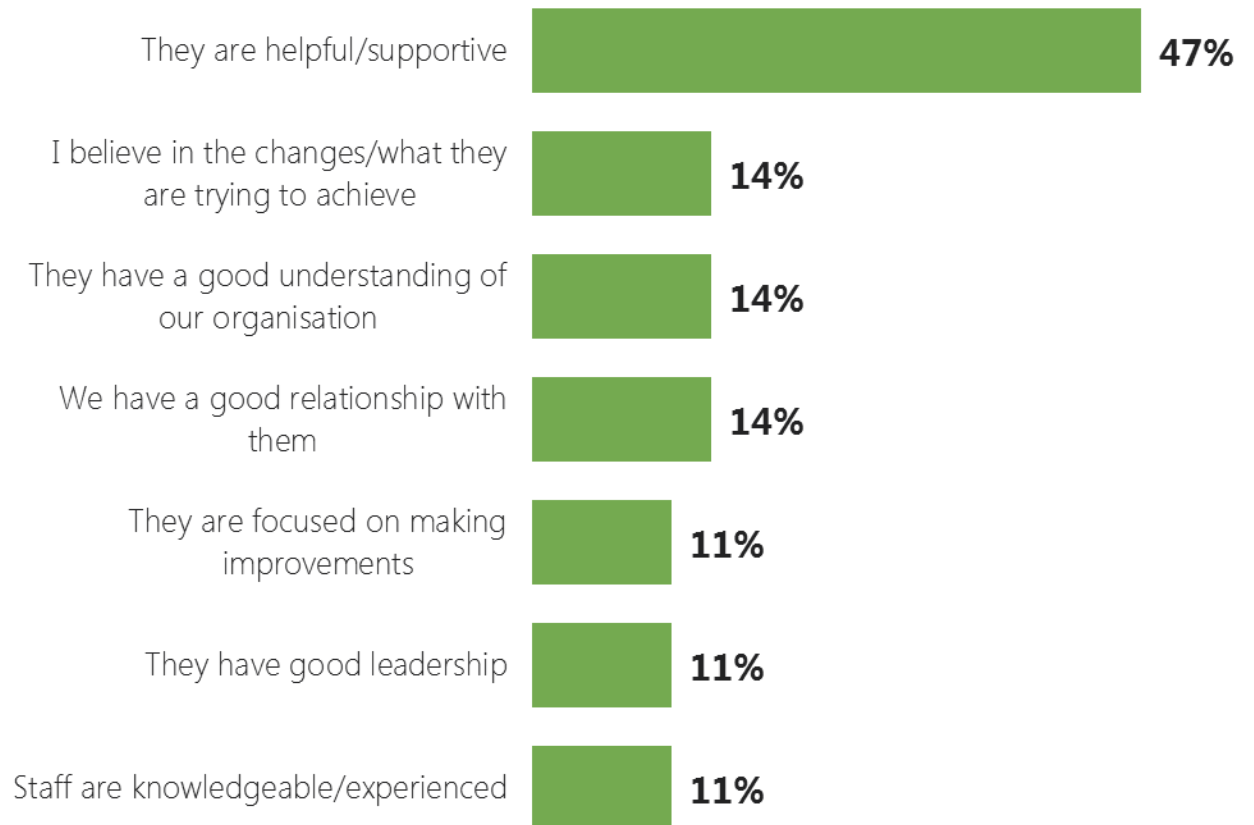


While NHS Improvement's advocates said the organisation was generally helpful or supportive

Nearly half of those who said they would speak highly of NHS Improvement said that they find the organisation to be helpful/supportive (47%).

"We see NHS Improvement as the bit of the national regulatory system that is most helpful."
National Stakeholder

Top reasons that providers would 'speak highly' of NHS Improvement



Those who said they would be critical of NHS Improvement attributed this to an overbearing approach

Top 3 reasons that providers would be critical of NHS Improvement

Of the 22 providers who said they would be critical of NHS Improvement, 6 said they would be critical because NHS Improvement is **overbearing, dictatorial and is taking away autonomy from providers.**

Please treat results with caution due to low numbers answering.



"This is about performance management, it's not about helping improvement, and delivering financial targets irrespective of the consequences. We don't want to hear why there's a problem we just want to hear that the problem's been solved."

Chair, Acute Trust

NHS Improvement's effectiveness so far – a move towards support?

Stakeholders were generally optimistic about NHS Improvement and wanted the organisation to succeed.

However, they recognised that NHS Improvement is a relatively new organisation and that it will take time for its impact to be seen in full.

Participants were particularly keen for the organisation to develop its supportive role and culture. Some providers voiced opinions that the previous system prior to the creation of NHS Improvement was excessively regulatory and even 'bullying' in nature. Providers were keen to see NHS Improvement move away from 'beating providers with a stick' and into an organisation that is focused on improvement.

Some participants thought that this process has already begun, and that NHS Improvement is moving towards playing a more improvement based, supportive role than previous organisations.

However, a few providers thought NHS Improvement had been overly demanding and saw it as being too regulatory instead of supportive. The participants that voiced these concerns tended to come from Segment 3 and 4 providers, meaning that they typically had more contact with NHS Improvement than those in Segments 1 and 2.

"Given the time since they've established themselves and given that they've had a lot of setting up their structure and getting people in post and that sort of thing, then actually they've made significant movements in the right direction...Even just the difference in tone and the difference in the quality of interactions is noticeable."

CCG

"They are streets better than Monitor used to be. So they are much more, they take a much more system approach than Monitor did, seem much less rigid. Certainly from an STP point of view they are much more willing to be part of identifying solutions rather than just marking homework. So my feedback would be relatively positive."

CCG

"As someone said to me the other day, I've never come across such a bullying organisation as NHS Improvement... I never want to have another [similar] job if I'm going to have to deal with people like this at NHS Improvement."

Chair, Acute Trust

Some stakeholders suggested that it was taking time to overcome cultural differences between Monitor and the TDA

This was not meant as a criticism, more as an explanation for what had been happening during the transition, and for why perhaps further progress had not been made.

It was felt by some that the **disparity between values and ways of working in NHS Improvement may have arisen from cultural differences** between the new organisation and the former Monitor/TDA.

It was viewed as though there was a difference between Monitor's/the TDA's values and ways of working, which were more regulatory focused, and NHS Improvement's role which is more supportive for providers. It was felt as though this difference had not yet been reconciled – nor the difference between Monitor and TDA themselves which meant people with different backgrounds and approaches working together.

However, some stakeholders did feel as though progress had been made here towards a culture of support rather than solely regulation – although they recognised that this would take time to solidify.

"[The merging of the TDA & Monitor was a] forced arranged marriage in some ways. So they've had to deal with their own internal issues as well as the provider sector which is in financial meltdown".

Finance Director, Acute Trust

"I can imagine that isn't straightforward because there are different styles and approaches, different philosophies that will have developed over time and you don't address all of those things overnight, do you? So, I think trying to create the NHS Improvement ethos is what I see happening and you can see the progress."

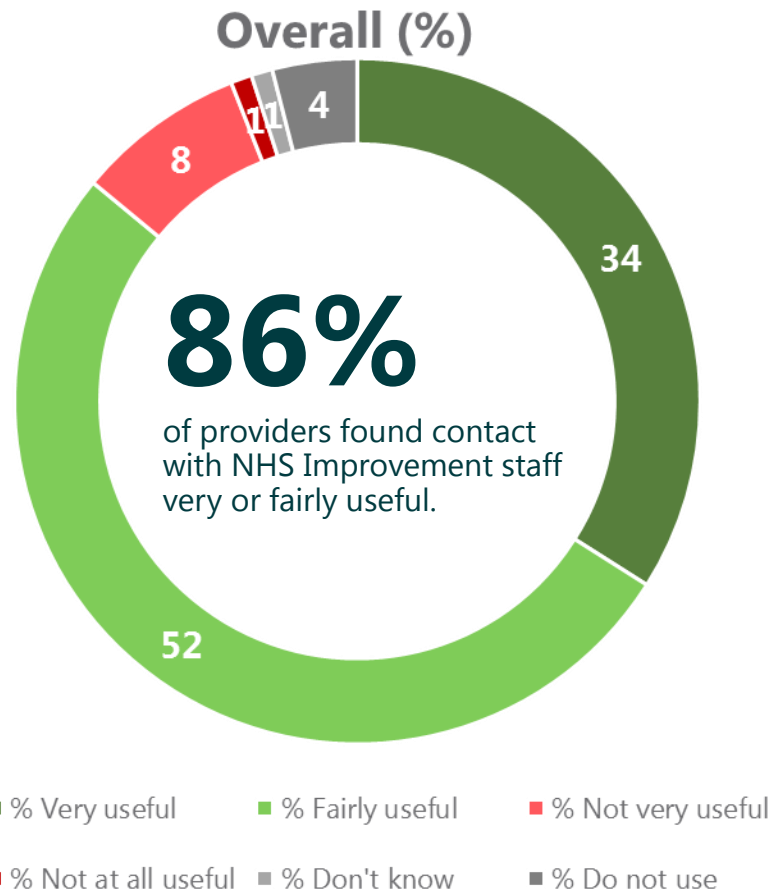
Chief Executive, Community Trust

"As much as anyone is trying, the fact that it involves two organisations coming together has meant that a lot of the organisation's energy has been taking up by becoming a new organisation, NHS Improvement, and that's still going on... It's inevitable..."

National Stakeholder

Providers particularly valued face-to-face meetings with NHS

Improvement as a way of fulfilling the supportive role



In general, thinking about communications and engagement, **contact with NHS Improvement staff was thought to be useful**. The qualitative research suggested that **in particular face-to-face meetings were highly valued**. It was suggested that this kind of contact was creating a **greater sense of cohesion** with NHS Improvement than they had experienced with other regulatory bodies.

"Face to face meetings have very quickly started to change the culture – feeling that we're all in it together."

Chair, Community Trust

"Calls, emails, meetings with individuals, are far and away the most useful, the most open and honest... it is the more informal routes to information and dialogue which I find are the most positive and valuable."

National Stakeholder

Q21. Thinking about communication and engagement, how useful do you find each of the following? Base: All (180).

Leadership was cited as one of NHS Improvement's main strengths

Providers were asked to describe NHS Improvement's main strength in their own words.

A third of providers (32%) saw the leadership as a main strength of NHS Improvement. Foundation Trusts were particularly likely to see its leadership as a strength (38%, compared with 22% from NHS Trusts).

Over half of Chairs (53%) said that leadership is a strength of NHS Improvement, a higher proportion than those in other roles such as Finance Directors (24% cited leadership as a strength). Finance Directors tended to be more neutral towards NHS Improvement than Chairs (60% were neutral compared to 35% of Chairs).

Please note that the analysis by different groups of individuals (i.e. type of trust or job type) is indicative only as it is based on a small number of individuals

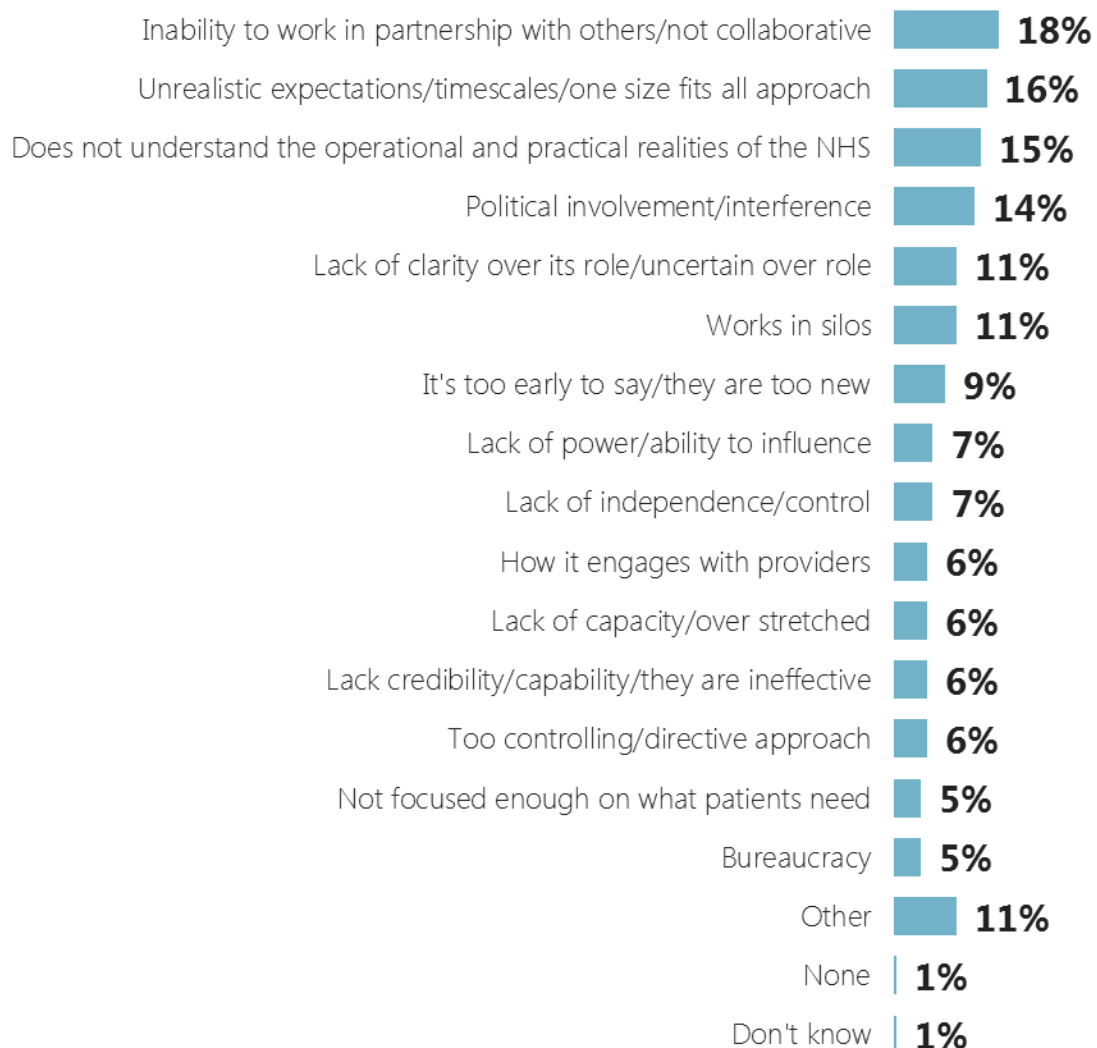
Main strengths (5%+ mentions)



Lack of collaboration was cited as one of NHS Improvement's

main weaknesses

Weaknesses (5%+ mentions)



Providers were also asked to describe NHS Improvement's main weakness in their own words.

An inability to work in partnership with others/not being collaborative was seen by providers as a main weakness of NHS Improvement. This perception is evidenced in the qualitative research and may stem from a perception that there is a lack of collaboration between NHS Improvement and other organisations in the health system such as the CQC and NHS England, which can cause difficulties for providers. More detail about this area is provided in the 'Working across the system' section of this report.

Around one in six (16%) said a main weakness of NHS Improvement is **unrealistic expectations, timescales and a one-size fits all approach for providers.**

Almost one in seven providers (15%) thought that a main weakness of NHS Improvement is **a lack of understanding of the operational and practical realities of the NHS.** A quarter (26%) of those who feel as though NHS Improvement does *not* support providers well said this is the case, in comparison to 12% of those that did think that NHS Improvement supports providers well.



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Q16. What do you think are NHS Improvement's main weaknesses? Base: All (180).

Source: Ipsos MORI

Providers were concerned about a lack of joined up working and a lack of understanding of the pressures they are under

Providers were asked why they had identified these weaknesses.

A lack of joined up working, differing priorities and ways of working was seen as one of the major reasons for NHS Improvement's weaknesses with almost a quarter (22%) of providers saying this. The qualitative research suggests that this could relate to NHS Improvement's perceived inability to work in partnership with other organisations, but may also be a sign that NHS Improvement is not seen as being joined up internally.

Nearly a fifth (19%) said that the reason for NHS Improvement's weaknesses was a **lack of understanding of operational pressures and the bigger picture** facing the NHS and being too remote, while a similar proportion (18%) said the reason was the scale of the task facing providers and the unrealistic expectations/demands placed on them.

"The dysfunction starts at the top, the directors don't know what each other is doing, there is a real lack of clarity between what the role of the regional teams and director are and what the role of the central teams are."

Chief Executive, Acute Trust

"They show no understanding of what's happening on the ground. They're in a world of make believe that somehow what we say it doesn't conform to what they want to hear and so they're altering their behaviour to determine what they want to hear rather than what they actually should be hearing."

Chair, Acute Trust

The qualitative research suggested a difference in approach between the leadership and the regional teams

"You hear the right messaging from the very top of the organisation, but then that messaging and way of working and engaging isn't always translated through to the more middle ranking people you might deal with on a day to day basis."

National Stakeholder

"So you talk to people at the top of the shop and they say the right things and they get it and are starting to think in terms of systems not individual organisations, but that isn't always reflected in their behaviour. So they will talk about taking a system approach to both finance and regulation, assurance, but then still they haven't quite moved away from beating up individual providers."

CCG

"At a regional level, less confidence I suppose. It doesn't feel like the old version of an SHA where you have very high calibre people coming in regionally to sort problems out or to advise. It feels a little bit like sometimes they're out of their depth, so I think it's strong centrally but probably weaker regionally."

Medical Director, Acute Trust

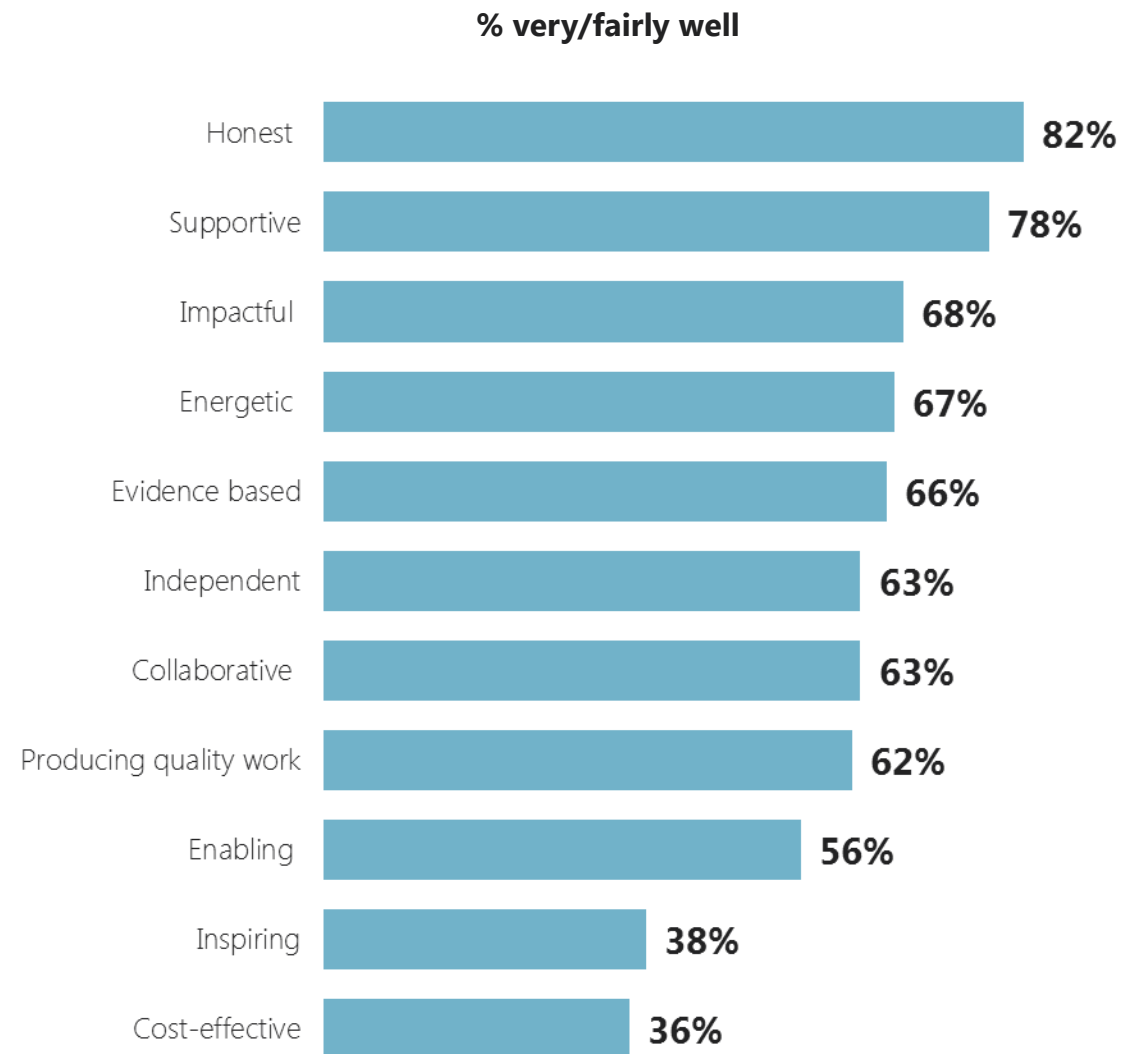
Backing up the quantitative findings, the qualitative research suggests that stakeholders think that NHS Improvement has a **lack of unity internally** regarding priorities and ways of working. Some stakeholders thought that NHS Improvement's vision and values were not always translated down from the senior leadership of the organisation to the regional teams. It was felt that there was sometimes a disparity in how the central teams of NHS Improvement operated and how the regional teams worked with providers.

While many stakeholders felt as though the senior leadership of the organisation understood the challenges that providers face and could have frank and open conversations with them, the regional teams could sometimes be excessively regulatory and unable to provide the same quality of advice.

NHS Improvement was seen as honest and supportive

Providers thought that **NHS Improvement is honest and supportive** (82% and 78% of providers surveyed said that they demonstrate these qualities very or fairly well respectively).

However, providers also felt that NHS Improvement was **doing less well at being inspiring** (38% said very/fairly well) or **cost effective** (36% said very/fairly well).

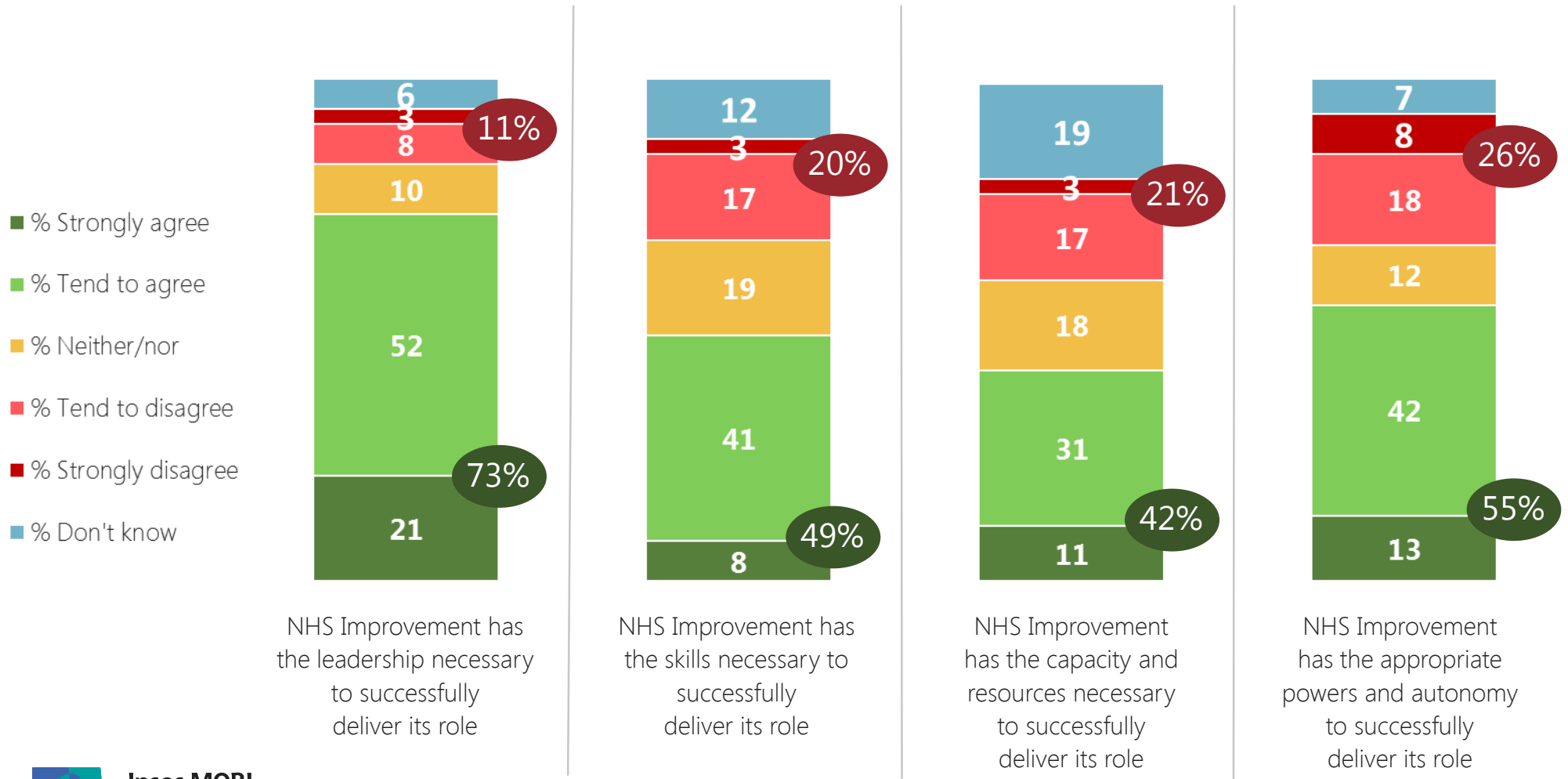


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Q13. I am now going to read out a list of qualities that might apply to an organisation such as NHS Improvement. I would like you to tell me how well, if at all, NHS Improvement currently exhibits these qualities? Base: All (180). Source: Ipsos MORI

Views of leadership were positive, less so about capacity/resources

Most providers agreed that **NHS Improvement has the leadership** necessary to deliver its role (73%). Over half (55%) thought that it has the necessary powers and autonomy (55%), but fewer thought that it has the skills (49%) and the capacity and resources (42%) needed to deliver its role.



The leadership/senior staff were seen as a strength

As well as 73% agreeing that NHS Improvement has the leadership necessary to successfully deliver its role, its leadership was also identified as the organisation's main strength (32%).

The quantitative findings are supported by the qualitative research. Participants from national stakeholder organisations as well as those from providers were generally very positive about the leadership of NHS Improvement. They were particularly positive about senior members of staff in NHS Improvement's central team, and often cited the Chief Executive Jim Mackey and Chairman Ed Smith as bringing real strength to the organisation.

"Providers will have a huge amount of respect for Jim, I think he's doing a great job and he has my absolute support, I've never heard anyone say anything bad about Jim."

Chief Executive, Acute Trust

Some participants in the qualitative research mentioned their personal working relationships with senior leaders of NHS Improvement, and felt as though these senior staff had the experience and credibility to lead the organisation and to help drive improvement in the sector.

"I would say that they're very inclusive, they're very engaging, they're very consultative, they're very open and transparent. I think that is led from the top, I think Jim Mackey as Chief Executive is very honest and open with people, and encourages that kind of culture."

National Stakeholder

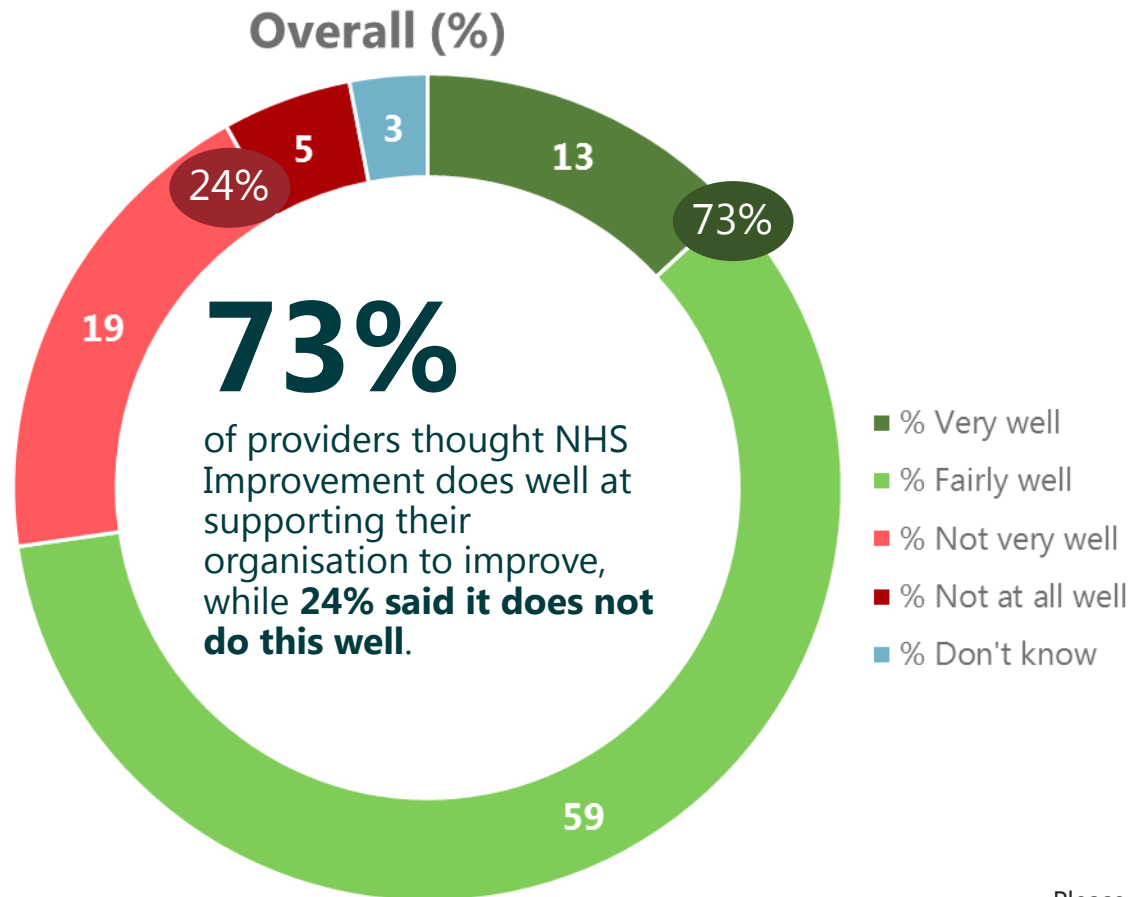
Views of NHS Improvement's role



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Providers were generally positive about how well

NHS Improvement supports them to improve



Those working in **NHS Trusts** tended to be more positive (77% say well, compared with 71% in Foundation Trusts).

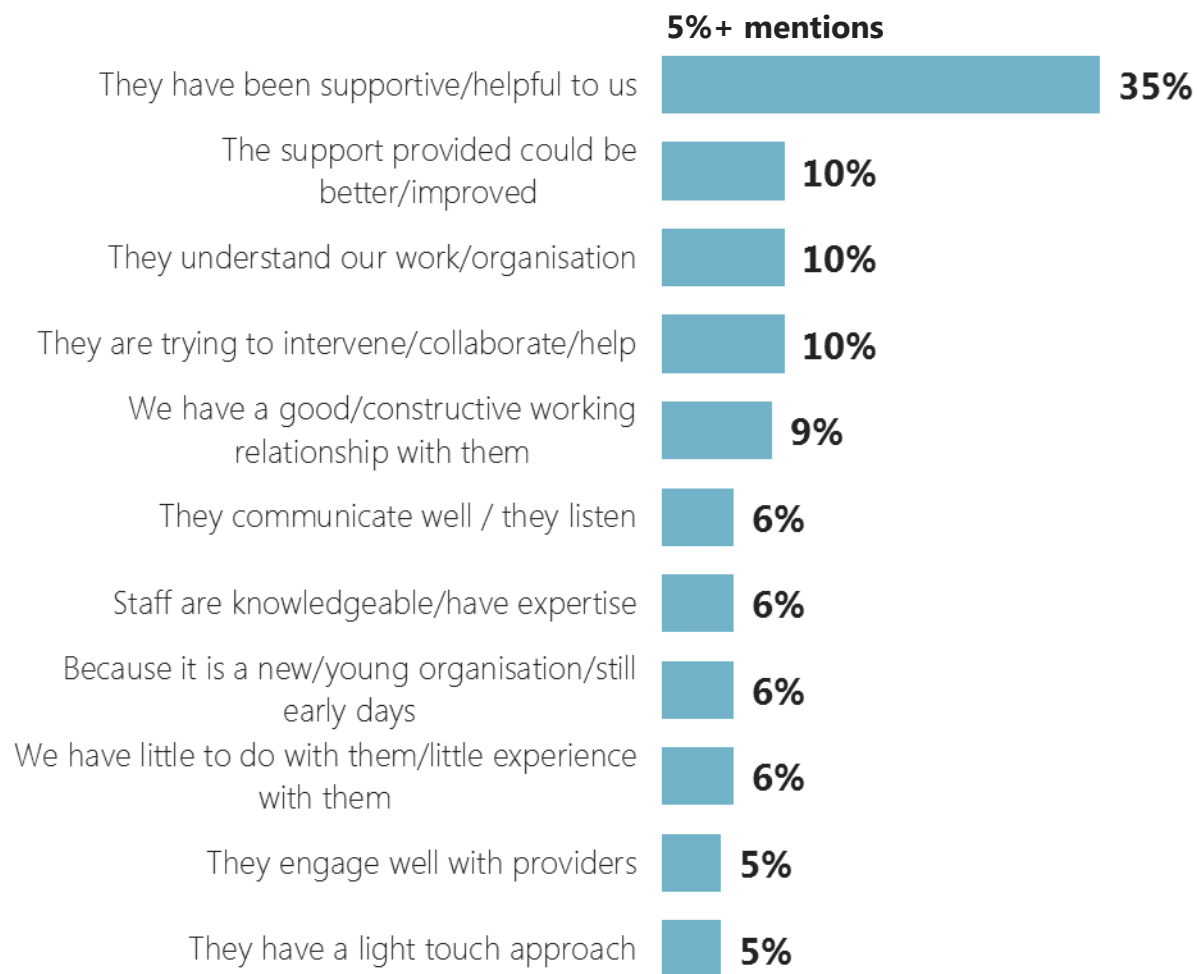
Three of the seven **Ambulance Trusts** interviewed said NHS Improvement does not support them to improve very well.

Finance Directors were more negative: one in three said NHS Improvement does not do well at supporting their organisation to improve (33%).

Please note that the analysis by different groups of individuals (i.e. type of trust or job type) is indicative only as it is based on a small number of individuals and findings are therefore not statistically significant

Q6. Overall, how well, if at all, do you feel that NHS Improvement supports your organisation to improve? Base: All (180)

Those who said NHS Improvement supports them to improve well said you have been helpful to their organisation



Q7. Why do you say that about how well NHS Improvement supports your organization to improve?
 Base: All who say NHS Improvement does well at supporting their organisation to improve (131).

Those who said you do not support them to improve pointed to bureaucracy, focus on finance and one size fits all approach



"I would have thought it would be sensible to cut down on some of this massive, massive amount of data that we're required to submit on at least a monthly basis and often on an ad hoc basis as well and very often we're told we have to have this information by Wednesday next week. I mean when you're flat out, this sort of thing isn't helpful."

Finance Director, Specialist Trust

Q7. Why do you say that about how well NHS Improvement supports your organization to improve?
 Base: All who say NHS Improvement does well at supporting their organisation to improve (43).

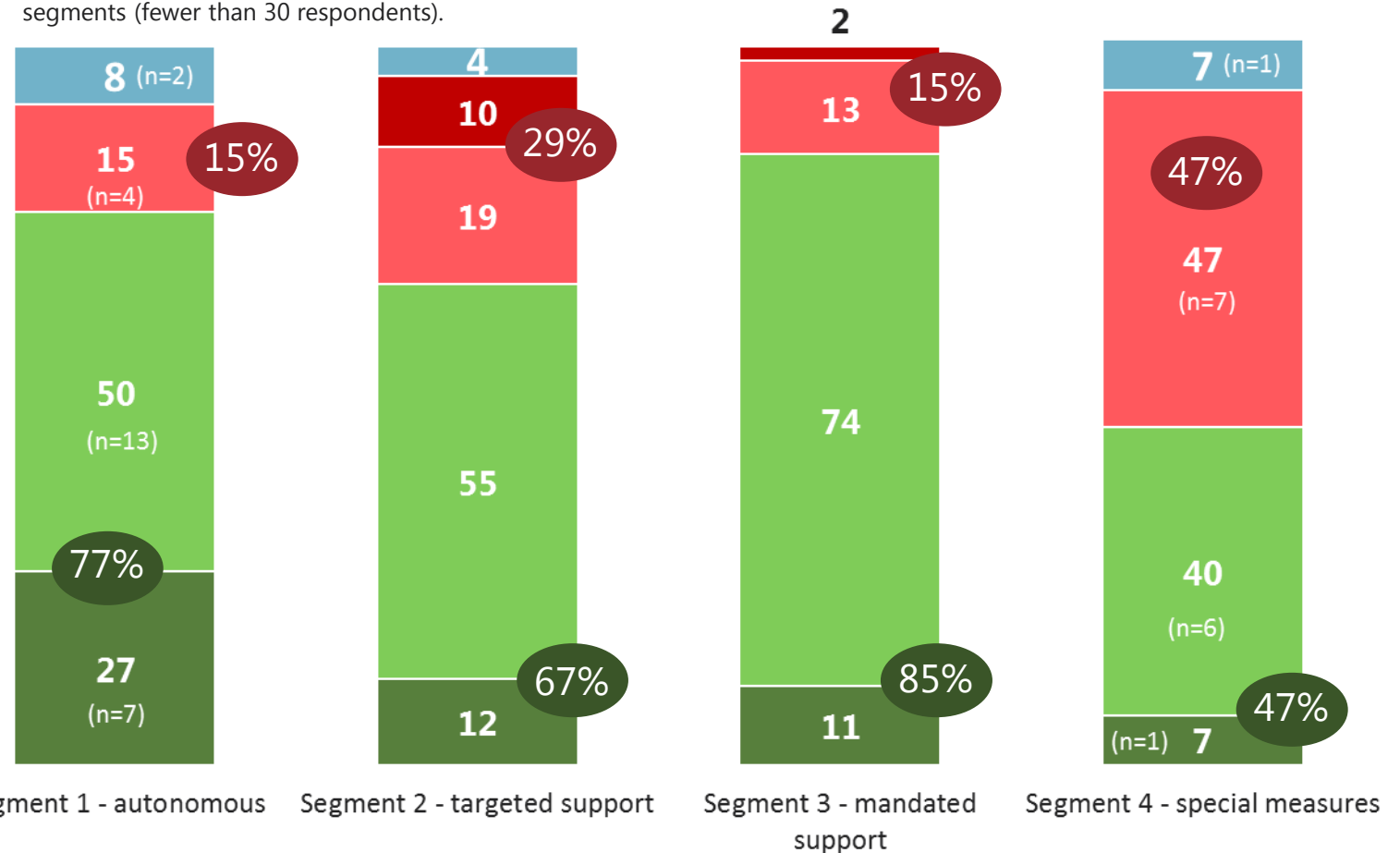
Providers in special measures seemed to be least positive about the support NHS Improvement provides

Of the 15 providers interviewed who were in special measures, **seven** said NHS Improvement was **doing well** at supporting their organisation to improve, and **seven that it was not doing well** (note small numbers mean this is indicative only).

Those receiving **targeted support (Segment 2)** were also less positive (29% said NHS Improvement was not doing well, compared with 15% in Segments 1 and 3).

Please note that the analysis by segment is indicative only as it is based on a small number of individuals and has therefore not been significance tested – results are given as numbers of providers responding, as well as percentages, for the smallest segments (fewer than 30 respondents).

- % Very well
- % Fairly well
- % Not very well
- % Not at all well
- % Don't know



Q6. Overall, how well, if at all, do you feel that NHS Improvement supports your organisation to improve? Base: All (180) ; Segment 1 (26); Segment 2 (78); Segment 3 (61); Segment 4 (15).

There were mixed experiences and views of NHS

Improvement's support in the qualitative research

Providers fell into three broad groups

Those in Segments 1 and 2 who generally said they had **not received much support** to date

"So, we haven't done a lot yet to access things but I think because they're targeting their support in a particular way and because of where we are in the single oversight framework [Segment 1] we are just not going to have the same level of access."

Chief Executive, Community Trust

Some providers were happy with this and valued their autonomy, while others would welcome more support.

"I actually don't want people's support. I just want to get on with what we need to do."

Chief Executive, Acute Trust

"But at the higher end, where people are not failing... I think they would say, you don't need necessarily lots of support. We just need you to give us the space to operate."

National Stakeholder

Those in Segments 3 and 4 who had **received support and were largely positive** about it

"I have to say it's felt so far very, very supportive and actually quite developmental."

Chief Executive, Mental Health Trust

Although these providers also talked about opportunities for further support (more details are provided later in this section of the report), and a feeling that the offer may "ramp up as more people come into post" in NHS Improvement.

"In our particular position, I want an organisation which, if you like, can help us a bit more than, even more than it has been doing."

Finance Director, Acute Trust

Those in Segments 3 and 4 who were **negative about the support** they had received

"Help would not be a word I would apply to anything that I've seen from NHS Improvement in the last six months."

Chair, Acute Trust

This was either due to a general lack of support, or to an approach that was seen as overly regulatory or 'old fashioned'.

"Well, I'm not aware of any great amount of support on four of them [the five areas]."

Chair, Acute Trust

"They're only very new... it's been a bit quiet in some ways for the first six months particularly from a quality and safety point of view while they've established themselves."

Chief Nurse, Acute Trust

Where providers gave specific examples of support that had been particularly helpful there were some common themes

The support was often **instigated by the Trust** rather than by NHS Improvement

It was **light touch from NHS Improvement**, such as providing the tools for self-assessment

It **felt genuinely supportive** and like NHS Improvement was not approaching it from a more 'traditional' regulatory perspective

It **connected people** across the NHS, or **passed on knowledge** from NHS Improvement, where the Trust could learn from another organisation or receive **independent and expert input**

NHS Improvement was **responsive** and the support was timely

"We've basically said, can you give us some guidance on have we done everything that we should be doing [on agency spend] and the relationship manager's basically arranged for us to receive the almost like checklist of the things NHSI would do if it was, if it actually came in to check on us... We've done a self assessment... I'd call that support not regulation because all right we've been brave enough to flag the problem, but instead of coming down and going right OK, we're going to come in and go through you, they've gone OK well this is what we'd do if we came in, why don't you go away, get that information together, see what it tells you, and then have a discussion with us, and that's been very, very helpful to us and it's enabled the Board to also be involved in the process of looking at have we done everything we could do and therefore as non executives we are assured that our executive team have taken all the right steps etc. so that's been really helpful."

Finance Director, Acute Trust

"And also just being an ear... I trust them, I can speak to them confidently that if I am struggling with something or I need advice, I can go to them for it, I haven't seen that translate into a performance situation yet... so far."

Director of Nursing, Acute Trust

"We have had some very good support, so to give you an example we've had some challenges about things like agency spend and nurses, and NHSI had somebody in their organisation that was leading on workforce, and she came down a few times to us and sat with our teams that were working on the agency challenge, and gave some pointers and advice, and said 'I've seen this work well in another organisation'...and that was really, really helpful."

National Stakeholder

But providers also raised limitations to the support offered

Though a positive finding overall, with 73% saying NHS Improvement does well at supporting them to improve, this includes 59% who said NHS Improvement is doing *fairly* well with its support.

The qualitative research suggested that **more can be done to support them** (more details are provided later in this section of the report) and that **NHS Improvement's impact at this point is limited** – while often accepting that it is a new organisation so they wouldn't necessarily have expected more at this point.

"I don't think they're having any impact on making people healthier or improving clinical outcomes of care. They are providing pressure around hitting targets so they have an impact from that point of view."

CCG

"I have yet to see first hand where NHSI have had a radical positive impact."

Finance Director, Acute Trust

There is, however, something about language and what stakeholders do and do not define as 'support' – it is possible that some work that NHS Improvement would define as support is not perceived in that light by providers.

"I suppose that the performance reviews really have focussed us on some of the quality issues that we need to deal with and pressed us on areas where there have been problems over a period of time. So, it's more through the performance route that they've had a bearing rather than through the improvement offer."

Chief Executive, Community Trust

Stakeholders identified limitations around the capacity of NHS Improvement's staff to provide advice

Some stakeholders did not think that all NHS Improvement staff fully appreciate the challenges that providers face. They suggested that there was a lack of operational experience and that those they were working with at NHS Improvement (senior leadership excepted) had not had the experience of running large organisations, particularly within the NHS provider sector, and that this affected their ability to support senior provider leaders.

"I think it's really difficult to understand the pressure at a provider level if you've never actually worked in a provider."

Chief Executive, Acute Trust

"I'm dealing with regulators who are basically green, some of them are so naive it's unbelievable... they have no sense of what you have to do to manage an organisation with [X number] people in."

Chair, Acute Trust

This sometimes translated into a lack of strategic advice.

"Again, I think we're asked for how we're performing and we tell them and there's... yeah again good ideas to help improve performance would be welcomed as a next step of that conversation. There's a little bit of that but perhaps not as much, so agency reduction for example, yes we're reporting how we're doing and those figures are being accepted. What we'd really like is actually you could make a real step change if you did XX and X."

Chief Executive, Mental Health Trust

In addition, some providers not working in acute trusts thought that support could be more tailored to them

Some community, mental health and specialist providers thought that the support and guidance provided by NHS Improvement could be better tailored to their specific type of trust.

Indeed, when thinking about communications and engagement, one in five of those working in mental health trusts said they did not find contact with NHS Improvement staff useful (20%, compared with 9% overall*). Again this may be linked to perceptions among some mental health trusts that NHS Improvement staff are less knowledgeable about the priorities and challenges faced in mental health.

* Please note that this analysis is indicative only as it is based on a small number of individuals

"Most of their improvement support, development around a whole load of things are very still acute dominated and if they're really going to get serious about the 5YFV, and the investment going in primary care, community, mental health... very little is spent towards community. It doesn't exclude them but lots of the national initiatives around efficiency, productivity etc. seem to be that the community world is put in a 'too hard' box and kind of left aside."

Chief Executive, Community Trust

"[I] wish they were more literate in community and mental health across the board."

Chief Executive, Mental Health Trust

And many providers called for a greater focus on supporting systems rather than looking at individual organisations

This was a key theme emerging from the research: stakeholders suggested that since the NHS was so interlinked, a focus on individual organisations would not be successful. Rather, they wanted NHS Improvement to look at whole systems – and this was raised across all five areas of NHS Improvement’s work (with a few stakeholders recognising that NHS Improvement is starting to take this approach).

“The STPs have brought in probably a step change in the need, in my personal perception and view, for NHSI to review how it operates and perhaps to move quite quickly to looking at how it works across the system. The idea for example of a system control total and how individual organisations and their control totals fit in the system control total, it’s probably quite a complex issue, but if you don’t do it then where’s the incentive to work together because, basically the changes to the system are going to be no organisation would have to spend money that it doesn’t see a return on because improving our services might actually reduce the costs in the acute trust but my control total might get busted doing that, in which case I get punished and the acute trust’s benefited. If NHSI isn’t actually looking at how all of that fits together and either adjusting individual control totals or working with system control totals then I can’t see how you get an STP to work.”

Chief Executive, Community Trust

“If you look at a person’s journey through healthcare or health and social care the quality dimension will apply at all different places and where sometimes the quality breaks down is in the transitions between organisations. So, there’s a real need I think to look and think more systemically at what we’re doing.”

Chief Executive, Community Trust

“If you start to think about whole systems and whole system transformation, you need development and improvement offerings that are system based as opposed to provider based. So what is it we can do to ensure our whole system... is all working effectively... There are some points that commissioners need to pull and there are some points that providers need to pull and they’ve got to pull them together so are we clear that across the system we are providing all of that improvement support across our commissioner and provider side of the system.”

National Stakeholder

NHS Improvement's work across its five themes

The report now moves on to provide further detail on stakeholder perceptions of NHS Improvement's work across the five themes identified in the Single Oversight Framework:

- Quality of care
- Finance and use of resources
- Operational performance against the NHS Constitution standards
- The strategic changes required by the Five Year Forward View
- Leadership and improvement capability

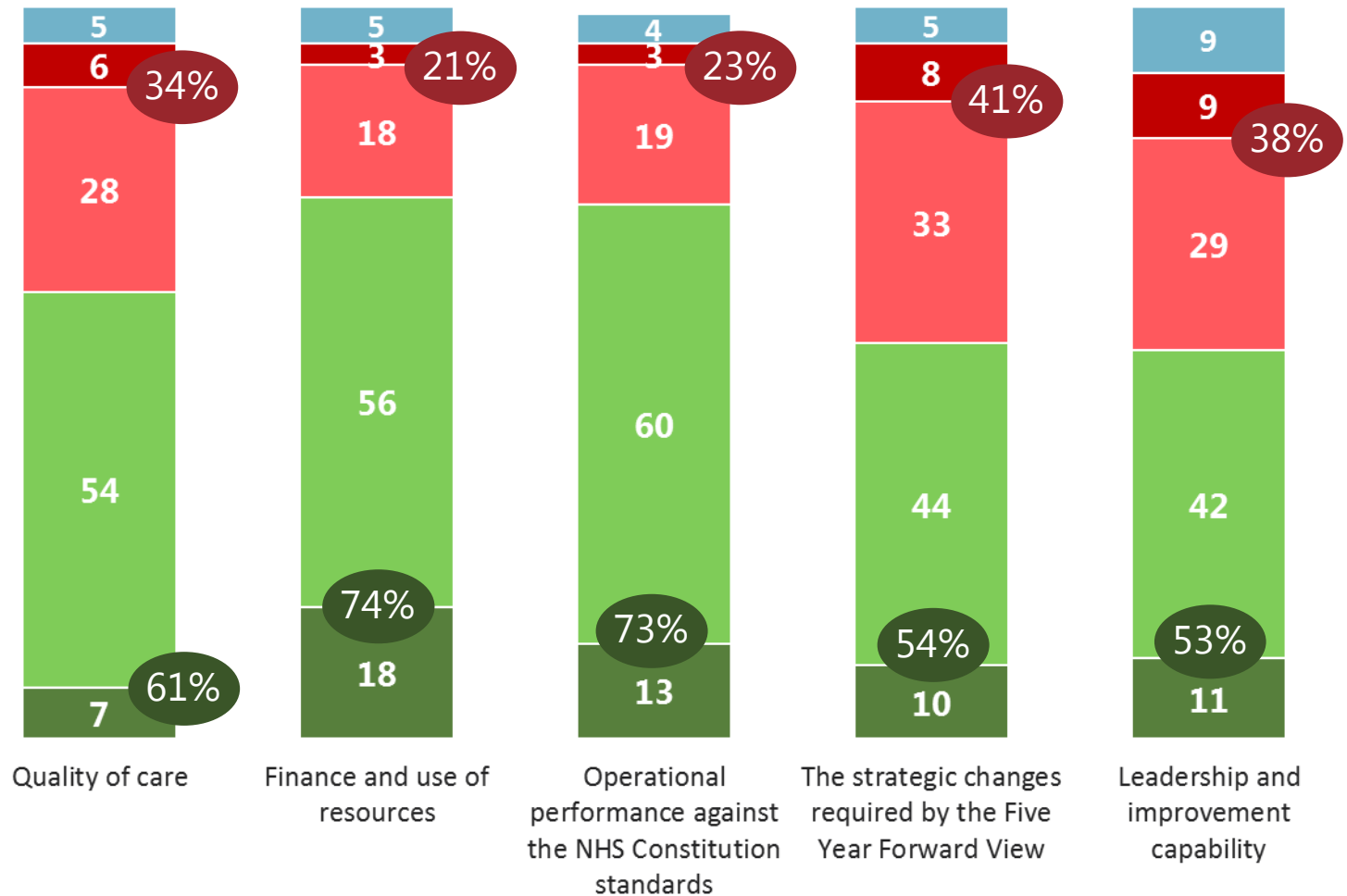
It presents quantitative findings of how well NHS Improvement is providing support in each area and the impact it is having, followed by an exploration from the qualitative research of the type of support providers have received, and where they might want to see more – or different – support in the future.

Providers thought NHS Improvement does particularly well in support around finance and operational performance

And less well with support around **strategic change** and **leadership and improvement capability**.

Significant minorities across all five areas thought NHS Improvement is not doing well.

- % Very well
- % Fairly well
- % Not very well
- % Not at all well
- % Don't know

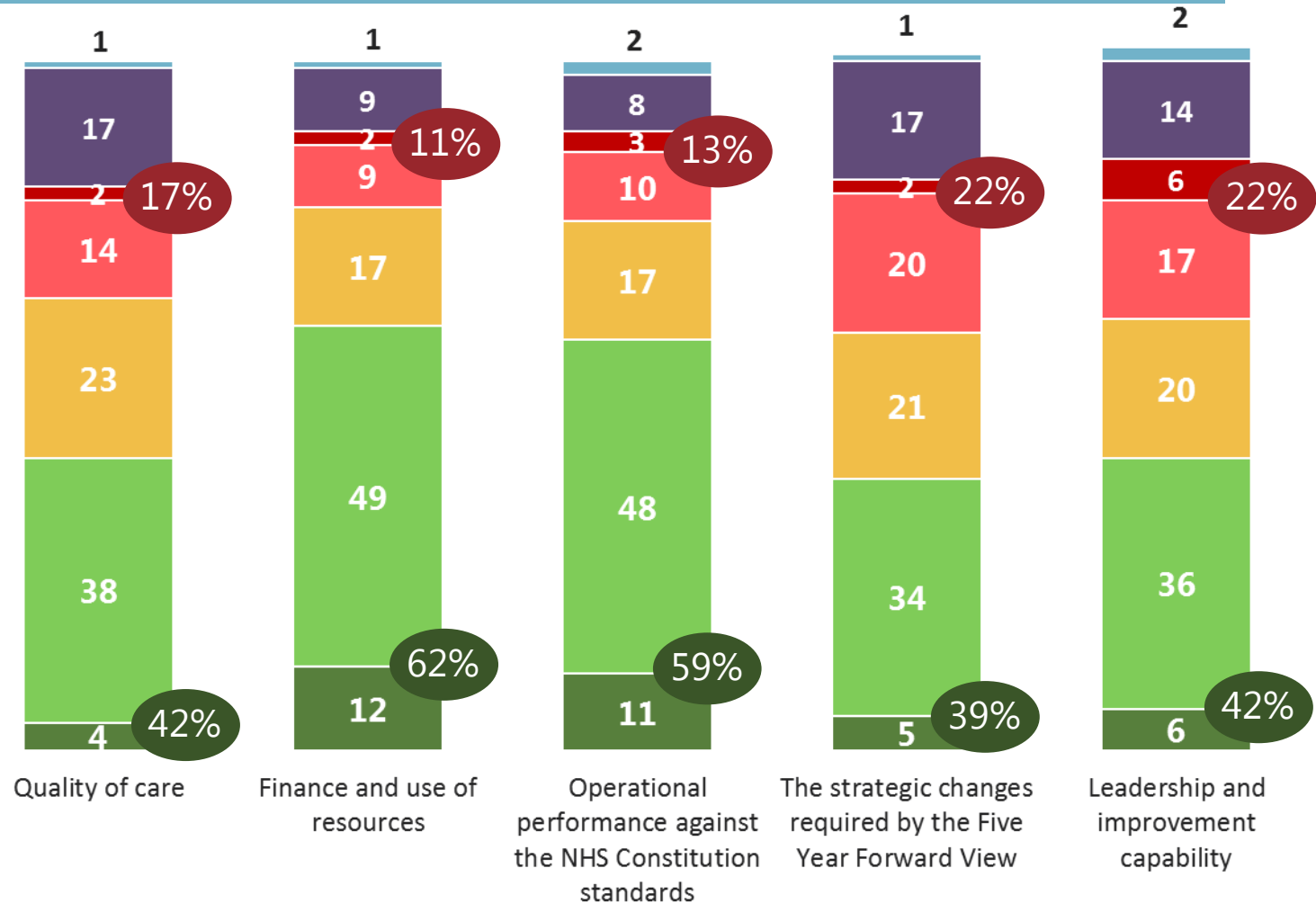


Q8. NHS Improvement works across five different areas. For each of the areas I am about to read out, how well, if at all, do you feel that NHS Improvement supports your organisation to improve?
Base: All (180).

Similarly, providers identified a greater positive impact around finance and operational performance

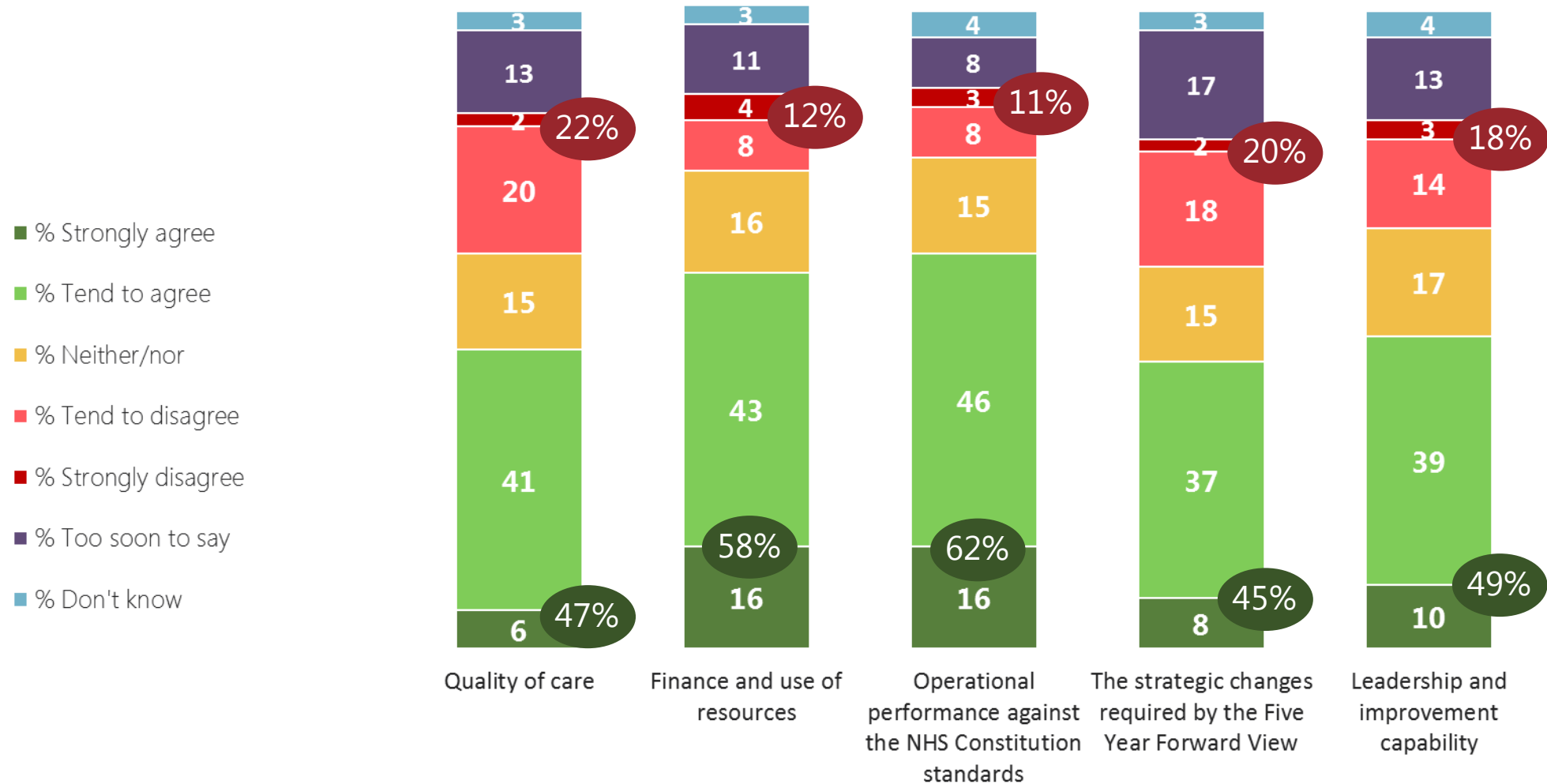
Although significant minorities either said it was too soon to say, or that they neither agreed nor disagreed that NHS Improvement had a positive impact in each area.

- % Strongly agree
- % Tend to agree
- % Neither/nor
- % Tend to disagree
- % Strongly disagree
- % Too soon to say
- % Don't know



Q9. Thinking about the work that NHS Improvement has undertaken so far, to what extent do you agree or disagree that NHS Improvement has had a positive impact in each of these areas?
Base: All (180).

And thought NHS Improvement's actions around finance and operational performance will have a positive impact in future



Q10. And to what extent do you agree or disagree that the actions that NHS Improvement is taking will have a positive impact in each area in the future? Base: All (180).

Quality of care – support received at present

Supporting organisations to improve

61% does well
does not do well **34%**

Had a positive impact

42% agree
disagree **17%**

Have a positive impact in the future

47% agree
disagree **22%**

Examples were given of where good support had been provided around quality of care. This included support around responding to CQC inspections, deciding appropriate staffing levels, nudging towards the Emergency Care Improvement Programme (ECIP), improving emergency care (particularly pathways and waiting times), and other clinical issues such as pressure ulcers.

"They are immensely helpful, we have a great relationship with these small teams, they are experts so they add skills and knowledge to my team and their approach is 'we won't tell you what to do but our experience elsewhere shows this, this and this works', they are critical but it's collaborative...actually we are all open to new ways of doing things, you can be critical and helpful at the same time"

Chief Executive, Acute Trust

However, some stakeholders did not think that NHS Improvement provided support in this area – or in a minority of cases, that it should not provide support here at all.

"I think the support has been asking us what we're doing. So I think that's an area, the clinical quality of care is not something that I think they're doing as well as they might be doing. I don't really have much contact with anyone other than from the finance and strategic direction side. I don't know, perhaps my nursing director has got much and the medical director have got a lot more support through networks but that's not something I feel is much going on in that area, yet."

Chief Executive, Mental Health Trust

"NHS Improvement really doesn't know anything about quality of care, that's what the CQC does. These people are not qualified clinicians, they're accountants for the most part, so I'm not quite sure... I can understand why adequate finance has an impact on quality of care... but they don't really talk about that with us at all and they shouldn't because they're not the people who know anything about it anyway. Our consultants here are world leading consultants and to have accountants talking to them about what quality of care they deliver would be ridiculous and they don't even attempt to do it so that's fine."

Finance Director, Specialist Trust

Quality of care – providing support in future

The research has the following implications for providing support around quality of care in the future:

- It would be worth raising awareness of NHS Improvement's offer here, as some are not aware of it
- Specific expert teams within NHS Improvement were spoken of highly – others could potentially make use of these teams' expertise if they were more aware of them
- The good examples given often arose from providers having a problem, and then contacting NHS Improvement to request support – this model seemed to work well
- There was a general openness to learning from best practice and seeing what high performers were doing – this is also something that could be expanded upon further

There were a few specific examples given of areas where providers would like more support:

"They are completely failing to grasp the mettle on both an appropriate performance framework and quality framework for care at home services and children's services. So again, if you look in the Single Oversight Framework, the metrics for community trusts, there are probably only about three of them, and I'm not asking for loads of metrics but there are metrics for loads of other areas in lots of other sectors and it's a woeful way of describing what happens in a trust like ours."

Chief Executive, Community Trust

'Effectiveness in managing people in primary and community services. I think where people have developed good indicators for what's happening to those people, are they being maintained effectively and what's happening in terms of cost? I do think there's a crying need for a clear set of outcome measures for community health services. NHSE are leading on a piece of work on that at the moment, I'd like to see NHSI getting behind that.'

Chief Executive, Community Trust



Ipsos MORI
Social Research Institute

Finance and use of resources – support received at present

Supporting organisations to improve

74% does well
21% does not do well

Had a positive impact

62% agree
11% disagree

Have a positive impact in the future

58% agree
12% disagree

The qualitative feedback around financial support and impact was mixed. Some pointed to examples of useful support.

"Probably the biggest impact is they will take certain steps to address inefficiencies for example, and a lot of providers who have been quite resistant to things - consolidation of back office for example - NHS Improvement has made it easier for commissioners to force providers to engage with some of these things when before they may not have particularly wanted to."

CCG

"We're currently way over our agency targets and instead of kicking off they've gone through our action plans and why we're in the position we're in. They've been very understanding. But they're still quite tough, but realistic and reasonable."

Chair, Community Trust

However, some stakeholders said they did not receive much support in this area. Again, this was not always a criticism – some providers very much welcomed their autonomy.

"We get attention from that in respect of how well we're controlling our finances, particularly agency spend. In terms of support we get, it's only if we've wanted to seek it... While it looks like we'll deliver our financial plan, we haven't had a need to interact with them. That might change, but it's very light touch at the moment. I would say if I felt that things weren't going in the right direction. I'd be communicating that and discussing that with them."

Finance Director, Community Trust

"Well we're not receiving any support to be frank. We send our financial report in to them every month, and we do talk through some of the pressure... but that's as far as it goes to be honest. We had a review of our finances ... the response of NHS Improvement was we can't really see, we can't identify anything different that you should be doing than what you're already doing."

Chief Executive, Acute Trust

Finance and use of resources – providing support in future

However, there was a perception among many stakeholders that NHS Improvement's financial role was more oriented to performance management and regulation than support. There was a feeling that Finance Directors had different, more transactional, relationships with NHS Improvement than their colleagues, and that they could often be put under significant pressure. In particular, when providing support in the future, providers were looking for greater flexibility and a system wide approach to control totals, the agreement of more realistic targets, and fewer data requests (please see 'working relationships' for further detail).

"And it's like NHS Improvement the people you talk to they're sympathetic, they're your account managers, but these numbers for control totals come out of some central team at NHS Improvement we're not allowed to know about how they've been arrived at but we're told that you've got to accept them..."

Finance Director, Specialist Trust

"There's a perception among Finance Directors that NHSI are all over us like a rash and we can't get on with the day job because we're constantly responding to requests to provide information or to publish information or to analyse information. None of that helps us to keep our costs down or improve performance it's all just book keeping."

Finance Director, Specialist Trust

The following were other specific examples given of areas where providers would like more support:

"Where is their support level around just saying there's no capital, where is their support level about ok then, what are the alternative routes, especially for community and mental health providers who have multiple sites and multiple estate issues to sort out as opposed to hospitals where it will tend to be one site issue. Where is their support mechanism to achieve different ways of doing things and what's their offer around that particular quandary?"

Chief Executive, Community NHS Trust

"For example, we want to develop services across primary and secondary care and when we look for capital investment in that there are two different routes for primary care and secondary care as a capital. So if they don't agree on what the mechanism is we can't progress it and yet at the same time both are telling us integrated care is a really important part of the wider future. That's part of the UK models, so they haven't got processes to match the rhetoric around strategy and that's when everything gets stuck in treacle and we don't get answers."

Finance Director, Specialist Trust

Operational performance – support received at present

Supporting organisations to improve

73% does well
23% does not do well

Had a positive impact

59% agree
13% disagree

Have a positive impact in the future

62% agree
11% disagree

Despite operational performance being one of the areas from the survey where providers thought NHS Improvement was doing particularly well, participants had little to say in the qualitative interviews. It seemed to be an uncontroversial area in which there was not a great need for change, nor much specific evidence of where NHS Improvement had an impact.

"Yes, again, we've had, we do have this monthly performance meeting. I do know that they, our main relationship manager, if that's the title, does come to our trust on a number of occasions to meet the chief operating officer to talk to her. She's met with him. And they have, on occasions, have provided additional support. So, yeah, I think that's good."

Finance Director, Acute Trust

"Where we've had issues with onboarded contracts and there's been performance issues, we have approached NHSI and discussed that with them. They know what plans we've got in place."

Finance Director, Community Trust

As previously mentioned, some stakeholders from community, mental health and specialist trusts did not think much of the operational detail was relevant to their organisation.

Operational performance – providing support in future

There were a few suggestions for how NHS Improvement could support providers' operational performance in future.

By providing advice and sharing best practice

"Again, I think we're asked for how we're performing and we tell them and there's... yeah again good ideas to help improve performance would be welcomed as a next step of that conversation."

Chief Executive, Mental Health Trust

Through additional, more nuanced discussions

"I mean, it's a bit black and white at the moment, you must deliver, you must deliver, and then when you don't there's necessarily an implication and I just think that, there's something about being a little more, I don't know, grown up about it all."

Finance Director, Acute Trust

By helping to 'stress test' operational plans

"The worry for me is turning it [the operational plan] into a real, genuine, delivery plan that we're all signed up to that's going to make the changes we need it to. And I think we might get some challenge back on that. I think they could probably push organisations a little bit more to stress test those plans just to be absolutely clear that they've got credibility. Rather than asking organisations to submit something and then deciding whether they're going to sign it off."

Chief Executive, Acute Trust

By better supporting Improving Access to Psychological Therapies (quote not available – one mental health provider currently thought that commissioners are leading support here through contracting)

Strategic change – support received at present

Supporting organisations to improve

54% does well
41% does not do well

Had a positive impact

39% agree
22% disagree

Have a positive impact in the future

45% agree
20% disagree

Strategic change was one of the areas which emerged from the survey as an area in which NHS Improvement was doing less well. This was corroborated by the qualitative research, in which providers generally said they had not received much support from NHS Improvement around the Five Year Forward View and Sustainability and Transformation Plans (STPs)

"I think it would probably have helped all concerned if it had been more [support]. Because, from my perspective, there has been input from NHS England, they seem to have been quite... influential, and NHSI less so, from what I've observed."

Finance Director, Acute Trust

"This is an area where we haven't seen any support and we've been left to get on with it."

Finance Director, Acute Trust

However, a couple of organisations mentioned having accessed resources/support in this area.

"We have just accessed something that NHSI put on... about large scale change and leadership in large scale change and a mixed group of colleagues. So, that was done as a system, GPs and managers from mental health communities... I think the benefit of them having time together and talking through some of the issues that we need to deal with was enormous from the feedback... So, that was very positive and I think the more that we can do things like that the better."

Chief Executive, Community Trust

"I don't know if I see it as a report, but responding to the requirements that need to go into the annual planning process, so any of the information that comes out around that process and the supporting documents around the Forward View, we've obviously taken that and applied it locally to our annual planning arrangements, so we've definitely utilised the resources that are available on the website."

Director of Nursing, Specialist Trust

Strategic change – providing support in future

There was certainly an appetite for further support around strategic change. Providers were looking for more strategic input from NHS Improvement on issues that were important to them. For example:

The role of community services

"I think we have the balance wrong between the investment in acute and primary and community services and I think that feeds a lot of the demand through to the hospitals."

Chief Executive, Community Trust

The need for support in providers and commissioners working together

"The Five Year Forward View of Simon Stevens is a lovely aspiration but it requires engagement of NHSE and NHSI with providers and commissioners in a coordinated way that simply doesn't take place."

Chair, Acute Trust

The work of Vanguards

"I think that what we're trying to do [with the Vanguard] is quite difficult but you just feel at times they were doing it in spite of national bodies rather than with the help of them."

Managing Director, Acute Trust

Support within STPs

"I think an area that's perhaps one that NHSI could do something about... is how you actually help the STP with poor behaviours. So if I give you an example, I can go to a meeting, we can all agree ... and then everyone goes back to their own organisation and doesn't do it because it impacts on their organisation..."

Chair, Community Trust

This area was also strongly linked with many comments, as already discussed, on the need for NHS Improvement to take a system, or place-based approach, rather than one that focuses on individual organisations. This was seen as central to providers being able to move in the direction required for the Five Year Forward View and STPs.

Leadership & improvement capability – support received at present

Supporting organisations to improve

53% does well
38% does not do well

Had a positive impact

42% agree
22% disagree

Have a positive impact in the future

49% agree
18% disagree

This area of NHS Improvement's work was one of the five areas in which providers were less convinced about how well NHS Improvement was supporting them, or the impact it had. The qualitative research suggests that this is partly a function of not being sure how NHS Improvement's offer fits with others that are working in this area. Other organisations mentioned included NHS Leadership Academy, The King's Fund, NHS Employers and Deloitte's 'Well-Led' review.

"Again I suppose this is one where institutionally there seem to be a lot of people doing this... we've had a Well-Led review, we commissioned that, we had Deloitte's do it, we responded to it, NHSI, NHSE look at it etc. so that's the process but in terms of more than that, what exactly can they do for us? And again in terms of the actual quality support to doing that, we've then got things like the Leadership Academy, you've got more people than you can shake a stick at wanting to sell you courses to improve your leadership including NHS Improvement etc."

Chair, Community Trust

A few people mentioned the national framework for action on improvement and leadership development, but many interviews were completed before/when it had only been very recently released so some viewed it as an area still in development. However, one area mentioned by a number of participants was around the support given by NHS Improvement in recruiting leaders – largely, though not universally, positive.

"They have been really, really helpful in terms of getting the package for the preferred CEO that I wanted. I couldn't have had more committed support from Jim Mackey and Ed Smith on that."

Chair, Acute Trust

"I think they also could be a bit more explicit in their role as matching people to posts. I do understand that it's got to be a properly, any posts advertised have got to go through due process. But I think NHSI have a role in it, but it's a bit of a hidden role, which I think needs to be more explicit. So I think that, for the sake of the whole workforce, they could say, this person's looking for a move and this trust's looking for a particular post and we could do more of that matching up."

Finance Director, Acute Trust

Leadership & improvement capability – providing support in future

Although it was felt there was some overlap with other organisations, some providers were nevertheless keen for NHS Improvement to develop its support offer around leadership and improvement capability. Providers pointed to the fact they were doing a difficult job at a difficult time and consequently were open to support.

"They could support providers with governance reviews, being clear that organisations have done their 'Well-Led' review, and there's enough evidence that the board have the right skills to do the job. There's something about them possibly coming, observing your boards to make sure you're talking about the right things. There's a whole raft of things they could be doing to assure themselves that poor performance is not a leadership issue."

Chief Executive, Acute Trust

"They're tough jobs and lonely places and I think a face to face and support from NHSI would be really welcomed by myself and many of my Chief Exec colleagues. In future support could provide - I think sourcing good suppliers of leadership development materials, holding forums and meetings for people to come together and share practice, making sure that really good practice gets targeted, if people are weak in one area and they know where it's happening in a much better area making sure that there is peer support, mentoring, having improvement people go out and work in the trusts to provide support, that sort of thing would be very welcome."

Chief Executive, Mental Health Trust

This did not necessarily mean NHS Improvement itself delivering courses – one suggestion was for it to endorse or 'badge' already existing offers. There is also a potential role for NHS Improvement in supporting peer networks: part of the reason that the leadership of NHS Improvement is so valued is the advice they can offer based on long experience, and this was not something providers often felt they were getting from other parts of the organisation. However, if NHS Improvement could link up peers more effectively, it could facilitate this need for advice and reassurance.

"So, one of my challenges in my sort of role is where do I really get my support? ... I need somewhere to have frank conversations about some of the real challenges we face.... . So you have your own network, but sometimes it's not your regulator that can help you. You need somewhere to talk things through.... but I would like to have a network where I can safely sit down with some peers and really thrash out some of my issues. And I've no problem with others being there, but I need to know it is in a safe place to do that."

Chief Nurse, Acute Trust

Other sources of support that providers access

Membership bodies



AUKUH Directors of Nursing

Benchmarking Network

Think tanks

nuffieldtrust



The King's Fund
Ideas that change health care

Others

Coaches



Peers

AHSNs



NHS organisations

NICE
National Institute for Health and Care Excellence



NHS
Leadership Academy

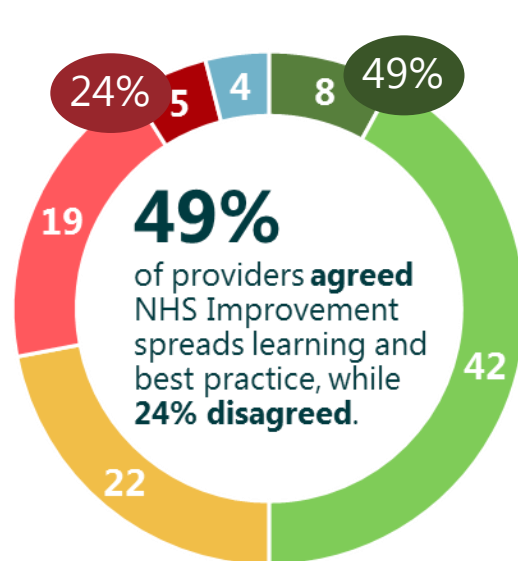


Embedding improvement and sharing best practice

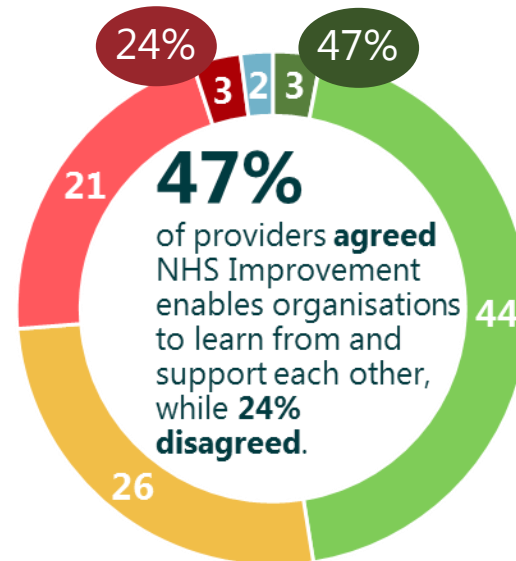
There were mixed views about the extent to which NHS

Improvement shares best practice and embeds improvement

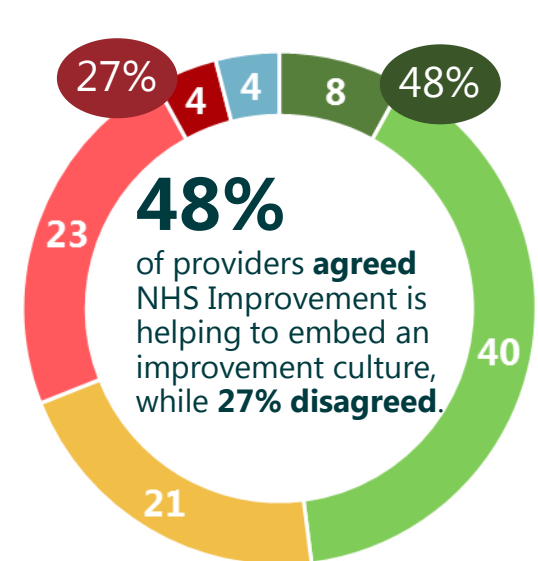
- % Strongly agree
- % Tend to agree
- % Neither/nor
- % Tend to disagree
- % Strongly disagree
- % Don't know



NHS Improvement spreads learning and best practice among providers



NHS Improvement enables organisations to learn from and support each other



NHS Improvement is helping to embed an improvement culture within providers

Q11. To what extent do you agree or disagree with the following statements used to describe NHS Improvement? Base: All (180).

There were mixed views on the extent to which NHS

Improvement spreads best practice at present

NHS Improvement spreads learning and best practice among providers



NHS Improvement enables organisations to learn from and support each other



The findings from the qualitative research were similarly mixed. Some organisations gave concrete examples of where NHS Improvement had helped to spread best practice.

"Where NHS I have been quite good is sharing practice, and about linking us up with other people who've been working on similar things and have been successful."

Ambulance Trust

"They're really good at that and that can really help you review the way you're working and see whether there are some things you can implement and then put you in touch with organisations that you can buddy with... So when they came here there were a couple of areas that... they had about things we might want to try and they buddied the operational team up with another trust that were already doing that, so they could get as much information as they could around that past work and whether it's suitable or not for this organisation."

Chief Executive, Acute Trust

However, others were not aware of what NHS Improvement did in this area and had not come across any mechanisms for spreading best practice. Some felt that this kind of role was secondary to performance management – a sentiment not always meant critically, but as an explanation for why these supportive aspects may follow as the organisation matures.

"I think to a limited extent probably. I think because the performance issues are so big they are pretty, well it looks like from the outside is they're pretty well consumed by the performance issues. It's not entirely the case but yeah, there's a lot of time and energy going into that."

Chief Executive, Community Trust

"The more improving best practice stuff has slightly played second fiddle and I don't want to say that's wrong, that's just realistic and pragmatic. But that will now hopefully over time come out a bit more to the fore. Now I'm aware of some of the work they're doing and colleagues... are pretty positive about that stuff."

National Stakeholder

Although there was definitely an appetite for NHS

Improvement to do more to spread best practice

Throughout the qualitative interviews, as already discussed, there was a real appetite among many stakeholders for NHS Improvement to do more around spreading best practice and linking people across the system. Where this had already been done, providers were very positive about the impact, and in general providers thought NHS Improvement had a role to play here given its position in the system.

"I think it's brilliant that NHSI covers all provider trusts... so I think it could bring really good benchmarking, in a way we didn't get historically...there's a much better level playing field. I think they can help us do much more peer working, benchmarking."

Chief Nurse, Acute Trust

"I would say again, it has been part of that journey from being a regulator, of enforcing the rules, to an improvement body trying to help organisations to get better and to, I think, utilise their almost unique position in terms of knowing how other organisations have solved problems when they encounter those self-same problems in another locality, providing some time and investment in replicating that such that the other organisation can improve as well. So I think that has come on quite a long way."

National Stakeholder

While another thought that NHS Improvement could learn from positive examples of change from before its existence.

"There were a few good examples of performance turnaround in the past, particularly around waiting times and infections... and they were based on establishing clear national support alongside local support... and I haven't seen anyone go back to that and say is there something we can use from that."

National Stakeholder

However, some stakeholders thought that there were already a number of organisations already spreading best practice, and that NHS Improvement would need to be careful about how it fits, potentially playing a leadership role rather than duplicating what is already existing.

"But you've got all those different players thinking about best practice and it feels quite a diffused field at the moment. So, I think a sense of, how can they work together and how do we, I'd link it to the leadership stuff actually, I'd link it very strongly to that and say, how do we build the spread of best practice into leadership development?"

Chief Executive, Community Trust

Embedding a culture of improvement

NHS Improvement is helping to embed an improvement culture within providers

48% agree
21% neither agree nor disagree
disagree 27%

However, many providers said that they could also be doing more.

A small number of providers had received support from NHS Improvement with their QI Academy, while others thought the offer was unclear.

In terms of additional support from NHS Improvement that would help to embed an improvement approach, **18%** of providers in the survey said that the single thing NHS Improvement could do to help was to **share best practice or offer benchmarking**. Other suggestions were given, but each was mentioned by a very small number of providers. Some of the suggestions were around supporting providers to find the **time, space and money** for improvement, and this was reflected in the qualitative research.

"The other thing NHSI could do to help is with the other ALBs, cut us a bit of slack, give us a bit of space on some things but the problem for them is when the performance issues are going off it's difficult for them to do that."

Chief Executive, Community Trust

"People are spending lots of money, £1 million at a time in some trusts, we're nowhere near that but to get IHI and others to come and put in improvement methodologies and I'm sure we could save an awful lot of money for the NHS if we contracted on a bigger scale and procured more effectively."

Chief Executive, Mental Health Trust

"You get better sustained change if you approach it in a way that isn't reactive, expect something to be sorted in a really short time."

Chief Nurse, Acute Trust

Providers often already had structures in place around continuous improvement, for example through QI Academies.

"We've had the capability of leading improvement and we improve all the time."

Finance Director, Specialist Trust

"But actually the main job is to change things and I don't think we have enough depth of competence either as an organisation or as a system to do that."

Chief Executive, Community Trust

"I don't know if they have a QI Academy or if they deal directly with the QI teams within trusts, I don't know what their offering is it's all a bit confusing to me. I know they put lots of press releases out."

Finance Director, Acute Trust

Although in the survey, 12% said NHS Improvement could not do, or did not need to do, anything to help.

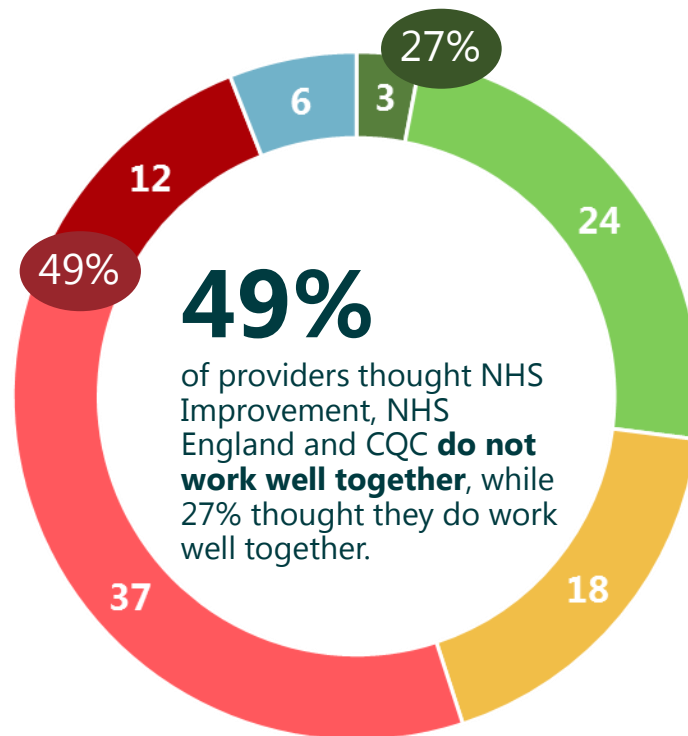
Working across the system



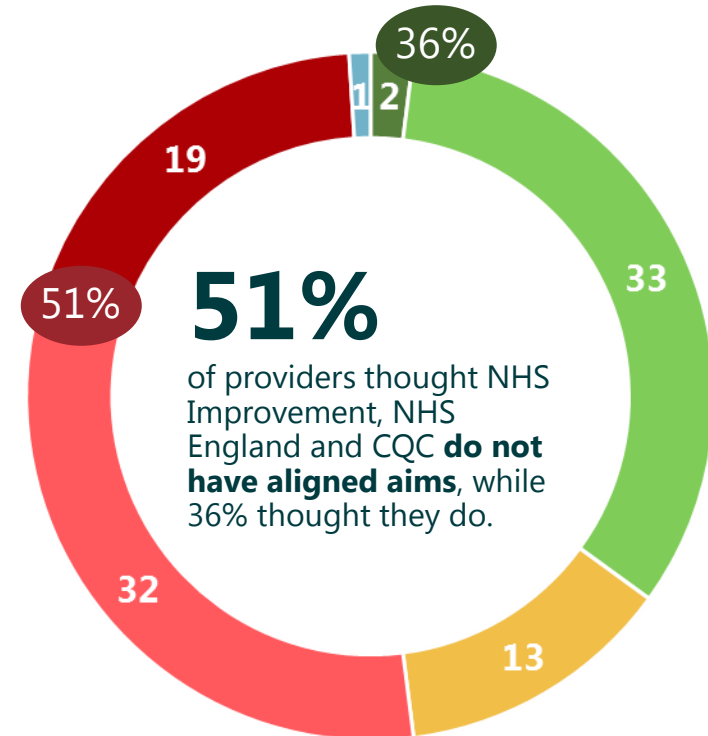
Ipsos MORI
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Providers did not think that NHS Improvement, NHS England and CQC work well together or have aims that are aligned

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



NHS Improvement, NHS England and the Care Quality Commission work well together



The aims of NHS Improvement, NHS England and the Care Quality Commission for the NHS are aligned

Q18. Please think now about how NHS Improvement works with its partners within the health sector. To what extent do you agree or disagree that...? Base: All (180).

This was largely reflected in the qualitative research, with stakeholders feeling that more could be done to align

Stakeholders recognised that greater collaboration was to some extent limited by the way the system has been set up and pointed to some inherent tensions in the system, but they generally suggested that more could be done by national organisations to align.

"Not well aligned is the answer. Again, I would take a relatively sympathetic view of NHS Improvement...the architecture of the system is just not well aligned and that is a problem of the 2012 legislation, which I'm sure everyone will say. The way the system is set up is illogical, and doesn't work well."

Medical Director, Acute Trust

"There are some mismatches between being really efficient, productive and saving money and adhering to having the quality standards and improving forever the patient experience and offering choice and meeting the waiting time targets. Sometimes to do one costs money and we're not quite aligned up under expectations of safety and staffing numbers with the real world and the control totals we're being set. So a bit of an iterative process on that but it is getting better."

Chief Executive, Mental Health Trust

The need for greater collaboration was particularly evident among trusts in special measures: In the survey, **10 of the 15 special measures providers interviewed said that NHS Improvement, NHS England and CQC do not work well together***. Again, this was reflected in the qualitative interviews, with a small number of providers pointing to the added pressure and bureaucracy from having multiple national organisations involved.

"We had a problem... and we had to conduct an investigation into what happened and we were getting almost daily inquiries... So we were getting CCGs, NHS England, NHSI and CQC all contacting us separately for pretty much the same information for a slightly nuanced focus."

Medical Director, Acute Trust

Some providers thought that since they were being required to work within a system and collaborate, that national organisations should show the same commitment.

"We're being asked to work as systems to an increasing extent through the STP and I think that's absolutely right. I think at the national level there needs to be a greater consistency of view amongst the ALBs."

Chief Executive, Community Trust

However, they recognised that efforts had been made to align more closely, even if they didn't always see that in practice

Many stakeholders pointed to efforts among national bodies to align themselves.

"It's got better but there is still a long way to go. Part of that is if you have three separate organisations they will all develop and evolve three separate cultures, there will be different people, generally first loyalty is to your own organisation not the wider system and so on. It's beset by challenges, I don't think it will ever be perfect. Having said that, it has materially improved in recent, the last 6 – 12 months particularly, but we do still see overlap, we do still see duplication, we do still find examples where individuals from both organisations just simply don't get on, and therefore being able to work jointly with both is very difficult for us and external stakeholders. I would be praiseworthy about the progress but I would say the road has still got a bit further to be travelled."

National Stakeholder

However, many thought this push had particularly come at a national level, among the leaders, and was not always followed through 'on the ground'. Corroborating this, providers in Segment 1 (autonomous) were much more likely to agree that the aims of NHS Improvement, NHS England and CQC are aligned (62%, compared with 36% overall)*. This suggests that the national messages are reaching providers, but that those experiencing more support on a day-to-day basis are not yet seeing this in their experiences.

"From what I hear at a national level there is a sort of synergy, they sit down and agree things. But we went through a CQC inspection process... and there was absolutely no alignment with NHSI locally."

Chief Executive, Acute Trust

"NHSE and NHSI are clearly putting a lot of effort into being consistent and I think they are. They absolutely are at a Simon and Jim level, and then are less noticeably so the lower down the tree you get... although that's obviously going to take time. I think they are much much more aligned than they were and increasingly so all the time. I think sometimes the alignment in their statements and their thoughts isn't completely reflected in their actions."

CCG

* Please note that this analysis is indicative only as it is based on a small number of individuals and so has not been significance tested

NHS Improvement and CQC were generally thought to be more closely aligned

On the whole, stakeholders thought that NHS Improvement and CQC were fairly well aligned.

"I think CQC are coming much closer to working with NHS Improvement because there's much of their needs are reflected in the Single Oversight Framework."

Chief Executive, Acute Trust

However, this was not the view universally.

"A bit of opportunity was lost from the outset to establish how organisations are going to work together. [NHS Improvement and CQC are] now back pedalling to align more rather than being aligned from the beginning."

National Stakeholder

"I don't know the relationship between that [CQC inspection], NHSI etc. ... CQC might come down and say you're terrible because you're not doing A, B, and C, but if it's something we've already discussed with NHSI, it's something we can't do much about because of lack of investment and the system is not investing, are those two things tied up?"

Chair, Community Trust

And there were also some questions about where responsibility for quality lies, not just between NHS Improvement and CQC.

"I think the area that needs further clarification and I know this is being worked on, is this link between NHS Improvement and CQC around where quality of care sits... I think there's still very much room for further clarity around where the direction of travel will be and how each of the different organisations will look at the different aspects of particularly the five key questions and where that sits... Getting that clarity going forward will be helpful."

Director of Nursing, Specialist Trust

NHS Improvement and NHS England were largely seen as less well aligned

Examples were given of where NHS Improvement and NHS England were not thought to be well aligned.

"A&E is a clear example where NHSI are giving us a set of guidelines and NHSE are giving commissioners a set of targets and the two are incompatible."

Chair, Acute Trust

"STPs require coordination of leadership with CCGs and providers, it also requires some clear coordination between NHSE and NHSI. NHSE and NHSI aren't trying to coordinate with each other, they're trying to compete with each other and if you're trying to create strategic direction it's not helpful when two regulators are trying to control the providers and commissioners having separate targets when actually you need to agree joint objectives. The idea of STPs is having joint objectives for providers and commissioners but that doesn't seem to apply to NHSE and NHSI."

Chair, Acute Trust

As already mentioned, although some felt that the organisations had tried to align more, the realities were still quite different.

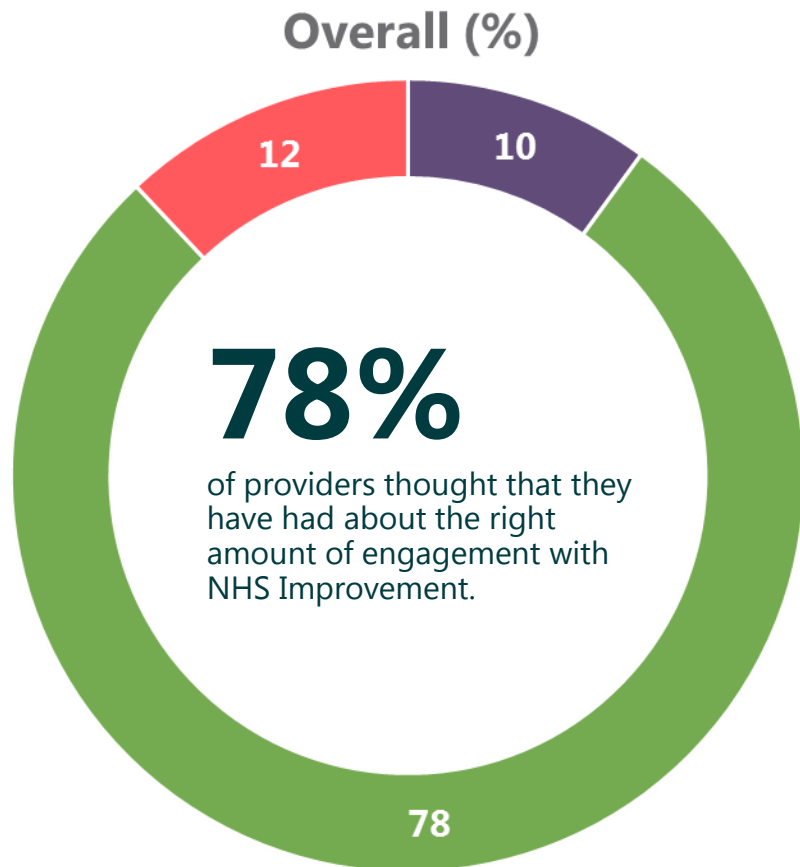
"In terms of finance, NHSI and NHS England aren't aligned closely enough. Because it is quite clear that the CCGs who work under NHS England are being given different, what's the word? Different, I don't know. A different steer from what NHSI are giving us. So there's all sorts of unnecessary disputes between organisations... Well there's consistency in that they're both, on the financial front, NHSI and NHS England have issued joint planning guidance, so the answer is yes. But then, when we get down to practicalities, day to day stuff, that's where the inconsistencies seem to appear... So I just think that they need to work more closely together on a much more of a common agenda really. So if we've got to have the two organisations, I think they need to be more aligned."

Finance Director, Acute Trust

Working relationships



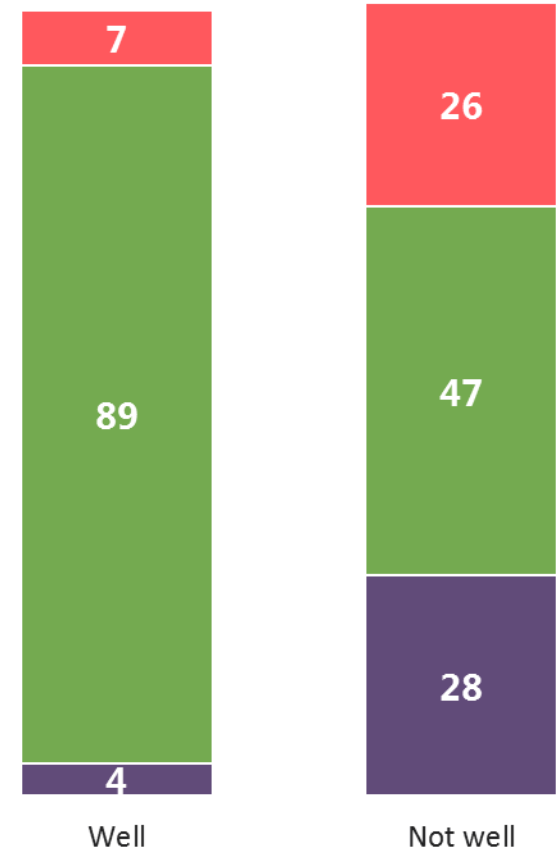
Providers felt they are having the right amount of engagement with NHS Improvement



Providers **generally felt that they had the right amount of engagement** with NHS Improvement (78% said that they have the right amount).

However, **providers that do not feel well supported were less likely to feel as though they have the right level of engagement.** Some felt that they had too much engagement (28%) while others felt that they had too little (26%).

- % Too much
- % About right
- % Too little



How well providers feel supported by NHS Improvement

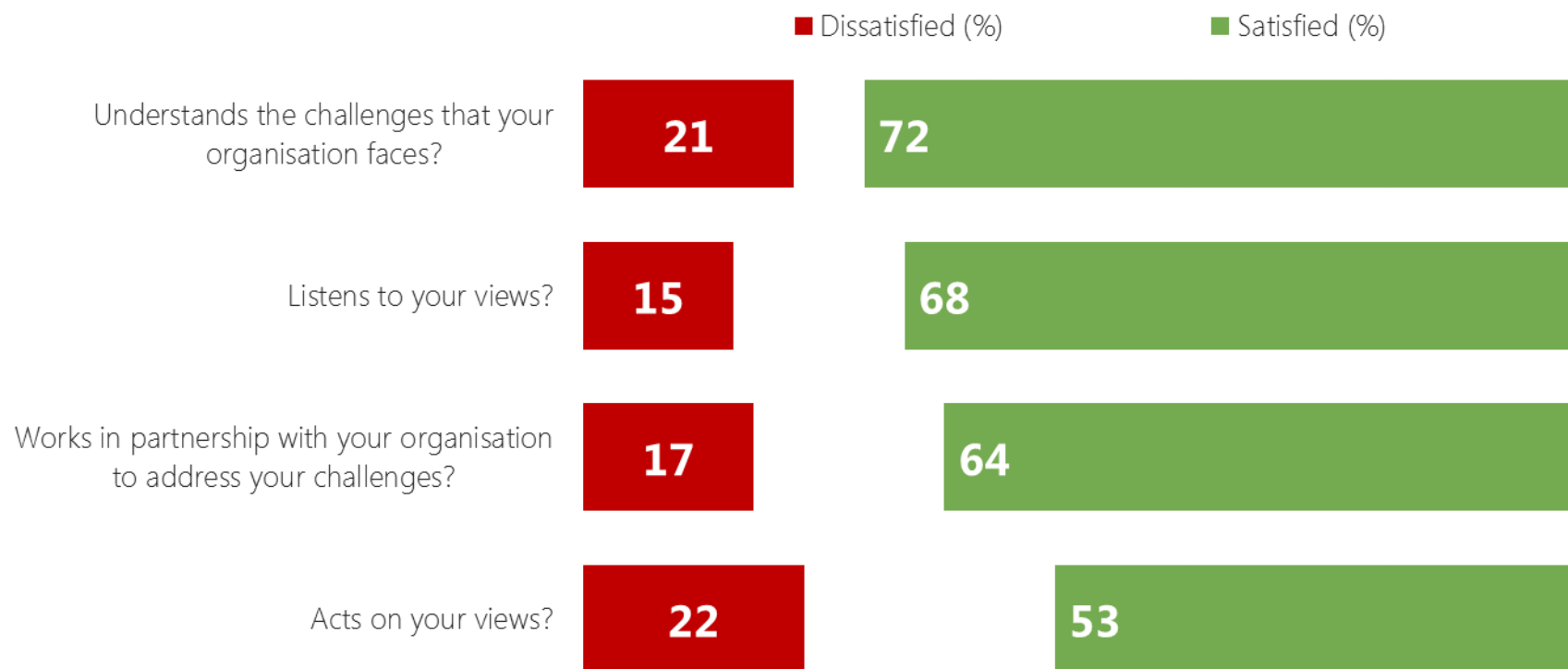
Source: Ipsos MORI

Q24. How would you describe the level of engagement you have had with NHS Improvement over the last six months? Would you say it has been...? Base: All (180); Well (131); Not well (43).

NHS Improvement understands the challenges faced by providers...

...but this doesn't always translate into action

Most providers felt that NHS Improvement **understands the challenges that they face** (72%). They also felt that the organisation listens to their views (68%) – however, **fewer providers felt that NHS Improvement acts on their views** (53%).



In the qualitative research too, providers were mostly positive about working relationships

Providers in the qualitative research thought that they could have open, frank and honest conversations with NHS Improvement when they needed to. They also felt as though typically, NHS Improvement understands the pressures that they are under as providers.

"They understand our challenges – they get it. They have insight into some of the pressures and emphasises that it's the same as what other organisations are experiencing."

Chief Executive, Acute Trust

Many providers did want NHS Improvement to act as a 'critical friend' to them to help to support them to improve, and there were examples of constructive discussions between providers and NHS Improvement, even where the discussion was difficult. This points to strong working relationships having been established.

"Really good, really professional people, always deliver on their promises always get back to you. You know where you are with them. You can have a difficult conversation with them you can challenge them and still know that you can work professionally with them afterwards. At times relationships are quite tense but we do always know that we're on the same side, it's not a sort of us and them."

Finance Director, Acute Trust

"I may be challenged in one of those meetings [with NHS Improvement], and I don't mean aggressively challenged, I mean challenged to say, you know, 'can you explain to me why you're an outlier in something.'"

Ambulance Trust



However, a small number of providers described very different working relationships

There appeared to be pockets of providers who were much more negative about working relationships. These providers did not find their discussions with NHS Improvement constructive. Instead, they felt that there was a more heavy handed approach in the working relationships. This often seemed to be the case around finance in comparison with the other areas, so even where a participant themselves had good interactions with NHS Improvement, they might say 'I don't know if my Finance Director would say the same thing'. This is corroborated by the survey, in which Finance Directors were significantly more likely to say that NHS Improvement does not work in partnership with their organisation to address their challenges (31%, compared with 17% overall – though please treat as indicative as it is based on a small number of Finance Directors – 42).

"The regulatory regime has got worse since NHSI took over from Monitor... Monitor was trying to be supportive, Monitor was trying to understand what the issues were, Monitor was trying to work with us and be helpful and that style of behaviour has gone with NHS Improvement... The culture of NHSI has been don't listen, just tell them what to do, don't understand the problem just give them an answer."

Chair, Acute Trust

"There is a significant issue with poor behaviours throughout the whole organisation, this is at its mildest patronising comments to quite significant threatening behaviour."

Chief Executive, Acute Trust

In addition, many providers mentioned that a high turnover of staff and vacant posts could make it difficult to establish strong working relationships, both on a personal level and because there could be a lack of understanding of trust-specific issues. This also resulted in additional work for providers in having to bring new people 'up to speed' on their organisation.

"A regulator can't understand what's going on when there is a merry go round of the people involved. How can they possibly claim to understand the issues when they don't leave people in post long enough to understand the issues."

Chair, Acute Trust

"When it comes to other issues it's slightly more difficult because they've had some turnover of the senior staff and I think we feel a bit at the moment that we're having to rebuild some of the relationships just because we've got new people in play."

Medical Director, Acute Trust



Ipsos MORI
Social Research Institute

Stakeholders sometimes thought that NHS Improvement set unrealistic targets for them, and they had no say in this

In the survey, 72% of providers agreed that NHS Improvement understands the challenges that their organisation faces, but only 53% agreed that it acted on their views. This may be explained by the qualitative research, in which many stakeholders argued that they were set unrealistic financial targets, and if they expressed a view that they were unrealistic, NHS Improvement could revert to a more 'traditional', regulatory tone. This made the relationship feel less supportive, as the two organisations were not both signed up to the same goal and providers were compelled to achieve something they did not think was possible, not necessarily with constructive discussions on how to achieve that.

"It's a bit like if your sat nav says you've got to drive from London to Norwich and it says it's going to take you two and a half hours, NHSI would say that you've got to do it in 90 minutes. And you say 'yeah, but to do so I'll break the speed limit and put people at risk' – 'yeah well that's not our problem, you need to do it so sign up or be damned and face investigations if you don't do it.'"

Finance Director, Acute Trust

"There are always things that they're pushing on and I absolutely accept that. I think they are right to do that, they pick on the areas which are right, and press us on those. I think sometimes in the more system meetings, in the local delivery board, there's occasions when people fall back on the, 'you just need to do this'. But again that's perfectly a proper message but it's just, it's not like we're not trying."

Chief Executive, Community Trust

Stakeholders often understood why NHS Improvement needed to do this, and suggested that NHS Improvement has a difficult political position. However, this did impact on their perceptions of NHS Improvement, and some also called for NHS Improvement to do more to 'protect' providers from these pressures within the system rather than passing them directly down to them.

"NHSI is the meat in the sandwich, they've got to go and account to the Secretary of State as to why the system is performing in the way that it is both in terms of finance and operational performance. And at the same time they've got to then try and urge trusts to reduce their deficits and improve performance. The down side of that is if they don't get it right it comes across as quite bullying..."

Finance Director, Acute Trust

"You can see the directors are under enormous pressure from the Secretary of State and the system and instead of handling that in a mature way and shield us from that, what they do is pass that straight down."

Chief Executive, Acute Trust

National stakeholders and CCGs described positive

working relationships

National stakeholders and CCGs tended to interact more with more senior members of NHS Improvement. They were generally positive about working relationships at this level.

There was often a feeling among the national stakeholders that these organisations were working together to tackle a set of challenges, and that NHS Improvement understood the challenges and was working constructively with them.

However, some said that working relationships could depend on who individuals were interacting with at NHS Improvement. They suggested that providers may encounter quite different relationships with regional teams.

"Absolutely fine, I have relatively good relationships, but the people I interact with tend to be the more senior people...and from an STP point of view I put a lot of effort into forcing them to be included and forcing them to agree they're happy with what we're doing...My personal experience of dealing with them is quite positive."

National Stakeholder

"Some of the challenges they've put into various meetings have been incredibly helpful, individuals are knowledgeable, professional."

CCG

"I do think it comes down to the person who is sitting down at the table and how difficult they want to make that conversation so it probably does differ in different parts depending on the people that are around the table."

CCG

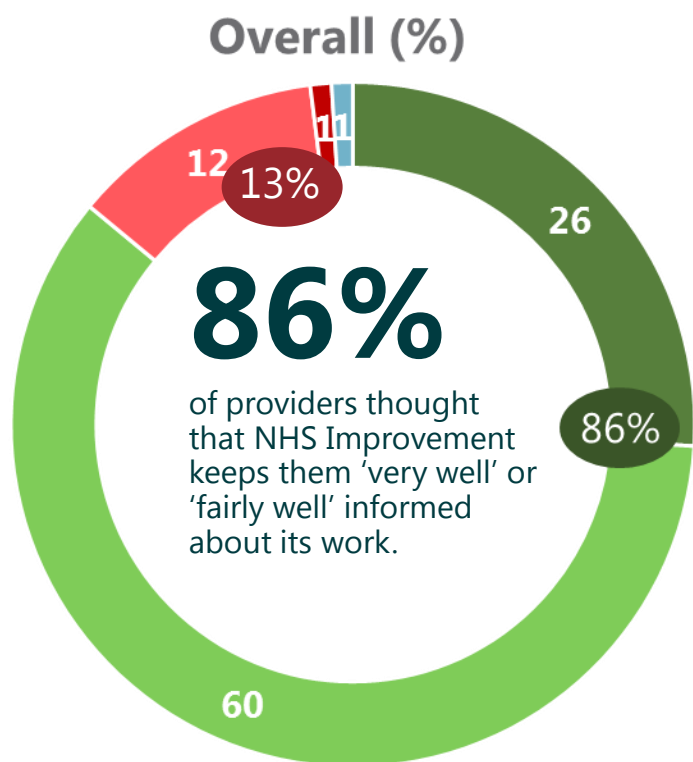
"[At a national level] the personal relationships are very good. There is then the local/regional relationships but... that varies depending on personalities and individuals at a local level."

National Stakeholder

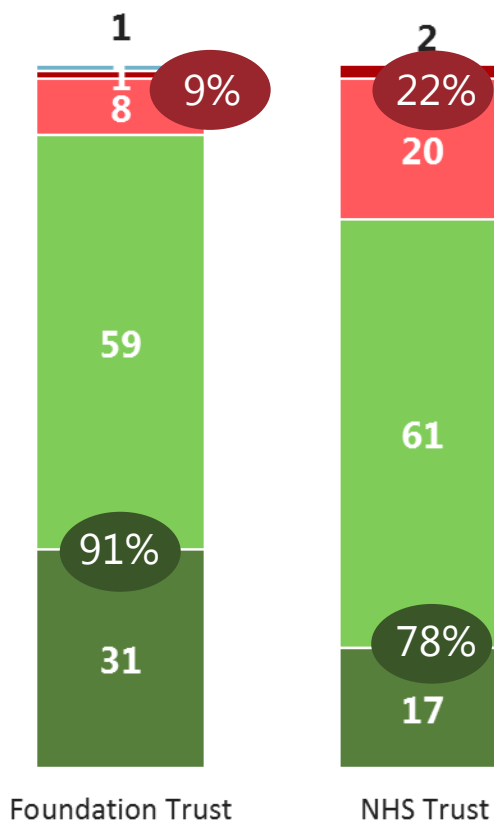
Views on NHS Improvement's communications and engagement

Providers thought that they were kept well informed

Foundation Trusts tended to feel better informed about NHS Improvement's work than those in NHS Trusts: 31% of those working in Foundation Trusts said they are 'very well' informed, compared with 17% in NHS Trusts.



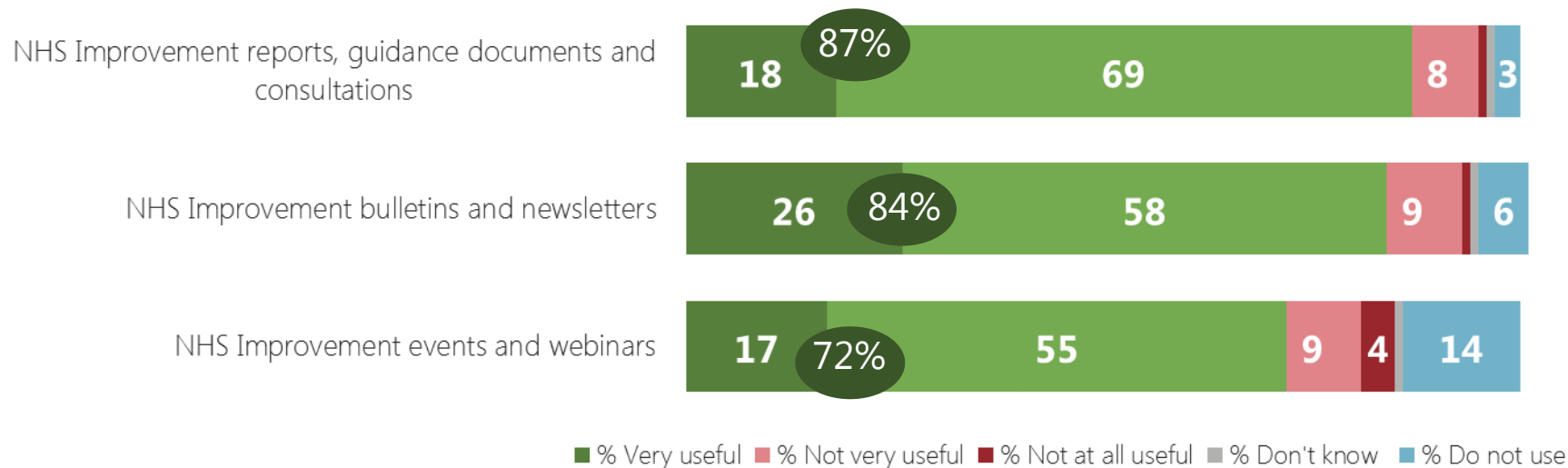
- % Very well informed
- % Fairly well informed
- % Not very well informed
- % Does not tell me anything
- % Don't know/no opinion



Please note that the analysis by trust/FT is indicative only as it is based on a small number of individuals

Q20. How well informed, if at all, do you think NHS Improvement keeps you about its work? Base: All (180); Foundation Trust (116); NHS Trust (64).

Communications and engagement with staff were viewed as useful by the majority of providers



Those working in **Foundation Trusts** were more likely to say the bulletins and newsletters were useful (92%) than those working in NHS Trusts (69%).

In general, providers spoke of receiving a **wide range of formal communications** from NHS Improvement.

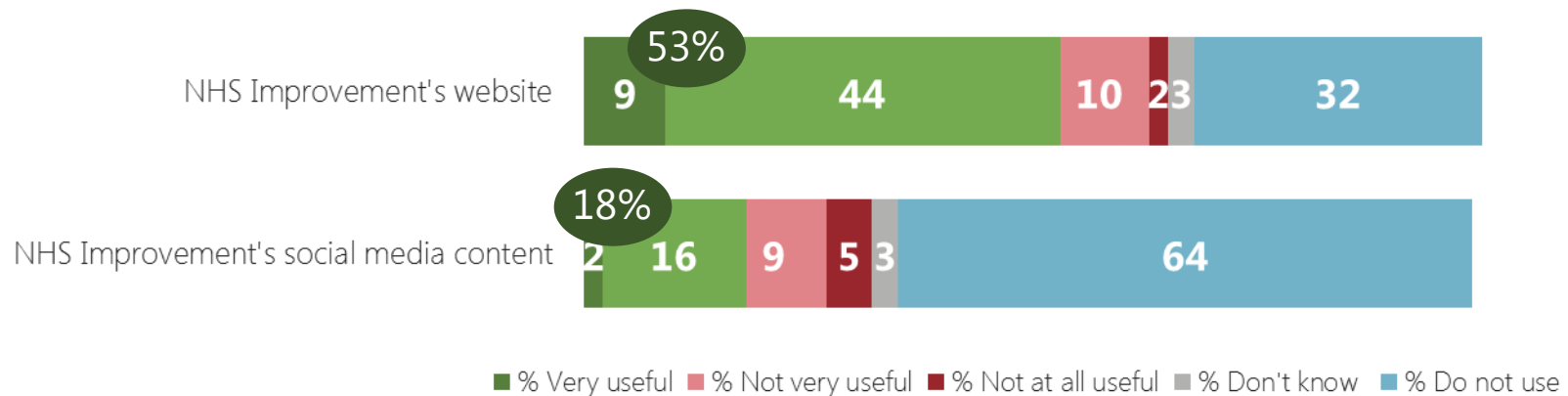
"I will receive a regular bulletin from them with all their updates...gives us all the updates on different things and decisions they've made and where they're up to in every major policy change. They try and consult us on it before they move forward with it...We receive their board papers...so we know how the rest of the sector's performing."

Chief Executive, Acute Trust

Stakeholders had some **minor suggestions for how communications could be improved** which are summarised later in this section.

Q21. Thinking about communication and engagement, how useful do you find each of the following? Base: All (180).

NHS Improvement's website and social media were utilised less by providers



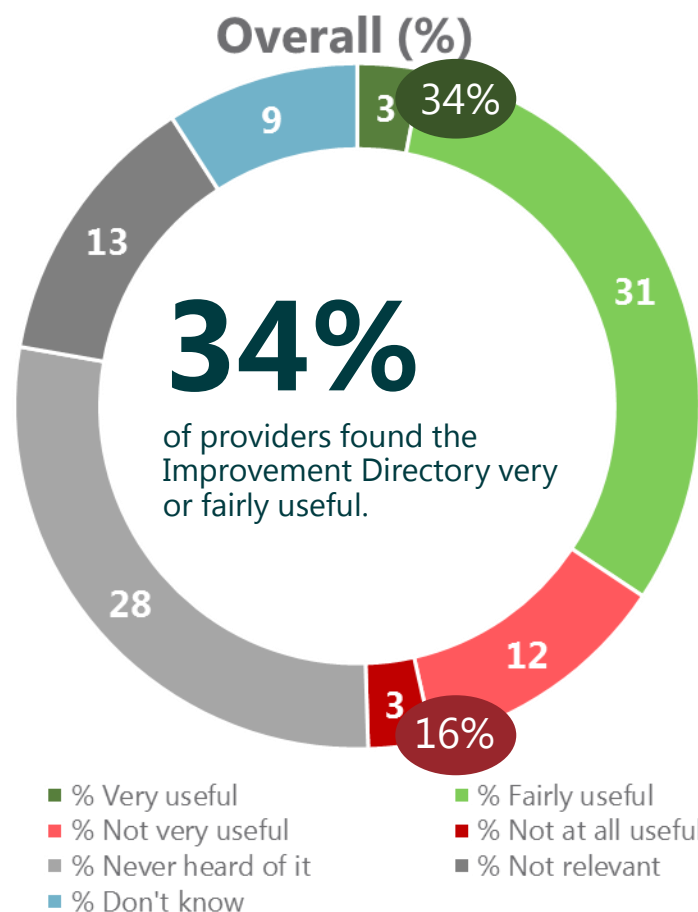
Views among stakeholders on the use of social media as a communication channel were mixed in the qualitative research.

"I'm not a great Twitter writer."
Chair, Community Trust

- Some did not use Twitter at all
- For some Twitter was seen as a **public facing forum** and therefore less appropriate as a means of provider engagement. Linked to this others described Twitter content as *conservative* but noted that this was appropriate and *what you'd expect*.
- Others simply hadn't got round to following NHS Improvement.
- However for some stakeholders it provided a useful method to catch up quickly with information releases but it "*generally tells you the stuff you already know*".
- There was a suggestion that tweets should be more specific, better enabling providers to select the content that is relevant to them.

Q21. Thinking about communication and engagement, how useful do you find each of the following? Base: All (180).

Just over a third of providers found NHS Improvement's Improvement Directory useful



Stakeholders were more likely to say the Improvement Directory is useful than not. However, just over a quarter of providers say they have never heard of the directory (28%).

In the qualitative interviews stakeholders who were familiar with it noted that the Improvement Directory **provided a useful means of sharing best practice**. Others felt that while they had links to many organisations it was **good to have this information held in a central place**.

"The operations team use it quite a lot for lots of ideas for best practice and things that they can deal with prior to somewhere else...it's quite new at the minute. The feedback from my team is it's been quite useful".

Chief Executive, Acute Trust

It was suggested that the usefulness of the Directory would be maximised if it provided **resources that can be easily distributed internally** within trusts.

Q23. Thinking specifically about the Improvement Directory that NHS Improvement provides on its website, how useful do you find it, if at all? Base: All (180).

Perceptions of communications also varied among national stakeholders

National stakeholders' perceptions of communications from NHS Improvement were mixed. Those working in CCGs described communication as limited or non-existent and some would welcome more engagement.

"I personally don't think I receive any at all. I would like to receive some communication from NHS Improvement around more joined up working and starting conversations and making connections...just an email connection would be good to recognise who is doing what and why."

CCG

Stakeholders suggested that **communications could be better aligned with NHS Improvement's strategic priorities.**

"The regular communications with the sector, all of that needs to be completely aligned, and absolutely plug into the strategic objectives of the organisation."

National Stakeholder

However **others spoke highly of communication**, and echoed the sentiments of providers that contact with staff at NHS Improvement was valued.

"We receive messages [from the policy and communications team] about anything that we need to be aware of. That needs to be continued."

National Stakeholder

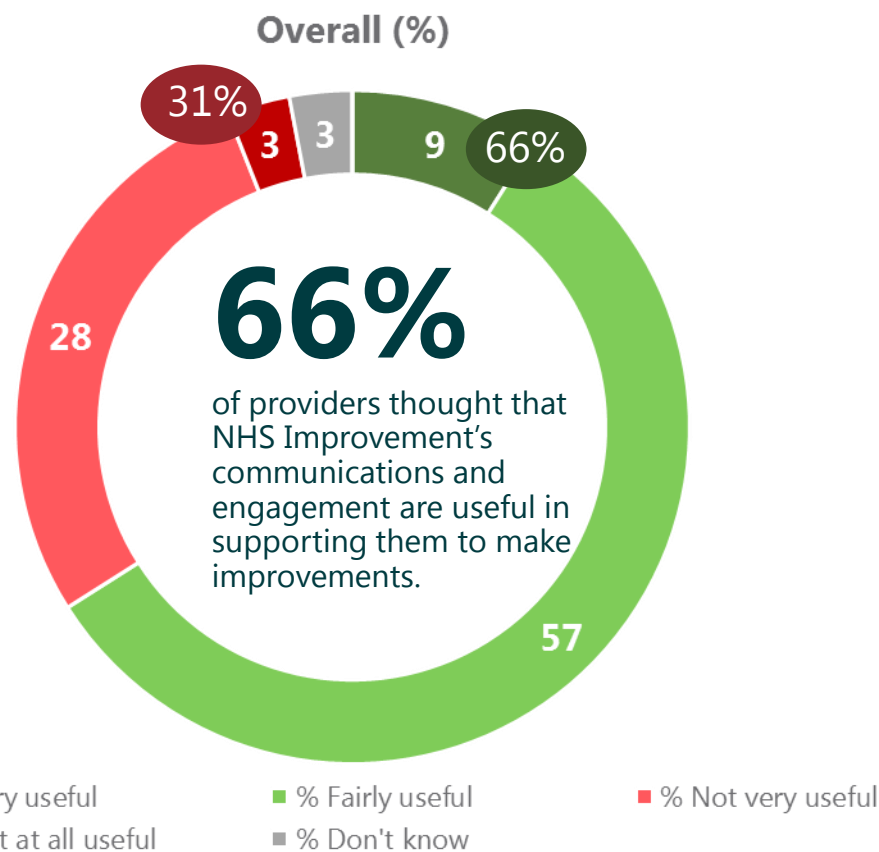
"Because personal relationships are good, I feel that we generally talk well with each other, we get good information updates... that doesn't mean it's always easy but... I think in most cases it's a relationship where we can pick up the phone and talk to each other, and that's important."

National Stakeholder

"I think it's pretty good actually, I don't think you could fault them on communication."

National Stakeholder

Communications were generally thought to be useful in supporting improvement, although they could do more to share best practice



Providers suggested that communications could be more **focused on promoting and sharing best practice**.

"The best practice stuff; where they're doing it well, let us all know about it. Have they got any good deals that they can procure on behalf of the sector? Where are we with digital information for [region]? Why are we all using different information systems?"

Chief Executive, Mental Health Trust

Suggested improvements to communications in general

Overall, despite positive feedback about communications, providers sometimes found it difficult to navigate the number of emails they receive, from NHS Improvement and others. There were some suggested improvements below, though the general theme is around reducing the volume of emails and having more signposting of where important information could be found (e.g. through the bulletin).

Emails coming from a single source (e.g. one email address) would make communications more visible:

Stakeholders noted that the sheer volume of emails they received in general means that communications can get lost. For some this problem was exacerbated by communications coming from different teams and named contacts within the organisation.

"You can imagine the number of emails that I get every day and when they issue guidance it'll come from different teams who have different email, I suppose acronyms...if you look out in your email you're trying to see the wood from the trees ...It would be quite helpful if it was just from one email address but behind the scenes it sorted it out for them."

Chief Executive, Acute Trust

More targeted communication would be welcomed:

Some felt that the volume of communications received from NHS Improvement was too high and needed to be more targeted. The weekly bulletin was valued as a single piece of communication containing all the important information.

"It's too scattergun in one week they sent me fifteen pieces of different information. They need to send something once a week unless it's really important. E.g. every Thursday they send the bulletin out and I know that it'll have all the important information in there."

Chief Executive, Community Trust

Further suggestions for improvements to communications included:

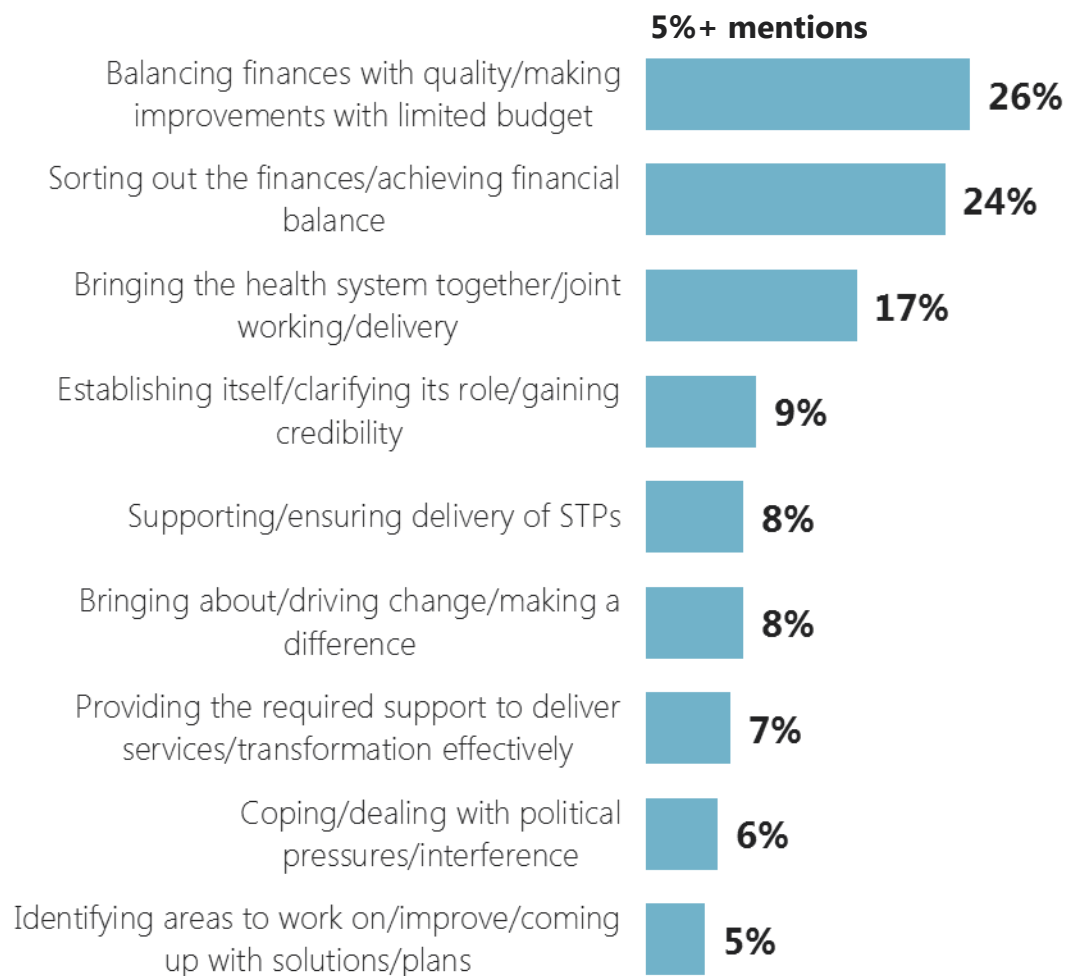
- **Holding more regional events:** rather than all day events in London and Leeds
- **Tightening up email circulation lists:** stakeholders suggested sending an annual communication to trusts to gather an updated mailing list. This was felt to be particularly important with the high turnover of staff in trusts.
- **Extending communications to deputies:** so that their reach is wider and doesn't rely on staff within providers to disseminate



Ipsos MORI
Social Research Institute

Conclusions and implications

Providers saw NHS Improvement's greatest challenges as the NHS' finances, particularly balancing that with quality



"To improve the quality of services given the enormous and contradictory pressures on the NHS in a time when funding does not match expectations."

Chief Executive, Acute Trust

"Supporting the improvement of health and care services in a tough financial climate and doing that in a way which is enabling and supportive of local organisations and local leadership."

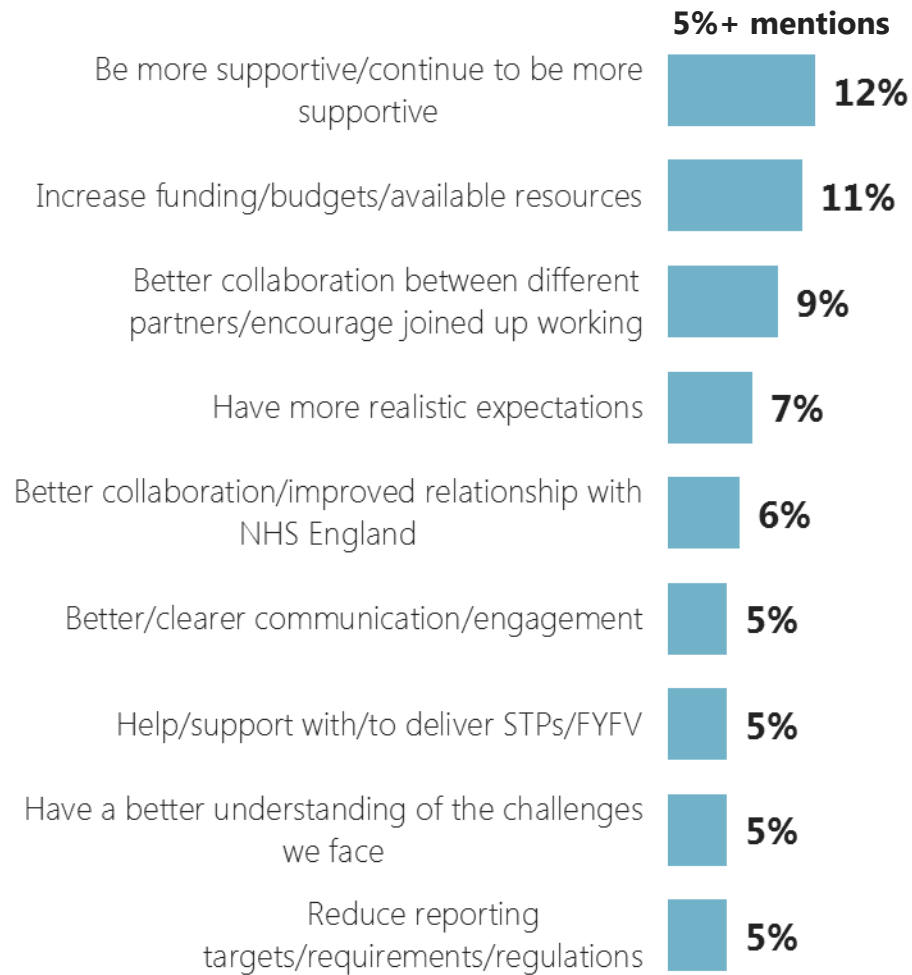
Chief Executive, Mental Health Trust

"It is the impact of transformation within the Sustainability and Transformation Plans against local delivery by individual providers."

Chair, Mental Health Trust

Q26. What do you see as the greatest challenge facing NHS Improvement over the next two years? Base: All (180)

Providers thought NHS Improvement's biggest impact could come from being more supportive in various areas and increasing funding



"Create more of a support culture than purely regulatory."
 Chief Executive, Acute Trust

"I think I'd say carry on supporting us in the way they have been."
 Chair, Community Trust

"Influence the provision of the requisite financial resource."
 Nursing Director, Acute Trust

Q27. What is the single thing that NHS Improvement could do that would have the biggest positive impact on your organisation? Base: All (180)

Conclusions and implications

- In the qualitative research, NHS Improvement was described as an organisation in transition – stakeholders were waiting to see how its role and approach would develop. Partly reflecting this, in the survey around half of providers (52%) said they would be neutral towards NHS Improvement at the moment. However, on the whole, stakeholders were positive about NHS Improvement’s direction of travel and if the organisation is able to deliver what it has laid out (around the improvement and leadership development framework, for example), these ‘neutral’ providers will likely become advocates. Indeed, NHS Improvement is operating in a generally supportive environment where people want to see it succeed and increasingly fulfil a different role to those of some of its predecessor organisations (notably TDA and Monitor).
- In order to achieve this, as experiences with some teams or in some areas are affecting wider views of the organisation, it is important that NHS Improvement’s vision is delivered across the organisation through consistent messaging:
 - By the regional and local teams directly interacting with providers on a daily basis
 - Across all five areas of NHS Improvement’s support
- In particular, NHS Improvement may wish to consider how it has conversations with providers around financial targets, as these are affecting relationships between NHS Improvement and providers, and are proving a barrier to seeing the organisation as supportive.
- It may also wish to consider its support for Segment 4 providers (in special measures), who were less positive about the support offered. In addition there was a small number of very negative providers, and NHS Improvement might want to review its relationships where they do not seem to be working well, to make improvements.
- Stakeholders would like to see an increasingly system-wide approach rather than one that focuses on individual providers (for example, with regard to control totals), so NHS Improvement may wish to consider how to incorporate this into its work. This includes continuing and increasing collaboration with other NHS bodies such as NHS England and the Care Quality Commission (CQC), in order to:
 - Provide better support for providers and make the landscape less complicated
 - Deliver initiatives such as burden reduction
 - Reflect the requirement for providers to work as partners within the system

Conclusions and implications

- There is certainly an appetite for more support from NHS Improvement, and NHS Improvement should look to provide support wherever possible that: is instigated by the Trust rather than by NHS Improvement; is light touch from NHS Improvement; is genuinely supportive and won't result in performance management; provides independent and expert input; and is responsive and timely.
- In addition, NHS Improvement may wish to consider how it can further support providers through the sharing of best practice and connecting people across the NHS, using the knowledge it gains from working with all providers. Benchmarking is another area in which additional support would be welcomed.
- As part of connecting people across the NHS, providers would benefit if NHS Improvement had additional routes through which senior leaders can access long experience of working in the provider sector and running large organisations, such as that provided by its senior leadership. Providers often greatly valued the advice they got from NHS Improvement's senior leadership, but pointed out that this was reliant on a small number of individuals. As leaders operating in a difficult environment, if NHS Improvement can facilitate more of this then it would likely be a welcome source of support.
- NHS Improvement could also take further steps to fully understand the challenges facing providers outside of the acute sector, and to tailor its support accordingly.
- Some providers were less aware of NHS Improvement's support offer, particularly those in the more autonomous Segments 1 and 2. NHS Improvement could potentially do more to advise providers of the support available in case it is required – for example, roadshows seemed to have been successful in communicating about support. This is particularly the case for the expert teams that providers could access with NHS Improvement, which were recommended by those who had used them.
- This links to a wider point about communications, that providers typically received a large volume of emails both from different parts of NHS Improvement and outside. They could find these emails difficult to navigate, so steps that could be taken to consolidate emails or improve signposting so providers can pick out information that is important or relevant would be welcomed.

Appendices



Ipsos MORI
Social Research Institute

Additional verbatim

- The following slides provide additional verbatim for each section of the report.

Understanding of NHS Improvement's role

"[I understand their role] fairly well. I understand their role as regulator and I understand their powers. I'm really clear about how they operate and what they're seeking to do... [Their main function is] ensuring that licence holders operate within the licence. So they're here to monitor our performance in terms of delivery of access targets and delivery of quality standards."

Finance Director, Acute Trust

"There's some focus on performance management but they've also, the improvement bit is important for them and they are very clear about that. So, as it's something that they were presenting at last week, the chief execs thing, where Jim and Simon Stevens were presenting and then there was something in the afternoon where it was just NHSI and they have clearly put quite a lot of thought into the improvement work they're doing and how they're going about it... it still feels the performance side of things and the way that's managed is very much the predominant ethos that they've been in through the TDA."

Chief Executive, Community Trust

"It's obviously to monitor performance – operational performance, financial performance and clinical performance – that's their role."

Ambulance Trust

"It's doing all of these things at the same time and I think that means it's incredibly difficult for NHSI as an organisation to have a coherent description of what it does, not to mention to come across to other organisations, particularly trusts, coherently because as soon as they say 'we're here to support and help you' ... they are also giving people calls about not performing enough and forcing control on them and as soon as they say 'we're a regulator' they could be asked whether a regulator isn't also supposed to improve... so the way NHS Improvement describes itself and comes across at the moment will be a lot more fragmented than they would like, but I'm also aware that given the different pressures they're under it wouldn't be particularly easy to come up with a single description..."

National Stakeholder

"Their role is to do a number of things, some of which are slightly contradictory... Their role is to do a number of things, one of which is to help, particularly public provider organisations, drive up quality of care for patients. Another is to act as the economic regulator for the service, policing procurement, patient choice and competition rules to ensure providers are treated fairly and the best provider is delivering the service to the patient. It's to set economic prices for the delivery of health care services to secure value for the tax payer, and it has a wider regulatory function around licensing all organisations to ensure that they are economically able to manage the complexity of services which they deliver... I think that it's been a fairly steady shift and one of the inherent tensions within the organisation is the fact that it's both an improvement body for public sector organisation as well as the economic regulator, discharged by Parliament to manage the quasi market within the NHS, and that can be sometimes a tension. There may be times where an organisation is not one of those NHS organisations, and is better placed to deliver the service, but the improvement or stability functions of NHS Improvement mean that that might not be best for that particular NHS organisation, so there are sometimes some tensions with what they do."

National Stakeholder



Ipsos MORI
Social Research Institute

Overall perceptions of NHS Improvement

"There is a massive gap between the senior team and the relationships team [in terms of experience and seniority]."

Chief Executive, Acute Trust

"I think as a figurehead he's [Jim Mackey] very authoritative and credible himself and I think when he says things people listen. So I think basically it's without importing the curse of personality on him I think NHS Improvement is, people listen to Jim Mackey immediately."

Chief Executive, Mental Health Trust

"I think, on the whole, I think people are relatively positive about NHSI. It's the wider NHS chaos that people are more, less positive about. But I think, if you accept the environment within which they're working, people do feel that NHSI are, on the whole, generally supportive, accessible organisation."

Finance Director, Acute Trust

"There still is this issue, so they talk a good game about the system, but sometimes you have to keep reminding them... So you talk to people at the top of the shop and they say the right things and they get it and are starting to think in terms of systems not individual organisations, but that isn't always reflected in their behaviour. So they will talk about taking a system approach to both finance and regulation, assurance, but then still they haven't quite moved away from beating up individual providers. So you can have a conversation about balancing across the system and how we deliver for the health economy and yet they still can't quite move away from getting on the back of an individual provider saying what are you doing to increase income and what are you doing to count this better."

CCG

"It's hard to say from my perspective because all we do is provide vast amounts of information for NHS Improvement and not much comes back... It's difficult to judge but if you're talking about previous team we had, I liked them because they were sensible and pragmatic and they kind of let us get on with it. This is what we'd like from the new team. Most of the new team have come from the TDA and not Monitor...they're used to a more intrusive and demanding style and I have to say that worries me a bit...as they're used to a more intrusive regime. So I'd like to have some of the freedoms that foundation trusts are supposed to have not just in lip service."

Finance Director, Specialist Trust

Views of NHS Improvement's role

"We asked for some support for somebody from NHS Improvement to come and observe our urgent and emergency care pathway to make sure we weren't missing anything in terms of the improvement plans we should be putting in place. And that was pretty positive ... most of the things we were doing were what they would expect."

Chief Executive, Acute Trust

"It feels like this whole thing about improvement, I'm not really sure that NHSI really know what they are trying to achieve with it".

National stakeholder

"From our point of view it's about dipping in and out about what might be relevant to us."

Director of Nursing, Specialist Trust

"I've had help around the ward based staffing and having someone come in and do an independent review of whether our controls are working, whether I can have confidence that they're working, so that sort of independent bit."

Chief Nurse, Acute Trust

"Colleagues at NHS Improvement know this I think, on the improvement offer to trusts... the proof is going to be in the concrete pudding of what this means in terms of exactly what is offered to each trust or to a local area like an STP. To me at least, and it might be that I'm not well informed enough, it doesn't yet feel that that's been articulated clearly enough and I think that's important to do now... For example there are conversations about the increasing number of trusts who really struggle with A&E waiting time targets or performance and I haven't yet seen... an articulated offer that says here's what we're doing. And that will be very much influenced obviously by how much resource the organisation has."

National Stakeholder

Working across the system

"So, it's a constructive relationship but I have other colleagues who feel, in organisations that are experiencing more difficulties and more pressures than we are, that actually the role becomes sometimes intrusive. Particularly when you overlay it with NHS England starting to play in through the CCGs and the CQC and you often get a combination of all three playing into organisations. So, I think there is still something for me, certainly for the system as a whole, about how do the ALBs work together effectively and I think there's a recognition that they will sometimes ask for similar types of information in different ways."

Chief Executive, Community Trust

"So CQC provides the licence to practice, then we've got another organisation NHSI which provides further regulation particularly around the economic side – there has to be some efficiencies between the two. The third part of that triangle is the CCGs who pay for the care, if the CQC provides licence practice and NHSI supports providers to deliver, what's our [CCG] role in that?... There is some overlap between NHSI and CQC. I'm not sure where we need to draw the line. I think there is an overlap between NHSI and CCGs, particularly around provider assurance."

CCG

"HEE are making sure we never have an oversupply of doctors but if you have that as your objective... it will inflate the value. And then on the other hand NHSI are saying we've got to cap what we pay these people, even though we've created a systematic shortage of doctors that is going to push the prices up."

Chair, Acute Trust

"NHS England, there seems to be further alignment, but further down both organisations in the middle ranks, it seems to me a bit of tension and a bit of friction in terms of how the rules are being interpreted, and I'm sure Jim recognises that."

Chair, Acute Trust

"Particularly around, to give one example, like planning for winter, capacity pressures... NHS England are taking a view which is patients need to be treated by the provider that can see them quickest. That's right for the patient. NHS Improvement have a responsibility... around the balance sheet position of the Trust and therefore those two things can come into conflict where NHS England wants patients to go elsewhere. NHS Improvement perhaps don't want them to do that because they don't want the NHS trusts to lose income, and we then hear two very separate sides to the story, and it can be very contradictory and slow, blocking progress which has a direct material impact on patient experience... They're being told one thing or we're collectively or individually being told one thing by one part of the system, and another thing by another part of the system, and therefore nobody is in charge, and it can feel a little bit like a headless chicken."

Chief Executive, Acute Trust

Embedding improvement culture and sharing best practice

"And where NHSI have been quite good is about sharing practice and about linking us up with other people who've been looking at similar sorts of things and have been a wee bit successful... but then they link us up with other organisations who need to learn from us. So they're quite good at that kind of networking and understanding that, where there's really good practice on the regional level. And then that's a positive. Because I have a really good relationship with my portfolio manager, and she's good at highlighting good practice ..."

Ambulance Trust

"When I've called up to ask for help when I've come across a problem with XXX, they've connected me with people who know."

Chief Nurse, Acute Trust

"To ensure that nationally there is a single focus for improvement and leadership development and not a fragmented one which we seem to have at the moment."

Chair, Specialist Trust

"Continue to provide funding for quality improvement training for NHS staff. To draw together the leaders of quality improvement work within trusts to either create a virtual or support network for those leaders. The single thing is continuing to provide funding for quality improvement training for NHS staff."

Medical Director, Acute Trust

"I don't think they've got the opportunity to develop. I think providers are in pockets you can certainly see it in some organisations, you hear about it or you talk about it on social media...there's so much pressure at the moment and it's hard to think about innovation and wellbeing and put it at the top of the pile as opposed to everything else that has to be a priority."

CCG

Working relationships

"I've always found it constructive. People are very professional in their dealings. There are always some frustrations, I think probably more when you are in system meetings than in our performance meetings. Our performance meetings have been, there is always a challenge...It's a difficult balance to strike, I think if they had a bit more armoury in terms of the improvement side of things, that... would help. So, if that's being developed at scale then, but also how they help link systems and push us together to learn as well. So, I think that being fairly assertive about, this is really good over here, you need to take that on board and if you don't you need to account to us for why not."

Chief Executive, Community Trust

"Some of the things challenging centrally is a bit computer says no, binary."

Finance Director, Community Trust

"It's not really an honest conversation although nothing untrue is said if you know what I mean. It's more the, it's one of those meetings they feel they have to have in order to have had it."

Medical Director, Acute Trust

"There is no contact with the senior regional team, and the local sort of relationships team is very junior so there is a massive gap in the middle, and the directors are also invisible...Jim is doing a really good job, I have a lot of time for him, he's doing an amazing job... [NHSI's behaviour leads to] a complete lack of motivation...feel treated like a naughty schoolboy, its old fashioned, inadequate way of thinking."

Chief Executive, Acute Trust

Communications and engagement

"Yeah, we get, I prefer the email ones, and we get quite a lot to be quite honest. The one that I, Jim Mackey's quite regularly sending us stuff about what we should be doing, we get the communications briefs on stuff, I read all of them and I find them useful so I don't have any, I think on that side, the electronic information communications from NHSI are pretty good."

Chair, Community Trust

"They use, I mean, the Carter Review stuff is an example of that. We've got different work streams and things where they're doing that. It's quite hard to, I think getting lots of emails about different initiatives going on, it's quite hard to know what you want to engage with. So, it's the bit about how they make it more accessible to understand where the best, which are the best things to engage in."

Chief Nurse, Acute Trust

"Most of them [the communications] are turgid. Most of them are just new and more complex control... the integrated control framework or whatever it's called is just a mammoth ream of document of 60 pages of how I'm to be monitored."

Chair, Acute Trust

"We meet with them regularly so that's the principal way, through finance we get a lot of individual communication with the regional team, we don't get that so much from the clinical team. We get some engagements through the performance route as well so we do have very good contact. We can pick up the phone and talk to them and I've mentioned changeover times a lot. We have always had somebody who we can pick up the phone and talk to who will be interested and will be up to speed with where we are so I think communication is OK and I think actually it's getting better."

Medical Director, Acute Trust