



Involvement and Participation Association (IPA) NHS Social Partnership Forum Review – Final Report November 2008

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1. Introduction

The Involvement and Participation Association was contracted to undertake the annual review of the Social Partnership Forum in the NHS in April 2008.

The main focus of the review was on three objectives:

- Reviewing the current and past work situation
- The vision for the future and how to get there
- Embedding partnership working in the wider NHS

The project was designed to address how far the SPF had met its stated aims of:

- Contributing trade union and employer perspective to the development of policy
- Providing constructive comments on emerging policy at a formative stage
- Contributing ideas on the workforce implications of developing policy and implementation
- Promoting effective communications between parties.

The IPA has a long history of involvement in the development of partnership arrangements in the UK in general and in the NHS in particular. More details of the IPA's work on partnership can be found in appendix 1.

2. Background to NHS partnership

The NHS has long been of the view that partnership working needed to be at the heart of delivering an improved service. A task force involving the social partners was set up in March 1998 to advise ministers on ways of increasing staff involvement in improving patient services; it reported in July 1999. The action plan to implement its recommendations was published by the Department of Health in April 2000; it highlighted the need for a NHS Social Partnership Forum 'leading on implementation of the NHS staff involvement action plan'. However, the actual experience of partnership, despite enthusiasm and commitment and the establishment of the national forum, proved to be decidedly patchy. In particular, the Forum as reconstituted in 2002 appeared to stand alone as a piece of architecture, had little access to ministers or senior DH officials, and had no means of tasking other bodies or monitoring the outcomes of its deliberations.

Indeed, the perceived failure of the partnership institutions to function as the pace of change in the NHS accelerated after 2001 led to increasing disillusionment and a degree of cynicism among participants. Unions believed that major announcements on policy and practice were being made without any reference to partners, and that Department of Health officials did not regard the partnership arrangements as intrinsic to managing change. Department officials in turn were wary about arrangements which might be seen to hold up or challenge reform and local employers, while comfortable with the development of local partnerships at hospital or trust level, were less sure of the relevance of a national forum. By July 2005 when the major initiative *Commissioning a Patient Led NHS* was published without any staff or trade union involvement, it appeared the national system had broken down. Unions believed that reform appeared to be something being done to rather than with staff; one consequence was a perception that

staff were reluctant to act as advocates for the changing service, despite the substantial sums of money all sides acknowledged were being invested in the service.

At a local level, nevertheless, partnership continued to flourish in many trusts; some had expressed an early desire to develop partnership approaches, and it had been a key element in the implementation of the Agenda for Change pay system locally.

An awareness of the dangers inherent in abandoning the partnership approach for the effective delivery of change in the NHS prompted a renewed desire to breathe life into the conception. With the active encouragement of the then Health Minister Andy Burnham, a series of tripartite discussions culminated in March 2007 with the publication of a revised Partnership Agreement between the Department of Health, NHS Employers and the NHS trade unions. The agreement built upon experience in developing a similar process in Scotland and elsewhere.

In her introduction, the then Secretary of State Patricia Hewitt emphasised that ‘a key factor in any successful change programme is a commitment to engaging and involving the workforce at all levels...it is through partnership between patients, users, managers, employees and trade unions that organisations can innovate. The views of staff matter – staff have the knowledge and experience to know what really works and we need to harness this knowledge and engage the experience to help facilitate change.’

The Secretary of State acknowledged that ‘trade unions play a central role in giving NHS staff a voice at national and local level. The reassurance they give staff that their voice is heard at national levels is essential at this time of change in the NHS. Our clinical leaders also have a role to play in engaging all staff to ensure they understand and support the change agenda.’

The revised partnership agreement document set out:

- the roles and responsibilities of the key stakeholders and described the shared values and common purpose
- key principles for effective joint working
- working arrangements for the SPF, including how the body would interact with the National Stakeholder Forum and the NHS Staff Council. The SPF would act as a high level policy forum, not as a negotiating body, with partners sitting round the table, not across it, a different way of working from the more traditional adversarial union/employer approach. It would be chaired by a health minister.
- that the new Strategic Health Authority structures at regional level should review regional arrangements with a view to replicating the broad principles and structures set out in the agreement; strategic regional issues appropriate for discussion at the partnership forum
- that many local employers already had good working relations with staff sides and worked together constructively on a range of local issues. While there might be no need to make significant changes to local arrangements in many cases ‘as a matter of good practice it will be important to review local arrangements in conjunction with staff side representatives against these nationally agreed principles and consider whether change is needed.’

Finally it was agreed that the arrangements would be subject to review after twelve months of working and periodically thereafter.

All parties recognised that partnership working would be increasingly important as the NHS responded to new financial pressures and individual trusts took action to ensure balanced budgets.

3. The principles of the review

In discussion with the DH, NHS Employers and trade unions, it was agreed that the following would be among the key questions that the IPA review would address:

- What is the vision for the future of the SPF?
- What can the national SPF do to improve its own efficiency and effectiveness?
- What incentives do different parts of the NHS and the trade unions have to follow what the SPF says?
- How will the national SPF make the case for embedding partnership?
- What evidence can be used to persuade people that partnership working is the right way forward?
- What ongoing support will be needed to embed partnership?
- What tools and techniques are available to help embed partnership?
- How do we extend partnership working to the local levels?
- How can creativity and innovation be maximised to help embed partnership?

To meet the objectives of the review and help answer these questions the research took the following form:

- a series of in-depth one-to-one interviews with key stakeholders across all three groups and at national, regional and local levels; interviewees would be identified by the SPF review steering group.
- look in depth at specific work and projects carried out under the aegis of the SPF, as well as looking at the output of the national body and other relevant literature and existing case studies.
- a regional workshop event to explore regional and local issues in more depth, as well as a review of available evidence.
- A set of interim findings presented to the national SPF, followed by a national workshop which would seek to develop a consensus on future activity.

More than forty interviews were held with a wide range of participants and the IPA is grateful to all those who gave up their time. We also wish to acknowledge the exemplary support we have received in our work from the SPF review steering group, the DH secretariat and the SPF project manager.

This report firstly analyses the current situation, looks at the vision for the future, then sets out the issues arising from the review and the actions to be taken to embed partnership working further at national, SHA and local level.

4. The context of the review

Developing partnership working in an organisation the size and complexity of the NHS, headed by a government department, with a multiplicity of employers increasingly independent of the centre, a huge number and variety of workplaces, and a large number of trade unions, is a major challenge.

At the same time, the NHS itself has been undergoing fundamental and ongoing change; the new arrangements have devolved much to local trusts and as a result, the old central 'command and control' levers no longer work, so regional and local partnership arrangements have had to develop more under their own steam. And the development of partnership has been paralleled by an increasing emphasis on employee engagement and staff involvement within the NHS with which partnership working needs to mesh.

Despite the changes, the DH retains a crucial role in policy development; ensuring partnership input and approach to these initiatives and developments still poses a challenge, in matters as diverse as the NHS operating framework, the Healthcare Commission staff surveys, healthcare acquired infection, graduate employment, the skills pledge and so on.

There are also a large number of trade unions within the NHS – sixteen at the last count – who need to work together to deliver partnership; the multiplicity of NHS employing organisations – well over are represented by NHS Employers under the wider umbrella of the NHS Confederation. There is also the growing number of third sector and private providers and employers to bring into the partnership model. Tripartite arrangements require their own evolutionary dynamic, being more complex than the more usual management/worker models.

The chequered history of partnership working before the re-establishment of the Forum and the new agreement also casts a shadow. When the delegation of senior union representatives met the then Secretary of State in July 2006 they expressed concern about the perceived lack of consultation with staff and their representative organisations over policy direction and development, the pace of change and the implementation of reforms. The subsequent re-establishment of the SPF arrangements required a considerable degree of sustained commitment and organisational effort by all parties, as well as a vital process of relationship building which has been a key to success.

Recent figures from the Healthcare Commission staff survey also indicate a degree of staff disengagement at local level, with only 26 per cent of staff across the service satisfied or very satisfied with the extent to which their trust valued their work; communication between staff and senior managers was also poor, with only 23 per cent saying that senior managers involved them in important decisions and only 22 per cent considering that communication between staff and senior managers to be effective. These are among the important concerns which partnership working is designed to address.

5. The story so far (current and past work)

5.1. National level

The early momentum of the re-established SPF referred to above has been maintained. By December 2006 meetings of the revitalised forum were considering a wide agenda, and processes were put in place to communicate the results of each meeting through the service and in particular to SHA colleagues.

Meetings are held monthly (with the exception of August and September). Because of the large number of trade unions a decision was taken to invite the whole union membership to meetings every quarter; a smaller group of eight union members which includes two representatives of the allied health professional unions attends the monthly meetings which are known as the steering group meetings. The Department is represented by senior directors and officials; employers in the NHS are represented by NHS Employers staff and employers; SHAs are also represented. All three partners hold pre-meetings prior to the monthly meetings.

The wider group of all NHS unions, Independent Sector, BSA and representatives from the three UK countries also attend the quarterly meetings.

Within the union side, a major effort has gone into co-ordinating the large number of players. NHS Employers have given the SPF a high priority; attendance by DH officials has been consistently strong. Despite a change in ministerial personnel, there remains a very strong commitment from the current health minister to chair the meetings. Other health ministers also attend meetings when matters such as the Next Stage Review or the NHS Constitution are discussed; the Secretary of State has also attended several meetings.

A series of project teams bringing the three partners together has been established to deal with agreed projects, as detailed below.

5.2. Secretariat

A valued and highly skilled secretariat based in the Department of Health helps organise agendas in discussion with lead officials from DH, NHS Employers and the trade unions; consistency of secretariat membership has meant this group is now highly knowledgeable about forum and its workings and represents a considerable and very effective resource.

A senior member of the Department's workforce team, Peter Hall has key responsibility for the SPF and liaises with the Director of HR Clare Chapman and through her with ministers.

5.3. Project management

Since December 2007 the SPF has benefited greatly from the seconded services of Sharon Roper who acts as project manager for the increasing number of issues on which the SPF is developing work and action plans.

Sharon divides her working time between the three partners and has the confidence of all; she constitutes an essential and effective lynchpin for the work of the forum. She provides the forum with regular updates on progress on projects with a system of 'traffic lights' and acts as an important progress chaser through her project management. She has helped systematise processes and gateways as well as providing templates for tabling agenda items and action planning.

Her first report to the January 2008 forum made it clear that the 'majority of barriers are capacity and other practical issues, not commitment.'

Among the issues she identified and which have been increasingly incorporated into the work and operation of the Forum were:

- Capacity and time, with the SPF not being members' main role
- Timing of meetings, with the relatively short gap between meetings making it seem as if projects were not progressing quickly enough, given the lead time needed
- Need for clarity as to whether SPF role on particular issues is commissioning, conducting work, or passing it elsewhere
- Need to identify project leads
- Need to systematise reporting back
- Need for clarity about location of some of the issues and work discussed to avoid duplication
- Links with other bodies

Sharon has also subsequently identified a series of communications issues for further development. The work Sharon has carried out since her appointment has dealt effectively with many of these process issues. Some of these issues are still relevant and are addressed below. Strengthening the central support function for the SPF is considered below.

5.4. Ministerial support

From the very beginning of the re-constitution of the SPF, a vital factor in the success of the forum has been ministerial input which has both ensured credibility for the forum and ensured momentum in output. The minister has missed chairing very few meetings, usually during Parliamentary Recess, and her evident commitment to the process has been manifest and is highly valued by all partners. Other ministers including the Secretary of State have been regular participants in meetings and this has signalled unequivocally the significance attached to the process.

5.5. DH

'The involvement of social partnership gives ambition to all our processes. It's not an easy thing to bring off – but it's worth it.'

The regular attendance of senior DH directors and officials has ensured awareness of the importance the department's leadership places on the Forum. Considerable effort has been expended in ensuring that all parts of the DH understand the role of the SPF

and accept the need to bring issues of concern to the social partners, particularly those impacting on the workforce, to the Forum, in time for members to take a view and provide an input into policy development. A DH wide trawl is regularly undertaken by the secretariat, and officials in all branches are positively encouraged to make presentations to the forum.

Among the issues identified by interviewees:

- Despite potential concern among some DH colleagues that getting the SPF involved in their policy areas of issues might slow down their timetable, an increasing recognition that if there are going to be issues raised by the SPF it is better to have them raised early rather than later when something is just about to be published. As one official said: 'It is much better to identify the problem, get the controversy onto the table and work it through to a satisfactory conclusion.'
- An increasing willingness across the Department to take advantage of the opportunity to bring policy and issues to the SPF reflected in the burgeoning agenda. (Issues brought to the SPF for information or input are detailed below.)
- Although like many organisations, the DH is sometimes guilty of silo working, an increasing awareness of the need to consider workforce and human resources implications at all times. One official said: 'We've getting there; we've improved out horizon scanning and raising awareness in the rest of the forest.'
- some DH officials would welcome more SPF input on issues such as commissioning and discussions on reducing health inequalities. One said: 'An active sub-group of the SPF interested in NHS markets and patient choice would be extremely beneficial to the work we do, looking at rules for competition and contracts'
- an awareness that as the Department increasingly places strategic items on the SPF agenda it is important that other partners use the Forum equally pro-actively and recognition of the importance of other partners using the agenda process pro-actively.
- The 'no-surprises' aspect of partnership is particularly important, especially given the history of NHS partnership. Nevertheless, issues still on occasion slip through the net, although it is clear that these have not been instances of deliberate omission. It is also important that all partners sign up to the 'no surprises' approach.
- Overall a growing awareness that the SPF is 'the best opportunity the Department has of achieving change through consensus,' as one official emphasised.

5.6. NHS Employers

- NHS Employers have made a strong commitment to the forum. As one member said: 'The relationship between the NHS and the DH is not always clear; the SPF can play an important bridging role.'

- As their representation on the Forum includes local employers as well as representatives from NHS Employers, the time demands and the fact that as a result several of their representatives on the SPF are based outside London, has inevitably resulted in some inconsistency and difficulty of attendance.
- Some employers report a lack of continuity in dealing with issues: ‘sometimes you can raise something and it disappears into the ether’, one reported.
- NHS Employers would also welcome more clarity about their role in communication concerns up and information down, and what reporting back is required at SHA and local level.
- Employers also accept it is up to them to take the initiative within the SPF. ‘It’s important that our meetings aren’t the Department meeting with the social partners but a tri-partite arrangement with equality between the three partners. But that means we have to take the responsibility for getting items onto the agenda that are of importance to employers,’ emphasised one NHS Employers member.

5.7. SHA representatives

Members identified strengths and weaknesses. ‘The national level is a powerful forum with a willingness to talk about the major issues rather than minutiae; there is open, healthy and inclusive debate on issues that would previously have meant confrontation,’ said one. ‘It concerns me that there is no information available to the national SPF on local and regional partnership work. Partnership working must not be seen as just part of the scenery, but an integral part of the NHS,’ reported another

There were also strong calls for the SPF ‘to stop hiding its light under a bushel’, as one member put it. ‘We need to promote what we are doing to a wider audience; we do virtually nothing to promote the work we do.’

5.8. Trade unions

The trade union side has put aside former historic differences between unions affiliated to the TUC and other professional bodies such as the RCN and the RCM. They have also developed an improved relationship with the BMA which is an integral part of the staff side.

Although the numbers or organisations involved has led to the two-tier meeting arrangement outlined above, this achievement of united purpose is noteworthy, particularly since it has also involved organisation with varying views and policies putting differences which may emerge – for example over pay claims – aside within the ambit of the Forum. ‘Unions are working better together as a result of the SPF, and that’s a good thing, said one member from a smaller organisation. ‘It hasn’t worked out that the larger unions dominate. The SPF has been a boost for smaller unions and has been good at addressing the issues that concern them,’ said another ‘All the unions understand that

they have to separate social partner relations from other issues. You can't just take your bat and ball home because there's a row between us over there, say in Staff Council.'

- There is positive recognition on the union side of the progress that has been made. 'Starting from a position of mistrust we have reached a point where there is proper engagement. Now we need to go forward,' emphasised one member. 'We're past the confidence building stage and on to future planning,' acknowledged another.
- Unions recognise that the existence of the forum has enabled interaction with a wide range of stakeholders within DH.
- At the same time there is a realistic caution: 'we don't want to over-promise. We should only start work on partnership on things we agree we can work on,' said one union member.
- Union representatives accept the need for more policy input from the staff side. 'There need to be trust that unions are people who can provide a wide range of expertise to support policy development,' emphasised one member
- Some issues over process remain; including the need to be clearer on some agenda items what the action required is, 'whether we're drawing up a wish list or an actual action plan. If it's just a talking shop then frustration sets in' said one.
- Some trade union members are concerned that the unions are failing to put sufficient resources into supporting both the SPF and social partnership generally, and that unions themselves need to be more open about challenges to traditional ways of working. 'There's got to be mutual trust including within our own organisations and our own side, and we need to be more open about our disagreements,' said one member.

5.9. Self analysis

The Forum has been encouragingly aware of the need to scrutinise the effectiveness of its own work.

A workshop was held on 2 May 2007 on embedding partnership working and encouraging SHA early implementers attended by the Minister and the Secretary of State, SHAs employers and trade unions which agreed an outline programme to take work forward, building on local best practice and the national partnership model. This work was reported to and endorsed by the June 2007 meeting.

Representatives of the three partners met on 10 October 2007 to take stock of progress; they identified the successes to date as:

- The development and publication of the Partnership Agreement
- Positive ongoing joint working on a range of projects
- Maintenance of meetings momentum and communication channels on key policy issues
- Development of constructive working relations

- A series of more in-depth and informative workshop events on important policy issues.

They identified the need for 'concerted effort on the work programmes which we have set for ourselves. This will enable us to produce some real and tangible benefits and help us move to the next stage of the journey with some successes under our belt.'

- Each partner to commit time and resources to the work programme, as leads for project areas or as contributors to it, writing papers, leading or attending meetings
- Continued effective project planning and control for each of the work streams
- A project manager role
- Action the annual review
- Develop an effective communications plan

The staff side held an away day on 23 April 2008 to look at working arrangements.

6. SPF work programme and outputs

The Forum has been encouragingly pro-active in identifying issues of importance and acting on them. Several major projects have been established and are dealt with below. There has also been increased information flow to and from the SPF.

We looked specifically at several areas of specific work undertaken under the banner of the SPF, to establish whether there was an identifiable 'value added' component of the SPF input and whether the criteria of enabling trade unions and employers to contribute to policy development, particularly at a formative stage and regarding workforce implications were being met.

6.1. The NHS Knowledge and Skills Framework

TIMELINE	DETAIL
<p>January 2007 meeting of the SPF identified trade union concerns over the possible adverse effects of financial pressures and cuts in training and development budgets on the implementation of the NHS Knowledge and Skills Framework.</p>	<p>The KSF is a key component of the Agenda for Change pay system, providing a single, consistent and explicit framework for annual review and development for staff and is the driver for pay progression; it provides an important basis for developing staff in lower grades who have traditionally had little opportunity to build their knowledge and skills.</p>
<p>A paper to the February 2007 meeting (SPF 006) explored these concerns.</p>	<p>It identified that by end of December 2006 only around 70 per cent of staff had received outlines and only around 25 per cent of staff had had a development review, even though all Agenda for Change organisations were expected to have achieved full KSF implementation, and the trend appeared to be going backwards.</p> <p>Constraints to implementation included a reduction in the priority given to training and development and to the KSF within organisations, a reduction in funding available, decreased SHA capacity and an apparent perception from some employers that the KSF process was complex and bureaucratic, resulting in them viewing the process as more of a burden than a benefit.</p>
<p>All SPF stakeholders accepted the seriousness of the position and the need for action. A high level joint project group (known as the KSF re-launch group) was set up together with a working group and key officials out with the SPF identified (SPF 0030).</p>	<p>A series of initiatives were undertaken including:</p> <ul style="list-style-type: none"> • A letter from the SPF, signed by the minister and representatives of NHS Employers and the trade unions, to chief executive and NHS workforce directors outlining the plans for completing implementation: • A short video/DVD introduced by the Minister and highlighting the benefits of KSF and its ease of use, showcasing examples of best practice. • A review of KSF material including web based materials and new essential guides for staff and NHS Boards. • The re-establishment of a national KSF SHA network • A series of ten SHA based KSF meetings • A session on KSF at the forthcoming NHS Employers Conference (where the KSF would be relaunched) • Improved data collection.
<p>Meetings of the SPF received regular updates on progress.</p>	<p>By March 2008 a report (SPF 0049) established that all relevant NHS bodies including SHAs were now actively engaged in securing the continued implementation of KSF and that uptake was improving. It tasked stakeholders to continue activity – trade unions to develop union learning representatives as advocates of and advisors on KSF, NHS Employers to promote its use among employing organisations and ministers to keep up the pressure. The subgroup itself having completed its work it was agreed that ongoing work would be carried out by the Staff Council which would report back to the SPF in 2009.</p>

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Senior officials involved in the work emphasised that the tri-partite nature of the SPF made it the best focus for this work. The national SPF approach to this issue was particularly effective in mobilising SHAs to act on the problem. As one SHA official said: 'The SPF is an effective route for picking up service-wide issues such as KSF and making things happen. It is a good lever and the right forum for this sort of strategic issue.'

Another NHS Employers official commented positively on how trade unions had identified a problem by listening to their local networks. A DH official agreed that 'the SPF was able to look at a problem in the round and agree effective actions, then monitor their outcomes, when other NHS bodies had failed.'

6.2. Maximising employment opportunities for newly qualified healthcare professionals

TIMELINE	DETAIL
The very first meetings of the newly energised SPF in late 2006 discussed the growing problem of graduate unemployment in the NHS (SPF003).	
The concerns fed into a summit on securing and retaining staff for health and social care held by NHS Employers on 7 February 2007, which was in turn followed by a paper to the SPF meeting on 22 February (SPF008).	<p>This recognised that 'since 2005 it has become increasingly clear that the number of people seeking employment in the NHS is exceeded by job opportunities available for the first time in a generation...competition for posts is much more challenging and students in many professions are finding it increasingly difficult to find their first job post qualification.'</p> <p>The paper reported that up to 68 per cent of physiotherapy graduates, 34 per cent of speech and language graduates, 20 per cent of nursing and 15 per cent of midwifery diplomats and graduates were still seeking their first job.</p> <p>It emphasised that 'a shared commitment from all stakeholders is required to ensure effective partnership working and the success of strategies to maximise employment opportunities for newly qualified health professionals'. It issued a 'call to action to partners, which if supported by ministerial commitment can be published in time to address both the immediate problems and more long term solutions.'</p>
The action plan was published on 13 April 2007.	Among the immediate steps identified were a series of actions to be carried out by SHAs on a partnership basis, including talent pools, better information gathering and sharing, co-ordinating the mapping of workforce capacity and forecasting. NHS Employers and higher education institutions were also tasked with taking ownership of the process, and the paper emphasised that since the NHS was not the sole employer of newly qualified professionals it was important that employers and institutions worked across health communities.

<p>Key DH and NHS Employers officials were brought together with Lesley Mercer from the Chartered Society of Physiotherapy to co-ordinate SHA activity.</p>	
<p>Each meeting of the SPF received regular updates about the roll-out of the action plan; by the October 2007 meeting it was reported that progress had been made in many areas but problems still remained with physiotherapists in particular.</p>	<p>A series of further actions were identified including developing a business case on how physiotherapists could help in the delivery of occupational health services, emphasising how AHPs could help achieve better health and wellbeing across the population and help tackle health inequalities (SPF 0035).</p>
<p>By May 2008 the working group was able to report further progress.</p>	<p>Including an NHS Employers/CSP summit on 13 May, and evidence from SHAs and some trusts that a partnership approach was paying dividends in pulling together the relevant stakeholders to focus on solutions. The latest CSP survey showed that only 18 per cent of physiotherapy graduates were still looking for their first appointment; the numbers registered in the Talent Pool had fallen to 332 – a 43 per cent drop on the peak figure of 771 in September 2007. Further actions were proposed to ensure that the 2,250 further graduates expected in 2008 were also helped to find work (SPF 0058).</p>
<p>The subgroup remains in being and continues to publish advice and guidance to SHAs and trusts.</p>	
<p>ANALYSIS</p>	
<p>The innovative proposals in the report, which were given additional credibility by having been drawn up by and with the support of AHP unions, received a positive hearing within the service</p> <p>As several interviewees identified, the SPF provided exactly the tripartite forum which would enable the key stakeholders to get to grips with the problem: 'if the SPF hadn't existed we would have had to create something similar to deal with this kind of issue.</p> <p>'The benefit has been the development of jointly agreed solutions between the interested parties that have worked because people have taken immediate ownership and the relevant stakeholders have been enabled to come up with solutions together and at the same time.'</p>	

6.3. Healthcare Associated Infections

TIMELINE	DETAIL
<p>Following widespread public concern over the prevalence of Healthcare Associated Infections (HCAIs) discussion at the SPF in November 2007 identified that workforce policies and practices could be a key element locally to help effective management of HCAI.</p>	
<p>A paper (SPF 0041) in December 2007 set out a time-limited programme of work to look at existing HR/workforce policies and practice to determine where they might impact on the reduction of HCAI, which could follow up the imminent DH HCAI and cleanliness strategy.</p>	<p>The project group proposed a workshop (held on 10 March 2008), bringing together SPF partners with selected invited guests, both to look at management processes and develop ways of encouraging a local partnership approach to combating HCAI.</p>
<p>A summary report on the outcomes of the workshop was published in July 2008, entitled <u>Tackling health-care associated infections through workforce policies and practices – a partnership approach</u> (SPF 0065).</p>	<p>It identified practical areas for consideration locally including auditing HR policies to assess their impact on key HCAI targets, whether tackling HCAI was seen as everyone’s task, whether there was a consistent approach to policy implementation, and the need for leadership by the board and senior managers, as well as creating a learning culture so that lessons from any incident could be taken on board across the organisation.</p>
<p>The report is now being taken into local trusts, although the challenge remains to embed the proposals in local procedures.</p>	

ANALYSIS

The SPF was identified as an effective forum to bring the stakeholders together to enable consideration of the range of inter-connected HR issues from induction, training, management processes through to remedial and disciplinary issues, and to promote local joint working to tackle the issues.

The Secretary of State welcomed the SPF's contribution as demonstrating 'the huge enthusiasm and commitment to work together in partnership on this important area, but also the fact that from an HR perspective NHS and organisations have the HR tools they need; they need to make sure they are using them consistently and constructively.'

'In today's centripetal NHS, the SPF is perhaps the only body within the NHS capable of taking an overview of strategic issues which affect the service and doing something to make things happen. There is no more command and control; all NHS organisations and bodies have to want to do things, and the moral pressure the SPF exercises can be very effective by mobilising the key stakeholders to get things done.'

6.4. The Next Stage Review and NHS Constitution

TIMELINE	DETAIL
preliminary discussion of the Next Stage Review at the July 2007 SPF meeting	
NSR special meeting held on 5th September 2007 with Lord Darzi and Ben Bradshaw	
Lord Darzi attended the 18 October 2007 meeting to give an update following publication of his interim report, and outlined plans going forward.	Trade unions expressed concern that there might be insufficient engagement at local level when inputs into the review were being discussed, and Lord Darzi agreed that his review team should meet with SPF members to discuss in more detail how this could happen; he also reiterated that NHS Employers would be involved in the roll out of any work streams from the review. Staff side and NHS were subsequently asked to nominate representatives to sit on the four work streams feeding into the workforce planning and education NSR working group, via tomorrow's clinicians, education infrastructure and regulation, education commissioning and funding, workforce planning.
SPF members agreed on the need to feed into the developing work on the NHS Constitution being taken forward by Minister Ivan Lewis.	Ivan Lewis attended the meeting in January 2008 and encouraged members to be fully engaged in shaping the constitution.

<p>A major half day seminar on the review for the wider membership of the SPF, attended by Ann Keen, Ivan Lewis and Lord Darzi, was held on 21 February 2007. This was followed by a wider ½ day seminar on the principles of the NHS Constitution.</p>	<p>The detailed work of the national working groups on leadership, innovation, primary and community care was explored further as well as the impact of the review on the social care agenda and the implications for workforce planning, education and training and quality of care. Again, SPF members were encouraged to ensure input at all levels.</p>
<p>Following the seminar, all relevant papers from the review were circulated to SPF members and Lord Darzi and his team met with forum members.</p>	
<p>The 13 March meeting received an update of the joint work being taken forward on the constitution;</p>	<p>Ivan Lewis attended the meeting and answered queries on the consultation process and current thinking; it was agreed to hold a further meeting with the minister and his team in late April.</p>
<p>The full SPF received a full briefing on the final NSR at its meeting on 26 June 2008, prior to its publication two days later from Lord Darzi</p>	<p>Lord Darzi thanked the SPF for their input into the review over the previous nine months. He reaffirmed that detailed discussions with SPF members would take place over how the policies would be embedded within the NHS commercial framework and contracting documents. There was general agreement that it was important to identify the right levers and use commissioning arrangements and the Operating Framework to deliver high quality HR.</p>
<p>The follow-up work continues.</p>	
<p>ANALYSIS</p>	
<p>The ability of the SPF to input significantly into this major milestone in NHS development has been a key factor in its increasing credibility within the DH and the service.</p> <p>Members of the SPF are clear that the considerable commitment to the Forum made by Lord Darzi and his team was a major signal to the service of the importance that ministers and officials attached to partnership working at the highest level. There is no doubt that the inputs that SPF members were encouraged to make to the review and the evidence of the incorporation of their contributions has been an important factor in reaffirming the credibility and importance of the SPF process to SPF members.</p> <p>At the July meeting, the Secretary of State congratulated the forum for their positive input into the Constitution and asked the group to encourage widespread involvement in the consultation process; the group agreed that the trade unions would have a further opportunity to discuss the draft following its publication.</p>	

6.5. Other work streams

The SPF has also had a significant input into the following areas of work being carried out by DH and associated bodies; papers have been tabled and the relevant officials have attended to present, answer questions and enable follow-up:

- Workforce forecasting and local delivery of workforce planning
- Workshop on community foundation trusts
- Supporting the implementation of the 18 week commitment
- Social enterprise workshop
- 2006 and 2007 staff surveys including process and design issues, survey outcomes on communications/employer engagement, stress, violence and appraisal take up
- Integrated health and social care
- What matters to staff research
- Seminar on world-class commissioning
- Workforce implications of the 2008/9 Operating Framework
- NHS 60th anniversary celebrations
- NHS Skills pledge and joint investment framework
- What matters to staff

Other issues raised at the forum; again with papers tabled and officials in attendance where relevant:

- Safeguarding patients – the government's response to the recommendations of the Shipman Inquiry's fifth report
- Health and well-being commissioning framework
- Pandemic flu guidance
- Payment by results
- NHS Choices website
- Promotion code
- Financial performance in the NHS and the consequences for trusts in deficit
- Use within the NHS of the Drive for Change reform toolkit

Overall, given this programme of work it is clear that the objective of establishing the SPF as a cornerstone in policy development, allowing national stakeholders to input at an early stage, is being met. At the same time, the increasingly pro-active work of the Forum is ensuring that the national body has an increasingly positive impact on service delivery and reform.

All three partners identify their key challenge as using their channels to embed partnership working within the service, improve the cascade of information and develop communication approaches.

Other issues arising include:

- The need to streamline agendas and ensure that the two tiers of meetings work effectively
- Timetabling and prioritisation of work streams
- Ensuring the 'mainstreaming' of the SPF within the Department is maintained and deepened
- Developing a more pro-active approach to major issues such as commissioning procedures, health inequalities, delivering the eighteen week target.
- Maintain the high level of senior commitment
- Ensure all three partners share equally in developing the agenda
- Ensure all three stakeholders look at training and capacity issues for regional and local officials
- Ensure partnership working is seen as part of the essential architecture for the development of employee engagement

The actions recommended to take these issues forward and embed partnership working at national level are detailed below.

7. Regional and local partnerships

'The national SPF can't performance manage partnership at regional or local level; there's got to be an understanding and a desire at those levels to implement and nurture partnership working. At the same time we've got to help with encouragement and giving people the tools they need.'

As part of this review we undertook to gain an impression of developments at regional and local level. This was done via interviews with nominated regional and local partnership actors; we also sought views at a workshop session at an NHS Employers conference on employee engagement in July 2008 and the SPF organised a workshop for regional and local partnership partners the same month. NHS Employers also carried out a survey of attendees at the session on partnership working at their 2007 annual conference and UNISON surveyed branches asking for details of local partnerships. This information was shared confidentially and therefore cannot be published in this report however, the SPF will use these examples to develop future detailed case studies and support materials.

While therefore this review does not comprehensively map developments at regional and local level it does pick out consistent themes and issues for resolution.

7.1. Regional partnership developments

It is clear that the development of partnership working at regional level has been patchy. There are some examples of substantial embedding, for example the East of England, where partnership working applies to most strategic issues and is regarded as the norm both for policy development and implementation. Some regions have restricted partnership working to specific issues; in others it appears not to have taken off. Most regions have forum arrangements, but the degree of effectiveness and reach is unclear. It is also clear that even in regions where partnership activity is taking place; partners are still grappling with issues of identity and remit.

There is no doubt that a mapping exercise on regional partnership relationships and developments would identify the strengths and weaknesses of partnership at this level. It would also enable a better understanding of the appropriate levels of activity, and the barriers to the establishment of and the maintenance of effective partnership working at regional level.

'Partnership working is not just another part of the NHS bureaucracy; it's a means of doing more effectively the things you need to do.' SPF members in successful regional partnerships were clear that the forum contributed to the SHA getting onto the front foot on strategic issues particularly those with workforce implications. In some the fact that as relatively new organisations SHAs were still trying to find their way into the new role was seen as a barrier to progress, although others pointed to the opportunity this presented of embedding this style of working at an early stage.

A constant theme from many interviewees at regional level was the lack of contact or relationship individuals felt with the national SPF; often people were unclear about the relationship expected of them. The monthly communication notes detailing developments at the national SPF were not thought to be particularly useful. 'I don't expect the national SPF knows about regional and local structures – and we have no contact.' On the other hand, while there was no formal link with local partnership working 'we get a good feel for it.' Nevertheless there was a recognition that SHAs were not in a position to dictate how partnership working should develop at local levels, where the levers had to be owned by local stakeholders.

It seems clear that for successful partnership working to be developed at regional level it requires a clear determination to get partnership discussion on strategic issues as part of the way the SHA works, rather than as an optional add-on. The importance of a commitment from the key SHA players, including the Chief executive, the director of HR and the senior union full-time regional officials cannot be underestimated. The East of England example for one demonstrates that a range of strategic issues can be best addressed through partnership, but a commitment to do this has to be made at the highest level and followed through. Where there has been little or no history of partnership working however, the levers need to be identified to bring the key actors together and to set robust mechanisms up.

'It's no good if people feel it's just another meeting. There are huge time constraints on busy professionals and people need to feel that they are really getting something out of it, rather than trying to set up some thing for the sake of it.'

It is also clear that while referral of key issues with national implications such as KSF and graduate unemployment from the national SPF has led to successful outcomes, this work is not sufficient to build or sustain partnership relationships at SHA level. The concept has to be acknowledged as effective in dealing with strategic issues and challenges in its own right by the key SHA players and regional trade unions and as an important tool for effective working at SHA level.

It is also important that regional partnerships do not take on more work or projects than they are able to cope with; some stakeholders report frustration at 'doing too many things not well enough, rather than focussing on and prioritising those issues where we can make a difference.'

There is also a lack of clarity about the role that regional partnership arrangements can and should play in helping promote and develop partnership working at local level. Some SHAs believe that to be effective they should have a watching brief to encourage and sustain local activity; others do not currently anticipate such a role.

7.2. Local partnership working

As would be expected in an organisation with so many and such a variety of local employers, local partnerships vary from the outstanding to the non-existent. While there are many examples of good practice other trusts have clearly found developing and sustaining partnership working to be a challenge.

In many trusts partnership style arrangements were developed – some formal, some informal – to deal with the implementation of Agenda for Change.

In some cases these have developed into fully fledged partnership agreements.

There is also a variety of models; in some cases the joint negotiating machinery is used for partnership relations, while separate forums exist in others. Respondents in the NHS Employers survey reported taking a partnership approach over pay, AfC and job evaluation; some also used partnership approaches in drafting new policies and conducting service reviews.

Several partnerships were working on very detailed issues including; decontamination, reconfiguration of medical/surgical wards, staff survey results

Other trusts have reinvigorated partnership to deal specifically with local challenges such as mergers.

Several trusts found a partnership approach crucial in dealing with the consequences of financial pressures.

There appears to be no significant differences in the prevalence of partnership working as between foundation and non-foundation trusts, and there are also key examples of good practice to be found in mental health trusts.

Other trusts were intending to use a partnership approach to tackle local action plans arising from the results of the staff survey.

Where partnership working was in place, many employers reported that paying a salary to enable a full-time union officer on the ground greatly helped their partnership approach.

It seems that a history of adversarial relations between unions and managers in ambulance trusts continues to hinder the development of partnership in some parts of the country; as reconfiguration brings changes some trusts have recognised this difficulty and have bought in outside partners to help resolve issues and develop new ways of working.

While in some examples local partnership working has embedded, it is also clear that in other instances formerly adversarial relations have resumed. Among the causes appear to be a change in personnel of key individuals from either the union or management side, a breakdown in trust, or local issues which prove too challenging for local partnership structures. This 'degeneration' has caused frustration in many cases with the key actors unclear about what caused the slide, and what to do to reverse the trend. In still other cases there has been no experience of partnership working and local managers and union officials are unclear about the potential benefits. Other reported difficulties include getting line managers to consistently apply partnership approaches, and a tendency for partnership to 'dumb down' to purely practical issues such as car parking. In some cases there was a clear divergence of view between managers and staff side representatives about whether partnership was in fact working.

Unions acknowledge that the development of partnership locally poses serious capacity questions, particularly at a time when the numbers of members willing to take on union responsibilities seems to be reducing. For those who wish to be active, a further development of training opportunities in partnership working would be welcome. Many also felt their trade unions were inconsistent about how they did cascade information while some felt a degree of ambivalence towards partnership still remained among some senior union officials.

It is also noteworthy that very few local partnership stake-holders feel they have any relationship with either their regional or the national SPF bodies; views depended on whether individuals either sat of these bodies or positively sought information about their work.

It is clear that the range of barriers to developing and maintaining local partnerships need to be better identified.

A major issue arising from the diversification of providers in the NHS is how to develop partnership working with outside providers. Some steps have been taken – for example in Greenwich with ISS, and in NHS logistics as a result of transfer of provision to DHL.

The Business Service Association, which represents many of the companies involved in outsourcing, has expressed an interest in exploring partnership models further; BSA representatives are invited to the wider national SPF group, and this area of work should be taken forward, involving third sector interests as well.

What arises clearly from the successful examples of partnership working is their centrality is ensuring the success of the operation of trust and the role in helping the management of change – the business case for partnership.

It is likely that if this case was more widely understood and acknowledged it would lead to a substantial increase in uptake.

Overall, good practice in partnership locally remains too dependent on the commitment and initiative of individual managers and staff side representatives, and cannot be said to be embedded in the NHS culture. There remains a need to convince some chief executives and managers that partnership is a helpful process that will take staff along, rather than a delaying tactic by unions.

It also seems clear that local partnership may well need to be based on more than a generalised belief that 'we've got good relations and work together well with our unions'. Without a more articulated and shared vision underpinning joint working, relationship can prove vulnerable to changing personnel and difficult challenges such as financial pressures.

8. The vision for the future

The principles and processes enshrined in the national SPF through the partnership agreement have proved robust and still constitute a positive road map for future work. The cornerstone of the vision for the future is to broaden, widen and deepen the approach across the service so it becomes 'the way we do things around here':

- Moving up from the current transactional approach to transformational at the national SPF
- Ensuring ongoing development work on partnership working, reviewing and monitoring progress and outcomes
- Embedding partnership working at every level of the service
- Articulating that it constitutes the best tool for delivering and managing reform and change in the NHS in a way that is fair to staff
- Demonstrating how partnership contributes to the NHS achieving its goal of improving patient care and services
- Making local partnership working an essential underpinning for staff engagement
- Setting targets for achievement by the end of 2009

Establishing the business case in this way should ensure that no future government would want to unstitch the process. Some practical proposals on how to work towards this goal are outlined below:

9. ... and how to get there; embedding partnership working in today's NHS

The previous sections of this review set out progress so far and some of the challenges that remain. The following proposals are designed to help embed partnership working at all levels of the NHS, and draw heavily on proposals that emerged from the regional/local and national workshops.

9.1. Goals and roadmap

Clear goals to embed partnership working which will enable national SPF stakeholders to identify what success looks like should be articulated. These should include:

- Streamlining the work of the national forum
- Measurable SPF inputs into health policy
- Development of regional partnership approaches
- Development of local partnership approaches

- Wider understanding of the case for partnership

A further review measuring implementing the road map and progress against the goals should be held by December 2009.

To ensure that these recommendations and actions – this road map – are of practical assistance to developing the work of social partnership in the NHS, the national forum should draw up a timetabled plan of action and implementation, with clear milestones, and progress monitoring mechanisms and responsibilities, which can be discussed and assessed at the full forum.

Each forum meeting should include progress monitoring against the road map and timetable as a regular item on the agenda. Auditing progress in this way will enable the SPF to ensure its agreed goals and timetable are being met.

9.2. Second stage launch

It is further proposed that the launch of the NHS partnership website should form the centre-piece of the launch of the second stage of NHS partnership working, at the core of which will be a renewed effort to promote and develop partnership working at regional and local level.

In order to maintain the momentum created by the publication of this review, this launch should take place no later than April 2009. The business case should also form a cornerstone of the second stage launch.

By the time of the launch the publicity materials, including the good practice and how-to guides and case studies looking at barriers as well as successes, should be available. Training modules should be developed. Partnership champions at regional level should have been identified and plans for a nationwide partnership road-show involving both regional level and individual employers put in place.

This approach will enable all partners to reaffirm their commitment to the partnership route and will provide a major publicity opportunity to communicate the message of why partnership works and why it matters.

RECOMMENDATION	DETAIL	ACTION
Strengthening the national SPF		
Further steps should be taken to prioritise and timetable agenda items; every effort should continue to ensure that partner organisations continue to adhere to the no-surprises culture; pro-active timetabling should ensure that major health policy initiatives continue to come to the SPF for input in good time; the SPF should consider how to extend its consideration of issues such as public health and commissioning.	in particular if the two tier system of meetings is to be maintained, it is important that there is a continuity of agenda items at the three monthly meetings to enable the larger group of attendees to maintain their input	<p>Discuss priority and agenda setting for the coming year at December 2008 SPF meeting in the light of and reflecting the overall work programmes of partner organisations and likely NHS policy challenges. Identify strategic issues which should be tables for discussion and progress monitoring at wider meetings.</p> <p>Discuss with attendees at wider meetings including non statutory providers how their input can be improved.</p> <p>Discuss principles for agenda setting.</p>
Stakeholders should urgently identify what additional central support the national SPF requires both to progress chase on programmes of work and develop the agenda further.	A Support and Development unit could ideally be staffed by secondees from the three partners. This will ensure the pace and momentum of the national SPF is maintained.	<p>SPF partners to take forward discussion about resources, mapped against priorities, linked to strategic agenda setting for the coming year.</p> <p>Decisions on resources to be taken by December meeting.</p> <p>Staffing resources, including the possible establishment of a Support and Development unit/alternative models for supporting partnership working to be discussed at the December meeting and decisions taken forward</p> <p>The key central support tasks to be identified and prioritised. and matched to resources</p>
If the system of monthly meetings is to be maintained it is important that timetabling takes account of a realistic lengths of time needed for work to be undertaken on behalf of the SPF.	Some national SPF members were concerned that the system of monthly meetings made it difficult to structure agendas, and left a very short time between meetings for work to be progressed; others were strongly of	<p>Review meeting frequency in December 2008</p> <p>Continue to establish subgroups including members of wider group to deal with key issues.</p> <p>Discuss priority and agenda setting at December 2008</p>

	the view that frequent meetings were vital to maintain momentum. If monthly meetings are to be maintained it is important that agenda timetabling takes account of a realistic lengths of time needed for work to be undertaken on behalf of the SPF.	SPF meeting incorporating realistic timetables.
The national SPF should take the lead in defining further the role, responsibilities and purpose of partnership at every level of the NHS.		To be taken forward by embedding partnership working group in order to make recommended actions to wider SPF in the light of the second stage timetable.
The importance of a partnership approach in underpinning the development of employee engagement in the NHS should be further explored.		To be discussed further by SPF for suggested actions; joint working to be developed with employee engagement strategy within DH
A comprehensive communications strategy for the SPF should be implemented as soon as possible, building on the work set out in SPF 0069.	<p>The aims and objectives of the strategy should be to:</p> <ul style="list-style-type: none"> • Promote partnership working though-out the NHS • Raise awareness and understanding of the SPF throughout the NHS • Maximise the impact of the discussions and actions that the SPF undertakes • Communicate key actions and messages to relevant colleagues within and outside the SPF 	<p>Specific activities to support the communications strategy should include an SPF branded website which would support basic information about the SPF and partnership working, key messages, good practice guides, toolkits for developing and maintaining partnership, current publications and work updates. The website should be established as a matter of priority, and form the centre-piece of the launch of the second stage of NHS partnership working as proposed above.</p> <p>Stakeholder organisations also need to look urgently at their internal communications and articulate specific proposals for improving communications with members/stakeholders</p>

	<ul style="list-style-type: none"> • Improve communications and engagement between the national SPF and regional and local partners around the national SPF agenda • Create and promote an identity via a standardised brand and materials for the SPF • Create a joined up approach and communications channels for promoting partnership and the work of the forum and sharing good practice in partnership working • Encourage improved communications between SPF members and within partner organisations. 	<p>Further activity supporting the launch of the second stage of partnership to be taken forward by the SPF Communications sub-group reporting back to wider SPF.</p> <p>A media strategy to support the above should be developed and discussed at the SPF.</p>
<p>Supporting partnership development at regional and local level</p>		
<p>There is now an urgent need for the strong business case for partnership to be established and promoted throughout the service, to ensure a better understanding of the benefits it brings, and to explode some of the remaining myths.</p>	<p>To be delivered by partnership specialist via contract with input from SPF on content.</p>	
<p>Regional networks, including those for NHS HR personnel should be targeted for partnership development. CEs, chairs, senior and middle managers and trade unionists at all levels should be targeted with the case for partnership working.</p>	<p>To be considered and discussed further in discussions around priority setting and embedding partnership working. Establishing regional networks should be at the heart of the developmental activity referred to above.</p>	

<p>The message about the importance of partnership working needs to be constantly reinforced by senior stakeholders, including ministers and chief executives.</p>	<p>Taken forward through the communications sub-groups media and promotional planning</p>
<p>The national SPF should consider a more thorough mapping exercise which could look in more depth at the extent of SHA and local partnerships, and identify in more detail the practical support that should be offered. The existing good practice data should be updated.</p>	<p>To be considered and discussed further in discussions around priority setting and embedding partnership working.</p> <p>A mapping exercise of local partnership to identify areas of weakness requiring development should be undertaken.</p>
<p>The developmental needs of regional and local partnerships should be established. In particular more in-depth work should be undertaken to identify:</p> <ul style="list-style-type: none"> • Levers getting partnership off the ground such as identifying partnership champions at regional and local level, road-shows on partnership, promotion of partnership working at board level, establishing issues for joint working and regional/local goals – should be identified • Barriers to the development of partnership approaches should be identified and good practice guides developed to help regional and local players overcome difficulties • What can go wrong and how to get back on track, for example dealing with unexpected financial challenges, or with merger plans, with case studies of challenges that can derail partnership working and how to overcome them • How partnership develops over time – longitudinal studies to establish bumps in the road. • A variety of examples of good practice including the creation and maintenance of partnerships 	<p>To be considered and discussed further in discussions around priority setting and embedding partnership working.</p> <p>Resources to be allocated to a timetabled programme with outputs scheduled to help with the promotion of the second stage as outlined above.</p> <p>Responsibility for these outputs should be allocated, including external support and suppliers.</p>

<p>A series of 'virtual' publications/resources could identify diagnostic tools and checklists, as well as how-to, audit and what-if-it goes wrong toolkits</p>	<p>To be considered and discussed further in discussions around priority setting and embedding partnership working. Delivery to be timetables to support the launch of the second stage.</p>
<p>Other opportunities for horizontal learning such as workshops or partnership road shows should be considered</p>	<p>A series of regional workshops should be held as a part of a partnership road show. The events would involve regional and local stakeholders, but would be specifically designed to showcase good practice, highlight the business case and reach parts of the NHS where partnership working is not yet fulfilling its full potential.</p>
<p>A series of joint training modules should be developed to meet the needs of:</p> <ul style="list-style-type: none"> • first-step partnerships • partnerships in difficulty • maintaining partnership momentum 	<p>To be considered and discussed further in discussions around priority setting and embedding partnership working. Resources for developing this training should be identified as a priority and responsibility for developing the modules allocated.</p>
<p>A programme of joint training workshops could be developed for regional roll-out.</p>	<p>To be considered and discussed further in discussions around priority setting and embedding partnership working.</p> <p>These should be rolled out as part of the regional road shows referred to above.</p>
<p>All stakeholders should review the resource commitments they are allocating to partnership at every level and identify additional needs, including training. An honest assessment of capacity restraints should be made and resources allocated accordingly.</p>	<p>see above</p>
<p>A national network of partnership champions should be established; this network should be enabled to share experiences across the service.</p>	<p>responsibility for developing the network should be allocated.</p>
<p>A national 'good practice' award scheme could be established.</p>	<p>To be discussed in the context of the HPMA partnership award launched in 2008 and jointly sponsored by the SPF partners.</p>

To support regional partnership working, meetings of the national SPF could be held outside London in a rolling regional programme; the meetings could be accompanied by developmental and good practice events.

To be considered and discussed further in discussions around priority setting and embedding partnership working.

A timetable for regional meetings should be drawn up to support the second stage launch.

Appendix 1

Involvement and Participation Association – Experience in partnership working

The IPA has a long history of involvement in the development of partnership arrangements in the UK in general and in the NHS in particular. Clients include Alder Hey Hospital, Liverpool, Wigan and Leigh NHS; Nottinghamshire NHS Trust, Blackburn NHS, Southport and Ormskirk NHS, Sheffield Children's Hospital, and hospital trusts in Darlington and Wolverhampton.

We also worked with the DH to support the development of partnership approaches within the NHS in 2000 followed the publication of the report of the NHS taskforce on staff involvement in July 1999.

Our 1992 groundbreaking report *Toward Industrial Partnership* was the first attempt to identify the key principles and practices which underpin partnership in the workplace. Equally influential was our 2004 publication *Partnership Working – a Practitioner's Guide*, which identified a number of key factors as being necessary to sustain and embed partnership working. These included:

- A robust consultation process involving trade unions
- Partnership working extending to all levels of an organisation
- Participants changing behaviours and how they discuss issues
- Training is important but not a panacea
- Partnership has to be seen to deliver effective change
- Expectations have to be managed but partnership has to be seen to deliver benefits
- Partnership champions need to be established
- Key tension points need to be resolved
- A culture of no surprises needs to be embedded.

We also developed a range of key performance indicators which could serve as the basis for measuring success. These included:

- More effective and efficient change management
- Increased staff satisfaction and greater engagement
- Improved skills for staff and managers
- Improved trust
- Issue resolution and residual issues reduced
- Better quality decisions
- Staff awareness
- Increased 'customer' satisfaction
- Improved communications and reduced grapevine
- Fewer grievances
- Lower attrition and staff turnover
- Less sickness and absenteeism
- Increased productivity

Our substantial list of clients with whom we have worked to develop partnership includes United Welsh Housing, Legal and General, Barclays, Inland Revenue, Hounslow Borough Council, Rolls Royce, Kellogg, Amnesty International, Home Delivery Network, Lafarge, Diageo, Banff and Buchan College and Severn Trent Water.

Appendix 2 Summary of 2007 NHS Partnership Agreement

The revised partnership agreement document set out the roles and responsibilities of the key stakeholders and described the shared values and common purpose all subscribed to underpinning the agreement.

It also set out key principles for effective joint working:

- Building trust and a mutual respect for each other's roles and responsibilities
- Openness, honesty and transparency in communications
- Top level commitment
- A positive and constructive approach
- Commitment to work with and learn from each other
- Early discussion of emerging issues and maintaining dialogue on policy and priorities
- Commitment to ensuring high quality outcomes
- Where appropriate, confidentiality and agreed external positions
- Making the best use of resources
- Ensuring a no surprises culture.

The agreement also set out working arrangements for the SPF, including how the body would interact with the National Stakeholder Forum – the high level strategic group comprising the key stakeholders across health and social care – and the NHS Staff Council, responsible for formal negotiations around pay and terms and conditions. The SPF would act as a high level policy forum, not as a negotiating body, with partners sitting round the table, not across it, a different way of working from the more traditional adversarial union/employer approach. It would be chaired by a health minister.

It proposed that the new Strategic Health Authority structures at regional level should review regional arrangements with a view to replicating the broad principles and structures set out in the agreement; strategic regional issues appropriate for discussion at the partnership forum could include regional workforce planning including education and training, tackling SHS-wide issues such as displaced staff or working through the wider implications of service changes or re-configuration which affect more than one employer.

The document recognised that many local employers already had good working relations with staff sides and worked together constructively on a range of local issues. While there might be no need to make significant changes to local arrangements in many cases 'as a matter of good practice it will be important to review local arrangements in conjunction with staff side representatives against these nationally agreed principles and consider whether change is needed.'

Finally it was agreed that the arrangements would be subject to review after twelve months of working and periodically thereafter.