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for health and
healthcare*

HEEM/NHS Trusts
Relational Health Audit
2014



Evaluating the quality of 'between
organisation' relationships.



Health Education East Midlands

Health Education East Midlands and related NHS Trusts – quality of ‘between-organisation’ relationships

March 2014



Introduction

This report provides a high level review of the findings from an initial analysis of a Relational Health Audit undertaken on behalf of Health Education East Midlands (HEEM) and the NHS Trusts they relate to in undertaking their core functions of quality inspection, workforce planning and contractual undertakings. The report aims to explore the outcomes from the audit, and to make recommendations as to how to use these outcomes to continue to improve these key relationships.

1 Overview of the Relational Health Audit

HEEM wish to assess the current state of relationships between themselves and the local NHS Trusts in the context of quality assurance and workforce planning. HEEM is responsible for Postgraduate Medical Education in the region, and plans to change the approach to their programme of engagement with the trusts are evolving with the aim of co-producing enhanced environments for the provision of training through greater openness and transparency.

HEEM wish to evaluate the impact of those changes on the relationships between them and the NHS Trusts they work with. This exercise provides a baseline against which HEEM will continue to assess the quality of relationships as changes are introduced; the outcomes of this work will also inform future changes.

In order to establish the baseline quality of relationships we used a Relational Health Audit¹ tool. This is comprised of 20 questions which focus on five domains of relational proximity, as illustrated in Table 1. A further 4 supplementary questions were asked which are outside the formal relational proximity tool. Their purpose is to enhance the value of the tool in understanding how it relates to organisational culture.

The tool was deployed online to ease the gathering and analysis of the data. Invitations to complete were sent to all members of the HEEM teams and to all Trust members at CEO/Director/Senior Manager level.

¹ Relational Proximity and the Relational Health Audit has been used under licence from Relational Analytics who retain the Intellectual Property rights for the use and application of the tool. For further information see www.relational-analytics.com.

Dimension:	Relevance as it relates to :
Directness	Knowing where, when and how to contact the other group = accessibility .
Continuity	Enabling education and training to be delivered in an efficient way by different team members over time = flexibility and change .
Multiplexity or context	Knowing and understanding the pressures and other factors that will impact on team working = context sensitive .
Parity	Respecting each other's contributions and roles within the teams = team work .
Commonality	Fostering a situation in which both groups feel that they are ' in it together ' and that they don't have to 'fight against the system'.

Table 1 The dimensions of relational proximity

We have analysed 21 completed responses from HEEM and 31 from the Trusts. All HEEM teams and all East Midlands NHS Trusts had at least one response although a small number of individuals in HEEM indicated their key relationship as being with LOROS. As there were no responses from LOROS the HEEM responses have been excluded from this analysis. The relationships about which respondents were asked to focus were those between the HEEM LETB representatives and the NHS Trust representatives in the East Midlands.

2 High level findings from the Relational Health Audit

Each question relating to the domains of relational proximity was ranked by respondents on a scale of 1 to 6, with 1 being the poorest and 6 being the best expression of the component of the relationship under consideration. The overall result of from the comparison of the HEEM and NHS Trust groups is shown in Figure 1.

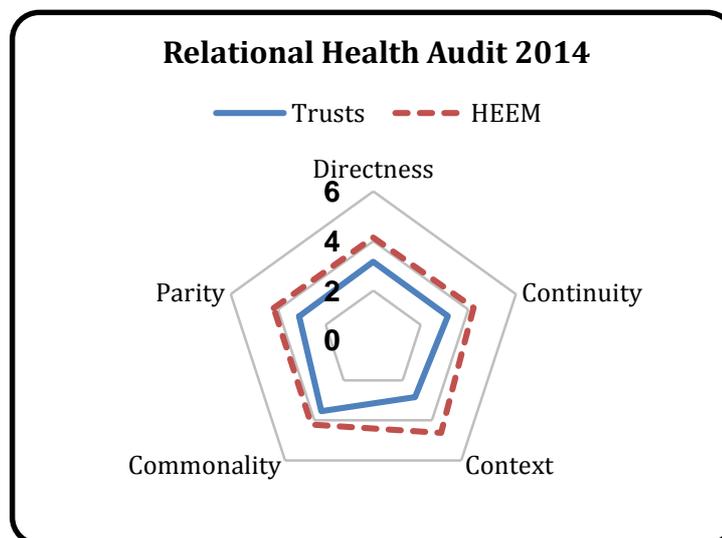


Figure 1 Relational Proximity comparison between HEEM and NHS Trusts groups

Whilst no statistical significance² could be placed on these findings it can be suggested that the relationship between HEEM and the Trusts:

- Is evaluated more positively by HEEM as a whole than Trusts as a whole and on all five dimensions of relational proximity individually (see Figure 1);
- There is most agreement on the dimension of Commonality although this shared perspective should not imply that Commonality is good because the scores are still around 3.5 to 4.2;
- There is least agreement on the dimension of Context. Whilst HEEM score this quite high (4.6), Trusts feel that HEEM do not understand the pressures and other factors they work with. This should mean that this dimension should be the focus of any action arising from this audit;
- There is most variation in how the Trusts see their individual relationship with HEEM on the dimensions of Continuity and Parity, including Lincolnshire Partnership Trust rating continuity higher than the HEEM team and all other Trusts, whilst University Hospitals of Leicester rated it markedly lower. This suggests that different Trusts have a different experience of these dimensions, perhaps related to individual circumstances;
- The relationship is rated consistently low on all dimensions by University Hospitals of Leicester when compared with the average of all Trusts, who showed more variation. These findings suggest that the relationship between this Trust and HEEM is not functioning as well as others;
- The relationship is rated consistently high on all dimensions by United Lincolnshire Hospitals Trust when compared with the average of all Trusts, who showed more variation, suggesting that the relationship between this Trust and HEEM is functioning more positively than others.

Figure 2 below compares the average rating given for each dimension between HEEM and Trusts.

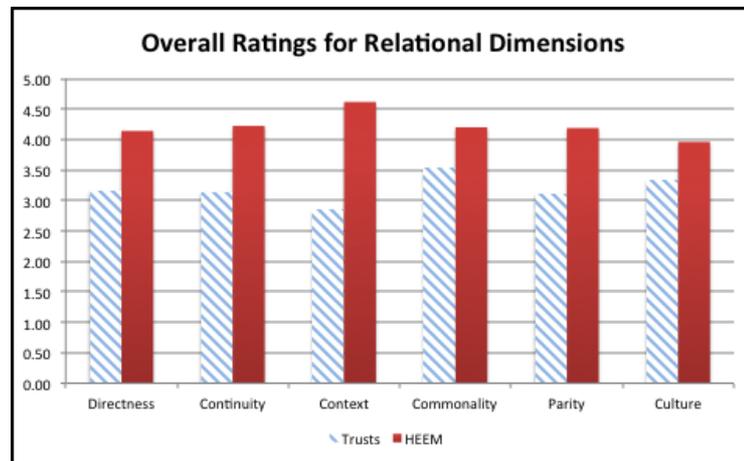


Figure 2 Relational Proximity comparison between HEEM and NHS Trusts groups by dimension.

These findings should now be used as a basis for dialogue between the parties to explore possible actions to improve relationships. The findings suggest the need to

² An 'F test' for statistical significance was carried out on the data for each of the five dimensions to establish whether the two samples (HEEM and Trusts groups) were sufficiently different to establish statistical significance at a 95% confidence level. To achieve this the 'p' score would need to be below 0.05. The respective scores for each dimension were 0.8 for Directness, 0.86 for Continuity, 0.4 for Context, 0.57 for Commonality and 0.83 for Parity.

build on the sense of common purpose to 'lift' ratings in other areas, There would also be benefit in exploring the reasons behind consistently high or low ratings, as highlighted by University Hospitals of Leicestershire and United Lincolnshire Hospitals respectively, as well as differences in specific primary drivers, as illustrated in Table 2 below.

	Lowest Rating	Highest Rating
Directness	Nottingham Universities	United Lincolnshire
Continuity	University Hospitals of Leicester	Lincolnshire Partnership
Context	Nottinghamshire Healthcare	Kettering
Parity	Nottingham University	Derbyshire Community Hospitals
Commonality	Lincolnshire Partnership	Derbyshire Healthcare

Table 2 Trust Ratings by the dimensions of relational proximity

In line with the results of the relational proximity audit, overall quality of the relationship between Trusts and HEEM was rated more highly by HEEM than Trusts (see Figure 3) where 42% of NHS Trust respondents thought that the overall quality of the relationship was 4 or higher, compared with 72% of HEEM staff.

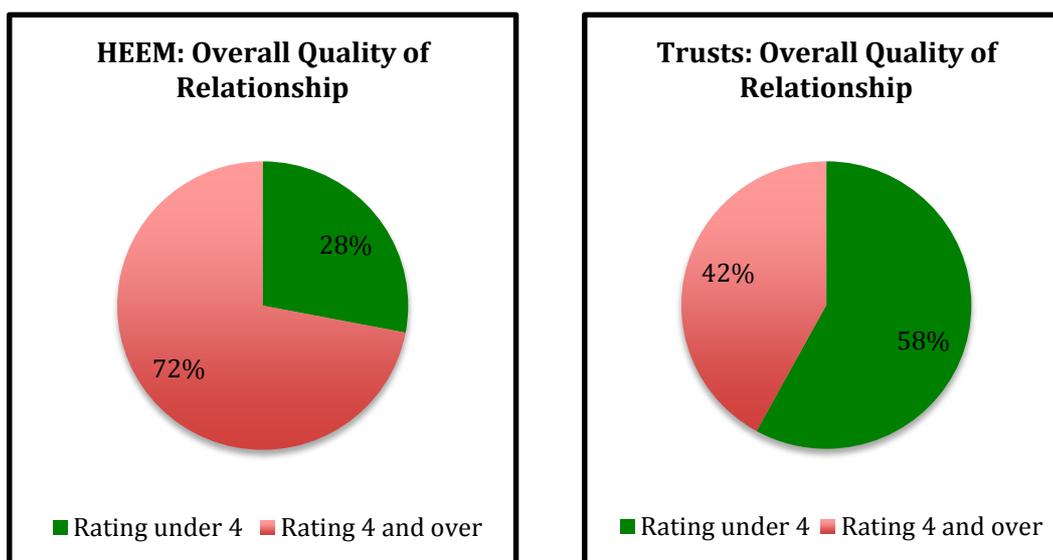


Figure 3 Overall quality of the relationship

Findings from the additional “Culture’ questions

The supplementary questions asked, (i.e. those relating to equality and fairness, mutual respect and generosity, trust and openness, and overall quality of the relationship) lie outside the formal licensed Relational Proximity tool. Their use is designed for the research purpose of internal validity of the tool, along with an attempt to identify any predominant ‘organisational culture’ that might be shaping the relationships between the LETB and the Trusts. Results are shown in Table 3 below.

Question	Overall score for Trusts	Overall score for HEEM
Equality and fairness	3.39	4.24
Mutual respect and generosity	3.23	3.76

Trust and openness	3.35	3.67
Overall quality of relationship	3.39	4.19

Table 3 Overall ratings for additional culture questions.

As would be expected given the higher ratings for the 5 dimensions of the tool, the combined ratings for each of the 4 'culture' questions was higher for HEEM than the combined ratings for the Trusts. The biggest gap in perception between HEEM and Trusts was in the area of equality and fairness.

Findings from demographic questions

Relational proximity and role:

Respondents were asked to identify their primary role within HEEM or Trust, and to record length of time in a role requiring a working relationship with the other party. (see Tables 4 and 5). The categories of 'less than 6 months', '6 months to 2 years' and 'over 2 years' were chosen to reflect time periods when a variety of changes have occurred (i.e. new staff with no history, staff who have been present through recent change implementation, and those who have been in role longer and have therefore a longer history and experience of the relationship).

Organisation/Role	No. of respondents	% age of possible respondents
HEEM: Education Commissioning Manager	5	100%
HEEM: Quality Manager	12	100%
HEEM: Workforce Team Lead	3	60%
HEEM: Associate Postgraduate Dean	1	20%
Trust: Chief Executive Officer	6	46%
Trust: Director	20	30%
Trust: Education Centre Manager/Team Member	5	42%
Overall	52	44%

Table 4 Role of respondents from HEEM and Trusts

Some general 'patterns' arose from the analysis of role as follows:

- HEEM: Education Commissioning Managers rated the relationship lowest of all HEEM staff on directness, continuity and context, and second lowest on commonality, parity and culture questions;
- HEEM: Quality Managers and Workforce Team Leads were most similar in evaluation of relational proximity;
- Trusts: Education Centre Managers/Team members evaluated context much lower than all other Trust roles;
- Trusts: Chief Executive Officers evaluated directness higher than other Trust roles;
- Trusts: Chief Executive Officers evaluated all dimensions near average or above other Trust roles;

- Trusts: All 3 Trust roles identified had very similar overall quality of relationship responses (3.3-3.4).

Relational proximity and length of service:

For both HEEM and the Trusts the majority of respondents have been in a role requiring a relationship with the other party for over 2 years as seen in Figure 4 below.

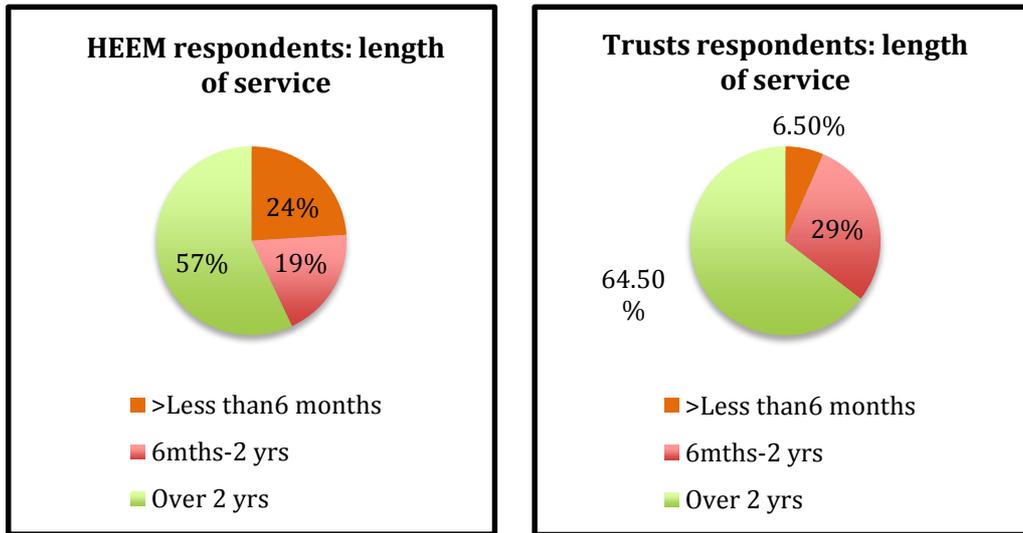


Figure 4 Proportion of respondents in each length of service category

Numbers of respondents	Less than 6 months	6 months-2 years	Over 2 years
HEEM	5	4	12
Trusts	2	9	20

Table 5 Length of service that has required working relationship with the other party

- On 3 of the 5 dimensions those who had been in their Trust role between 6 months and 2 years gave the lowest combined Trust ratings. The exceptions were for Directness and Parity where the lowest Trust ratings were for those in post over 2 years;
- On 3 of the 5 dimensions those who had been in their HEEM role between 6 months and 2 years gave the lowest combined HEEM ratings. The exceptions were for Commonality and Directness where the lowest HEEM ratings were for those in post over 2 years;
- For both Trusts and HEEM those who had been in post for less than 6 months gave the highest overall combined culture ratings, with the HEEM combined rating being higher than the Trusts combined rating, as would be expected given the overall higher rating of relational proximity by HEEM respondents;
- For both groups those who had been in post less than 6 months rated most dimensions higher than those in the other 2 categories;

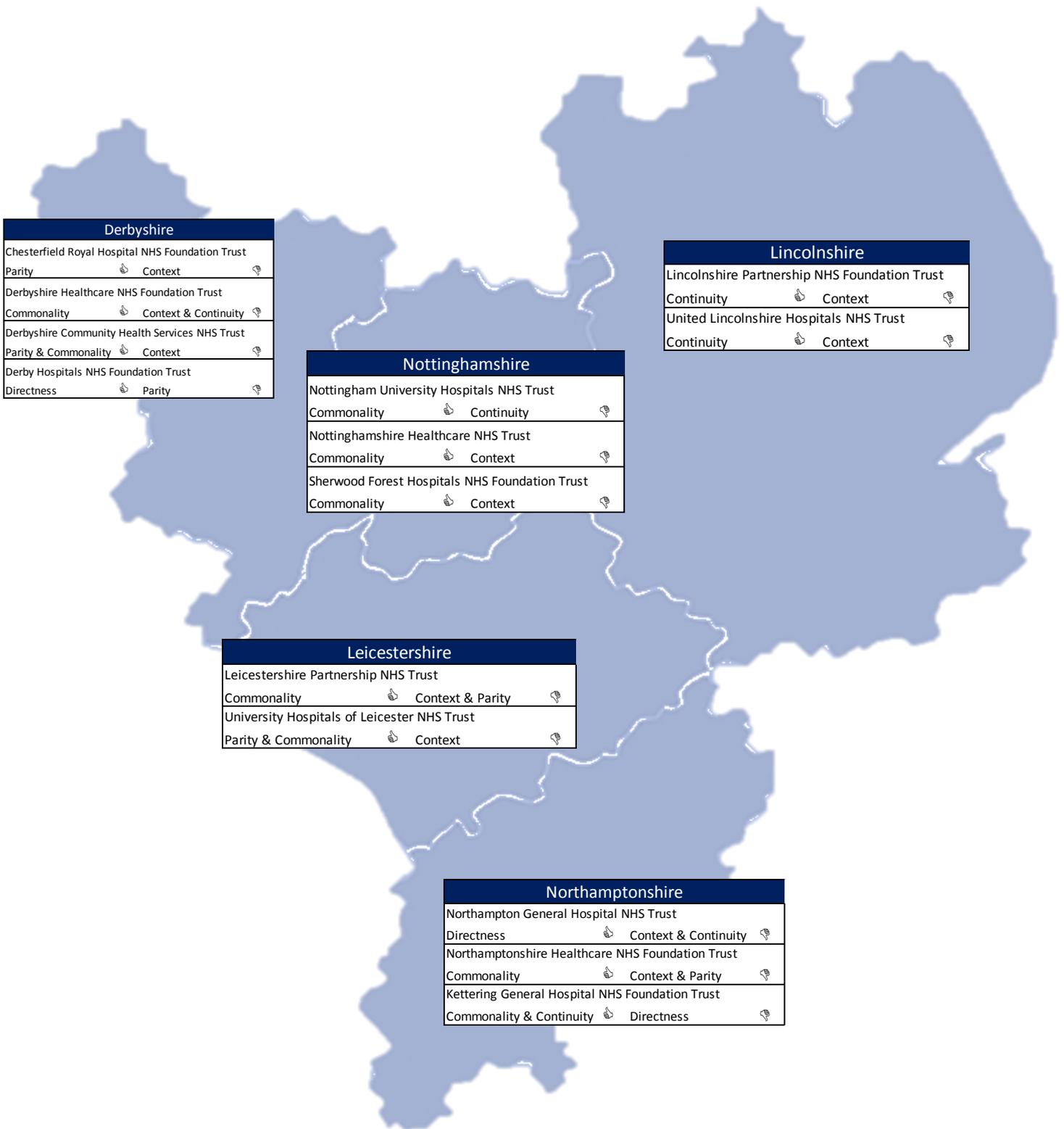
3 Trust by Trust Analysis

Figure 6 gives a summary of the strengths and weaknesses of each Trust's individual response to the survey questions. It is clear that there is variance in the perception of overall Trust relationships with HEEM, and the perception of different aspects of the relationship between an individual Trust and HEEM.

Trust	Strengths	Areas for improvement
Chesterfield	Parity	Context
Derbyshire Hospitals	Directness	Parity
Derbyshire Healthcare	Commonality	Overall context
Derbyshire Community	Parity overall and commonality	Overall context.
Kettering	Continuity and commonality	Directness.
Leicestershire Partnership	Overall commonality	Parity and Context
Lincolnshire Partnership	Overall continuity	Overall context and commonality
Northampton General Hospital (Generally low ratings)	Directness	Continuity and context
Northamptonshire Healthcare (Generally low ratings)	Commonality	Context, and parity
Nottinghamshire University Hospitals	Commonality	Continuity, parity.
Nottinghamshire Healthcare	Commonality	Context,
Sherwood Forest	Commonality	Context,
United Lincolnshire	Continuity	Context.
University Hospitals of Leicester (Generally low ratings)	Parity and commonality.	Context

Table 6 Analysis by Trust summary

Figure 6 Analysis by Trust summary



Dimension:	Aspects or components:	Relevance as it relates to :
Commonality	Shared objectives, common culture, working with difference, shared responsibility.	Fostering a situation in both groups feel that they are ' <i>in it together</i> ' and that they don't have to ' <i>fight against the system</i> '.
Parity	Participation, influence, fair benefits, fair conduct.	Respecting each other's contributions and roles within the teams = team work .
Multiplexity or context	Challenge, roles, skills and personal understanding.	Knowing and understanding the pressures and other factors that will impact on team working = context sensitive .
Continuity	History, stability, ability to manage change.	Enabling education and training to be delivered in an efficient way by different team members over time = flexibility and change .
Directness	The medium of contact, access, responsiveness and style.	Knowing where, when and how to contact the other group = accessibility .

4 Conclusion

The analysis above can now be explored with HEEM as the basis for informing their ongoing development of relationships with their local Trusts. It provides a robust set of data for use as a starting point in dialogue with the NHS Trusts.

Conclusion: There is evidence to suggest that there is an overall difference in the quality of the relationship as viewed by each of the groups. Although the results of the audit are not statistically significant, there would be benefit in exploring differences in viewpoint and how the relationship could be positively influenced and further developed.