



# LEARNING IN PARTNERSHIP

*A Review of Health  
Services Partnership*



Health Services  
National Partnership Forum

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## Section 1: Introduction

This review of Partnership within the Health Services was commissioned by the Health Services National Partnership Forum (HSNPF) in the light of the current Health Reforms and the associated abolition of the Health Boards, which necessitates the designing of a new Partnership Structure.

Between August and October 2004 interviews and focus groups were carried out with joint chairs, both current and past, and some members of Partnership Committees representing a cross section of the types of Partnership Committees that exist within the health services. Some members of the HSNPF were interviewed and members of the Team of Facilitators and HSNPF staff took part in a Focus Group in July 2004. Material, such as reports on annual or strategic reviews carried out by partnership committees, was also included.

Participants were asked to describe their experiences in Partnership with particular emphasis on what they believed were the successes of the process and what difficulties, problems or challenges they had encountered. They were also asked to highlight any gaps that they believed existed.

## Section 2: Themes Emerging

The outputs of these focus groups and interviews were analysed to identify themes.

The themes that emerged from the framework for this report were:

- 1 Structural Issues
- 2 Partnership Committees working well as a Group
- 3 The importance of clarity about the role of the Partnership Committee, Terms of Reference, Protocols and Project Management type issues etc.
- 4 What is the real meaning of Partnership and how do we move beyond this committee?
- 5 Learning Curves
- 6 Unions and Partnership
- 7 Management and Partnership – The Role of The Corporate Body i.e. Health Board or Hospital Executive
- 8 Role of HSNPF
- 9 Role of the Facilitator
- 10 The Continuing Challenges of Communication
- 11 Training

Sample quotations from participants are utilised to illustrate the themes and issues.

# 1. Structural Issues

**1.1 Membership of the Partnership Committees** – The document “Working Together for a Better Health Service” outlines (page 8) recommendations for setting up Partnership Committees (PCs).

**1.1.1 Flexible Membership** – Most Partnership Committees have interpreted these guidelines and formed a Partnership Committee appropriate to their organisation that they believe best represents the stakeholders within that organisation. In some cases this means larger committees, or a different mix of union reps, to ensure that all grades and areas within the organisation are represented. *“Our committee matches the hospital structure with representatives of every area and grade in the hospital and that is its strength”*. This flexible interpretation of structure has been seen as very beneficial by all those who have agreed to it, as it ensures ;

- balance,
- improves real communication within the organisation,
- ensures that the decisions are more likely to be consensual  
and
- has led to greater trust between the rest of the organisation and the Partnership Committees.

However, some difficulties have arisen around membership.

**1.1.2 Prescriptive Membership** – Some committees got bogged down in a very rigid interpretation of the recommendations within the “Working Together for a Better Health Service” document, which lead to stalemates where people focused on “if that union is having another member then we want one too”, even when one union might represent the vast majority of the staff employed in the area. As committees don’t vote, equality of seats is less important than all staff feeling their voice is heard around the table.

**1.1.3 Involvement of Medical Staff** – This was one of the biggest issues which was mentioned as not working or being problematic by participants, both union and management alike. The majority of Partnership Committees who believed that they should have a medical involvement did not have it.

1.1.3.1 A minority of partnership committees did have Consultant involvement and in some cases this is currently withdrawn because they are under instruction from their unions not to be involved in extra administrative duties. Those committees now miss the involvement of these Medics, whom they regard as having been regular and excellent attendees. Others who had very irregular involvement of Medics said that, when they did attend they made very positive contributions, zoning in on the important issues.

1.1.3.2 Some Committees felt that the level of involvement of Medics was just tokenism and demonstrated a lack of buy-in. In some cases they had nominated Consultants who never or very rarely attend. Often letters have been written by PC's to these Medics and/or their Unions to try and resolve the issue, but to no avail.

1.1.3.3 The problem of non-involvement of Medics is that it leads to a lack of credibility for Partnership Committees and the actual Partnership process. *"How can we tackle the big issues without the single biggest and strongest voice being present"*.

1.1.3.4 Within hospitals the non-involvement of the medical staff can put extra pressure on other staff such as nurses etc. *"Why should we attend if they are not? What is the point we can't influence Decision making"*

1.1.3.5 Sometimes the funding by Partnership of specific projects of interest to Medics within a hospital led to their involvement for the duration of the project. Because these projects came under the Partnership umbrella the facilitator and the PC had the power to ensure that they were carried out in an inclusive manner with involvement of all the local stakeholders, including union reps and staff on the ground, who would be affected by the change. This was different from how the change would otherwise have been introduced and managed.

#### 1.1.4 Involvement of Senior Management at CEO or General Manager

**Level** – Those Partnership Committees who have their CEO or General Manager on the committee are of the opinion that this is significantly important. They believe that CEO involvement is a visible sign of commitment; brings a level of authority to the Committee, sends a clear signal to managers at all level that *“partnership is the way we do our business”*. Where CEOs are on Partnership Committees they often act as a driving or strong supporting force within and behind the partnership, although this does not necessarily mean that they have to be a joint chair. The CEO can also be the link to the senior management team, ensuring good communication between Management and Partnership, making sure Partnership is consistently an item on the management team meeting and pushing that issues facing management are dealt with in Partnership.

Committees who do not have this level of managerial involvement believe that this leads to problems. The Partnership Committee may not be seen as a powerful group. The ability to influence decision making may be diminished. It is interpreted by some as demonstrating a lack of commitment to Partnership. It can mean that Partnership is only able to carry out projects and cannot become integrated into *“the way we do our business”*.

#### 1.1.5 Involvement of Full Time Union Officials

– Most committees don't have this level of involvement although some have had at various times and there were mixed opinions as to the benefits. Those who saw it as beneficial felt that they contributed a different and essential level of experience to the debate; it allowed for a discussion of certain types of problematic issues and it allowed managers and officials alike to develop more constructive working relationship. They were seen as the visible face of union commitment. *“The presence of the two union officials is important It allows the committee and the management to get a clear understanding of the issue being discussed and allows issues previously dealt with in the IR forum, but more suitable to Partnership, to be dealt with in Partnership”*. Another benefit pointed to was how managers got the opportunity to see the Union Official/Activist

in a different light, "Previously I saw him as a trouble maker but now I see him as an asset who has a genuine input worth listening too". On the negative side, some committees found that they brought a traditional stance to the process that inhibited the development of partnership. However, for many if not all committees the need to develop a closer relationship with Full Time Union officials was seen as crucial.

- 1.1.6 Union Representatives, Shop Stewards/activists or Union Members?** – This is an interesting issue and Committees have had different experiences around this issue. Committees with a mix of both Shop Stewards/Union activists and union members believe that this mix is important in balancing the Committee. The main difficulty arising if no shop stewards/union activists are on the Committee, is that the link between Committee and Union can be very poor, with little or no briefing from union to rep and vice versa. If all union representatives on the committee are also the Shop Stewards/Activists this can mean that the committee may not be hearing the voices on the ground. The problem of "disconnect between unions at national and local level" (see 7.3 below) is greatly diminished where the Union member to the Partnership Committee is also active at a national level within the Union e.g. membership of National Executive of that Union.
- 1.1.7 Involve employees from across the organisation but especially those not traditionally involved** – This is the clear message being expressed throughout the system. This is the real strength and benefit of partnership.
- 1.1.8 Issues arising with Changes of membership of the Partnership Committee** – Turnover of members has happened for a number of reasons – natural wastage, personal reasons, members had completed their agreed term of membership and in some cases people came onto the Committee, were not interested and left. The importance of training, support and spending time "bringing on board" new members of the Partnership Committee was stressed by all. Participants who found themselves nominated to Partnership when committees were already up and running emphasised the

challenge it was to get "up to speed" and described a "partnership language or jargon" which was been confidently spoken by all round the table but to which they did not have access. Carrying out Reviews of Partnership and re stating or re formulating objectives and principles was highlighted as an excellent way for the whole committee to stop and include their new member and allow what is in essence a 'new committee' to re-focus and really 'own' its work. Training and the support of the Joint Chairs and Facilitator were also seen as important.

**1.2 Joint Chairs** – The system of Joint Chairs was seen without exception as being a very useful model giving equality to all stakeholders in the process. Different committees have worked it in different ways. The selection of the Joint Chairs is seen as crucial and requires thought on the part of the union and management reps. There are, however, some problems associated with the process.

**1.2.1 The time commitment for Joint Chairs is very big** – Joint chairs are not simply committed to preparing for and attending the monthly Partnership Committees but they also meet in between PC meetings with the facilitator to plan, carry out and make decisions. On top of this they are often asked to attend other meetings and training sessions by HSNPF. The quantity of reading material that is generated both at local level and also emanating from HSNPF is very time consuming to get through. One Joint Chair showed his diary with 8 days commitment to Partnership events between Sept and Dec 2004 and that did not include his regular meeting with the facilitator and his other joint chair.

**1.2.2 This gives rise to issues of release** for the Joint Chairs and in effect can preclude certain front line staff, who can not be released for significant periods of time, from holding the Joint Chair position. *"In this hospital front line workers such as care attendants and nurses will find it very difficult to secure releases, as wards do not have standby cover to replace them for these extended periods of time".*

**1.2.3** It was felt that for the Joint Chairing System to work effectively, both Joint Chairs must attend all meetings, including those they are not chairing.

**1.3 The use of sub-groups** – This is seen as a very useful/successful way of progressing a number of issues and also drawing in and including more staff from outside the Partnership Committee. The suggestion has been made that more use of sub-groups and delegation of responsibilities to sub-groups and or individuals between meetings might lead to more effective use of time at Partnership Committee meetings.

## **Recommendations – Structural Issues**

### **1.1 Membership of the Partnership Committees:**

- Partnership Committees should have a membership which best represents the Stakeholders within that Organisation, with all grades and areas represented, including medical staff and the most Senior Manager within the Organisation.
- Union nominees should involve a mix of shop stewards and activists.
- Partnership Committees need to establish formal communication links to the Senior Management Team, Union Committees and the Full Time Union Officials.
- When the membership of a Partnership Committee changes, effort must be put into bringing on board new Partnership Committee members. All new members should receive training and induction. The Partnership Committee, as a team, should set aside time in the format of a review to re-state or re-formulate their objectives and principles and so include their new member and allow what is in essence a 'new committee' to re-focus and really 'own' its work. The Joint Chairs and Facilitator should also provide support to the new member.

### **1.2 Joint Chairs**

- All Partnership Committees should continue to have a union and a management chair, both of whom should attend all meetings.

- Both the Union reps and the Management reps to Partnership should put thought and effort into selecting the most appropriate people for this job.
- Senior Management must ensure that any staff member who takes on this role is provided with sufficient time to fulfil all his/her responsibilities both in terms of attending meetings and carrying on Partnership work between meetings. If necessary, they should be replaced in their jobs for the period(s) of time they are required to engage in partnership tasks.

### 1.3 Sub-groups

- Sub groups should be used as a way of drawing in and including staff from outside the Partnership Committee and to ensure faster progression of issues and better use of time at Partnership Committees meetings.

## 2. Partnership Committees Working Well together as a Group

This has been highlighted as one of the key successes Partnership. *“The mere fact that all the stakeholders are in the room at the same time, sharing information, listening to each others perspectives and trying to find a way forward in a non-adversarial way is so important.”* Most participants described the development of effective, focused and open Partnership Committees where stakeholder representatives were able to work in a collegiate manner, raise and debate issues of concern to their groups, listen to differing view points and in many cases achieve a consensus on how to move forward with the issue. This was seen as being true at Forum level too. However this level of openness didn't arise overnight and the early days are often very challenging. Many described a high level of learning happening within the Committees as listening skills and trust improved. *“Staff input has been useful, we have learnt a lot about each other and have pride and ownership of the outcomes”.* Even when Partnership Groups did not fully achieve the goals for which they had been set up, participants felt that the process had been worthwhile and that they would still use this approach with a similar issue in the future.

- 2.1** Factors which are seen as having had a major impact on effective committee working include the role and skills of the facilitator, the visible commitment of the most senior manager e.g. CEO or GM, the enthusiasm and commitment of individual members to the committee, regular and consistent attendance at meetings and some issues of real interest to all on the agenda.
- 2.2** Where groups have not developed that level of cohesion it can be because some of the factors mentioned above are missing. In particular, poor and irregular attendance seems to have a very negative impact as does any belief by stakeholder groups that the other stakeholders are not committed. The perception of a lack of commitment appears to be as detrimental as a real and actual lack of commitment.

**2.3 Changed Roles in partnership** – The role of the staff/union rep on partnership is different from other roles they may have had and it can be a difficult change of role for a union activist. The role change is seen as a positive one but it has been pointed out that the staff and union reps must be supported by management within this new role. Managers differ in terms of the level of support they provide but helping to solve issues of release for meetings, providing training to bridge skill gaps e.g. computer training, e-mail, use of PowerPoint, can all support the rep in their new role.

### **Recommendations – Partnership Committees Working Well together as a Group**

**2.1** Partnership Committees should aim to become an effective open and focused forum where stakeholder representatives are able to work in a collegiate manner, raise and debate issues of concern to their groups, listen to differing view points and achieve a consensus on how to move forward with an issue. In order to achieve this level of effective working, Partnership Committees should have the following:

- The Senior Organisational Manager as a member of the committee to demonstrate commitment
- Regular attendance of all Partnership Committee members which demonstrates their enthusiasm and commitment
- A clear understanding of the role of the facilitator.
- Use of the range of skills which can be provided by the facilitator team
- An agenda that reflects the interest of the stakeholders and which generates enthusiasm.

## 2.2 Recognise the changed roles of participants in partnership

- Ensure that all members of the committee understand their role on the Partnership Committee.
- Management need to provide support to staff/union reps in their new roles. This support should include:
  - Help to solve issues of release for meetings and Partnership work which needs to be carried out.
  - Provision of training to bridge skill gaps e.g. computer training, e-mail, use of PowerPoint

### 3. The importance of Clarity about the Role of the Partnership Committee, Terms of Reference, Protocols and Project Management type issues etc.

Mature Committees who have successfully brought to conclusion large pieces of work focused on Organisational Change or development have attributed much of their success to their clarity around these issues. Equally, those who have failed have attributed their lack of success to similar issues, for instance poor planning in terms of getting the agreement of those outside the Committees or not putting enough effort into clarifying the implementation process. Some committees have learnt through review processes and so have learnt from their early experiences or failures and taken corrective actions. Others have not learnt. Some Committees found that their difficulties arose because some time into the process, protocols etc were put into place which, as they were not there in the beginning, actually changed the nature of what they were trying to do.

- 3.1 A Mission Statement** – Some Partnership Committees put a lot of thought and effort into agreeing “What they are about” and developed Mission Statements and/or Joint Objectives after the initial months and these they found useful not only in focusing the group but also for explaining to others outside the Committee what partnership actually is. It is an important step to agree the role of the Partnership Committee within the Organisation.
- 3.2 Problems** – Where Committees do not have clarity on these issues they find that they “*waste a lot of time arguing and going over and over the same things*”.
- 3.3 Minutes** – Participants described the importance of ensuring that meeting minutes accurately record the decisions of the meeting and are able to be a useful tool months down the line when there is a need to check up on exactly what was agreed.

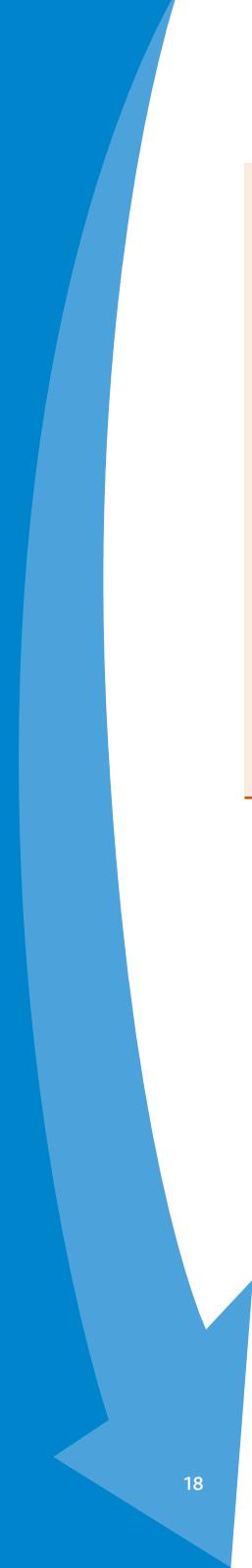
**3.4 Communication with all stakeholders** – The importance of clear, consistent, honest, timely communication between the Partnership Committee and all stakeholder groups within the organisation emerges as a key important process in Partnership and even when Committees invest a lot of time and energy into communication e.g. newsletters, use of staff meetings, lunch time briefings to all staff, minutes on the internet etc; they often still find that levels of awareness amongst the general staff can be low. There are some examples of where communication has been very successful and has led to the emergence of an organisation wide consensus on a major change issue (see 4.4.4.1 below)

**3.5 Terms of Reference for Sub Groups, Local Groups and Projects** – In some cases groups and projects ran into difficulties because they had no terms of reference or the terms of reference were insufficient and didn't include key aspects such as how a project would move from project stage to implementation. This can lead to different stakeholders believing or pursuing separate agendas which when they attempt to implement them lead the other parties to believe that trust has been breached and they are reluctant to continue or actually pull out of the process. Where a group is examining an issue of change or operating in a new way as part of a pilot or learning situation, it must be clearly agreed at the outset how long the pilot will last and how agreement will be reached to move from the pilot stage to evaluation and implementation.

## Recommendations

### **3. The importance of Clarity about the Role of the Partnership Committee, Terms of Reference, Protocols and Project Management type issues etc.**

- The Partnership Committee should develop an agreed definition of their role and agreed aims and joint objectives. (see 4.1 below)
- The Partnership Committee must ensure that minutes accurately record the decisions of the meeting and are capable of being used down the line when there is a need to check up on exactly what was agreed.

- 
- The partnership committees must communicate with all stakeholder groups within their organisations in a clear, consistent, honest, timely manner.
  - All Sub Groups, Local Groups and Projects must have clear terms of reference which include the following keys aspects :
    - What is the remit of this group?
    - What stages are involved in this process?
    - Is this a pilot? How long will the pilot last?
    - How will IR issues be referred to the IR arena?
    - How and when will a project move from project stage to implementation?
    - How will evaluation occur?
    - How will the decision be made on implementation?

## 4. What is the real meaning of Partnership and how do we move beyond this Committee?

This is an ongoing debate. Is Partnership the Committees or is Partnership a way of doing business and if so how do we get to it. One manager defined Partnership as *"An attitude of mind where all managers should ask themselves before they introduce a change, who is this going to impact upon and how can I involve them in a partnership way?"*. It has been suggested that it is easier to develop 'real partnership' when the CEO and the Unions express a clear vision and that without vision some Partnership Committees get bogged down debating this issue. The role of the Forum in spelling out a vision is viewed as something which would be useful and worthwhile.

**4.1 Partnership as Information Sharing** – As has been mentioned elsewhere in this review, once Partnership Committees are formed, expectations build that information sharing will improve. This is particularly true on the part of staff and unions and often the problems which emerge and confront the Committee during its first year are associated with that unmet expectation. Some committees have found that simply requesting the sharing of info leads to a link being put in place between the Management team meeting, the facilitator and the Partnership Committee. Where the CEO or General Manager is on the Partnership Committee the problem is less likely to happen. Sometimes information sharing mechanisms are agreed e.g. that the manager responsible for the issue will make a presentation to the Partnership Committee, but here again problems have arisen when, despite agreeing to the process, they don't follow through on it.

**4.2 The Issue of Consultation** – The second major expectation which staff have once Partnership is started is that they will be consulted on issues that impact upon them. As with information sharing, if this doesn't happen conflict can ensue. Difficulties have arisen around this issue including decision making delays, unmet expectations about the level of consultation and then subsequent non-acceptance of its outcomes. To prevent these difficulties, clear expectations need to be developed around consultation and agreed upon at the commencement of a consultation process e.g.

- On what issues can staff expect to be consulted?
- How will consultation take place?
- What is the nature of the consultation e.g. is it to tell people what has been decided and find out if it is acceptable or is it to seek out their views and suggestions?
- Will there be feedback to staff?
- What is the time line? Is there a deadline? When does consultation end?

**4.3 Projects** – In many locations partnership still is involved with carrying out or sponsoring large numbers of projects which have a beginning middle and an end. The pros and cons of this project approach have been highlighted.

**4.3.1 Positive experience of jointly focusing on improvement issues** –

A lot of positive work has been done through projects with staff finding they now have a forum to which their ideas can be voiced unlike in the past. Examples of projects of this nature include :

- Lectures on superannuation for non-nursing grades
- Internet project
- National Strategy communication sessions
- New staff from abroad – “Useful info you need to Know “ Document
- Newsletter
- Redesigning OPD
- Partnership information days
- Breast feeding support group
- Recycling

- Feasibility study for a stroke care unit – this project involved staff and service users
- Security
- Exit Interviews
- Staff handbook and Hospital Information Directory
- Non-pay Benefit schemes for staff
- Patient Information Meetings
- Crèche's

**4.3.2 If Projects don't deliver** or are very delayed because of circumstances outside the control of the Partnership Committee, then Partnership gets a bad name. *“With the crèche there are a long delay in decision making at Executive level due to issues such as planning permission, budget etc and this lead to frustrations and a negative reflection on partnership within the hospital”*

**4.3.3 Problems with projects included** – insufficient skills to manage the project to a conclusion, insufficient time to be able to conclude the project and spend the funding and still do it in a partnership manner.

**4.3.4 Projects only change the attitudes and behaviour of those directly involved** – Projects were described as being very positive ways of encouraging contact and interaction between staff and management and that where they work together in an open and consensual manner it is a positive learning experience for the participants and can lead to changes in their attitudes and behaviour. However this learning does not transfer outside the group and when another group or project is initiated by Partnership the learning process has to start all over again.

**4.4 So called "Mainstreaming of Partnership"** – Many, although not all, Partnership Committees find that after 12-18 months they start to discuss how they can move beyond Partnership as a Committee and series of projects and sub groups to Partnership as "the way we do our business". They describe this as "mainstreaming Partnership" but there isn't an obvious consensus as to what that actually means. It is possible to see different models emerging organically and those active in partnership are generally of the view that their particular model is the 'right' one for them and that there needs to be flexibility and openness to the differing models, which emerge as different cultures and sectors will need different models.

**4.4.1** *"Other work happening within the organisation and driven by management is beginning to be done in a partnership style e.g. Review of Clinical Practice – A task force was set up and it includes front line people. This organisation is now enthusiastic about change and believes that inclusiveness is way forward".*

**4.4.2** *"The Partnership is now trying to improve staff-management interaction at local level and hope that this will forestall problems entering the IR arena".*

**4.4.3** *"All committees within the organisation have been 'Partnership-Proofed'. All committees have 12 members with reps from Partnership, management and staff and their unions. All changes are carried out with consultation. In some areas it was difficult to get releases but the General Manager spoke to the manager in the area. The message has gone out that this is the way we do our business and its part of peoples job to sit on these groups"*

**4.4.4 A Partnership Approach to designing and Introducing Major Organisational Change** – There have been some attempts to tackle major change through Partnership with differing levels of success. Certain key elements are now emerging as being associated with success and failure and these include:

- Close contact from the outset with the IR arena e.g. informing Full time Union Officials, listening to his/her views, agreeing communication methods with him/her, agreeing steps, etc.

- Close contact with staff on the ground – before starting, providing explanations, listening to fears and expectations, providing regular feedback and updates.
- Have very clearly agreed and understood terms of reference these may take a substantial amount of time to finally agree upon.
- If one of the steps in the process is referral of a design to the IR arena make sure that there is an agreed process in advance for doing this.
- Build into the terms of reference steps that will be taken if the process runs into trouble.
- Have a clear distinction between the different stages involved e.g. Designing the system and consulting with staff; Agreeing that the design is appropriate; Piloting; Evaluating the Pilot; Moving to Implementation; Review. Not all of these stages are necessarily involved in each process but what is important is the clarity and agreement between all the stakeholders on what the stages are and when they start and finish.
- If at the end, agreement is not reached and the change is not achieved, there can be no recriminations by either party if all have stuck to terms of reference ground rules etc. Even a non-successful outcome can be successful from a process point of view in that it builds trust and can improve understanding of the issue. If 'punishment' of people takes place following failure this will destroy trust and confirm any fears that might have been held at the beginning.

4.4.4.1 An example of a successful 'Change through Partnership': An organisation with a long history of non-involvement of staff, staff felt undervalued, felt they were never made aware of anything happening at board level and they felt "outside the frame". There was a history of fear and suspicion which was further confirmed by past 'heavy handed' attempts to change. A Partnership committee was formed, a facilitator and training provided and they developed an inclusive approach, acted as a forum to voice fears and worries, encouraged

listening and compromise and they allowed time for trust to build and as a result a joint "Future Plan for this Organisation" was developed, agreed upon jointly and accepted overwhelmingly at ballot by all unions. The terms and conditions associated with the change were then negotiated within the IR arena. A logical step by step approach was adopted and progressed at the speed the participants needed to move in order to build trust. They see the process as having 3 key stages, Stage 1 being a Design stage involving an examination of the current services; the desired services; utilised a needs assessment to build the plan and drew on expert opinion (options were proposed and they selected the one to best meet their needs). When differences of opinion arose each stakeholder expressed their views and concerns and listened to the others concerns and then reached a compromise position. No attempts were made to move from design to implementation until all were in agreement to move forward. Stage 2 is the implementation stage and Stage 3 the evaluation stage.

**4.4.5** Another example of the attempts to 'mainstream partnership' can be seen within "Hospital XXX" which has just completed their first 18 months of Partnership. Their next 12 months will involve three strands to their work. Firstly the project strand will continue but the aim is to embrace more 'real and meaty issues'. Secondly they aim to explore and develop the idea of developing an improved conflict management capacity within the hospital and thirdly they wish to reposition the Partnership Committee so that it will have a greater chance of impacting on the major change issues within the Hospital. For this though they recognise that they will need extra resources such as greater access to a facilitator and some administrative back up.

**4.4.6 A Partnership Committee in Every Location** – Within Health Board areas and large hospitals we also see the development of local partnership committees to deal with local issues. The big challenge for these is that they require just the same level of resources to get up and running as the other Committees namely, access to

facilitators, admin support, training, a participative style of management, interest and commitment on the part of the full time union officials in the area so that they can support the initiative, communicate with them and support them if the issue they are dealing with needs to move over to the IR arena for negotiation rather than blocking them. Sometimes these Committees are multidisciplinary and other times single discipline depending on the site, the problems, the culture, the geographical spread and the size of the site/location.

#### 4.4.7 Partnership Development in the Voluntary Sector the e.g. of the National Federation of Voluntary Bodies Providing Services to People with Disability

– The development of Partnership within this sector is being supported and showcased by the Federation. One of their member organisations “Western Care” introduced Partnership as a pilot under the Framework agreement. They successfully utilised a Partnership approach to introduce ‘Person Centeredness’ into their organisation and its introduction lead to a re-structuring of that organisation. Through partnership they discovered how important it is to take account of how ‘person centeredness’ affects staff. Their experience is now a case study and the Federation presented it to their member organisations at a HR conference. There was a high level of interest with many organisations expressing the view *“this looks like it might be useful to us”*. It is the combination of partnership and ‘person centeredness’ which has particularly stimulated interest. The resultant high level of interest has put incredible pressure on the Facilitator to get to all these organisations. The emergent model for the introduction of partnership within one of the member organisations is:

- The organisation makes contact with the Facilitator.
- A meeting takes place with the Facilitator.
- A presentation on Partnership is made by the Facilitator and the Federation CEO. This explains the Health Services Framework, the model, role of HSNPF, Facilitator Role, what a Partnership Committee is, etc.

- To date, either a Partnership Committee has been set up, or in the case of one organisation a Joint Problem Solving Group was set up, to address a future plan for that organisation. The Joint Problem Solving Group emerged from a plenary session of 40 people including Senior Management, full time union officials and shop stewards. From this it was agreed to set up a working group to look at "The Development of the Service in line with the Ethos of the organisation". The plenary session is acting as a very loose kind of Steering Group. All recommendations go back to that group. They are the only ones to change the terms of reference etc. The Facilitators Role is flexible involving elements of mediation, encouraging, and keeping in contact with the union officials.

At this stage it appears that the emerging model is one where member organisations will have their own Partnership Committees and if they are multi-site organisations they may have local committees in these different sites with the Federation and the facilitator acting as enablers of Partnership. At a national level across this sector a Steering Group does not appear to be a workable model, but perhaps some kind of network of centres with partnership and some kind of small sectoral centre for issues of governance, funding, transmission of learning, accountability etc would be suitable.

This type of model would require access to a larger number of facilitators, not simply because of the numbers of sites with Partnership Committees, but also because the Federation has membership across the whole country. This need could be met either through an investment in more facilitators for the sector, or where a lead facilitator can draw on a team of facilitators from outside the sector. The current view is that it is important that the Facilitators be linked to the Federation and the lead facilitator as there are cultural differences between the health sector and this sector – *"this sector is about rights and inclusion"*.

#### 4.4.8 OD, Partnership and IR as parallel but separate strands

**within the one Organisation** – Within one Health Board there are three separate strands, one of which is partnership (a) A Partnership Committee at Regional Level with Local Partnership Committees either within Community Care Areas or Hospitals and (b) a parallel Union Forum where full time officials can meet regularly with management and deal with any issues which might undermine partnership and (c) an Organisational Development approach which aims to ensure culture change and which involves front line staff, facilitators and a project based approach to change where staff were invited to contribute ideas and following analysis projects were set up to deal with the issues which included patient related projects and those more concerned with staff issues. In this model up to 95% of staff are now represented on 14 different partnership committees.

#### 4.4.9 Difficulties associated with mainstreaming Partnership

4.4.9.1 Where union and management are really committed to Partnership and where the style of management of the Senior Managers is participative, the move to mainstreaming is clearer and easier than where *'lip service'* is being paid to partnership by both Management and Unions. This happens for a variety of reasons, unwillingness to change, fear of loss of power and influence and lack of competencies amongst the team of managers. The view was expressed that where this is the case, modern HR systems, where recruitment is based upon competencies, will contribute to changing the culture and making it more amenable to partnership.

4.4.9.2 **Access to Facilitation** – This challenge is being tackled by a few CEOs/ Organisations and Partnership Committees in a variety of different ways, such as employing or utilising facilitators that the organisation already has within their system and providing them with specific training on Partnership; employing external facilitators for the duration of a projects and developing self-facilitation skills.

## Recommendations

### 4. What is the real meaning of Partnership and how do we move beyond this committee?

4.1 A vision of Partnership should be developed within each organisation through debate and discussions involving the Partnership Committee, the Senior Manager and the Unions, including full-time union officials. Issues to be addressed in developing this vision include: (see 3 above)

- Partnership as Information Sharing
- Partnership as Consultation
- Partnership as joint problem solving
- Partnership as joint decision making
- Partnership as the way we do our business
  - On what issues can staff expect to be informed/consulted/involved?
  - How will these processes take place?
  - What is the nature of the consultation/involvement e.g. is it to tell people what has been decided and find out if it is acceptable, or is it to seek out their views, suggestions or shared ownership of the process and outcomes?
  - Will there be feedback to staff?

■ **How will Partnership be mainstreamed in this Organisation?**

4.2 HSNPF should agree templates and models of mainstreaming Partnership based on best practice experiences to date and disseminate this information to Partnership Committees.

- HSNPF should develop a Protocol for handling Major Organisational Change through Partnership which will be disseminated to Partnership Committees to enable them to ensure that Change within their organisation can be handled in a partnership manner. This should include:
  - Close contact from the outset with the IR arena e.g. informing Full time Union Officials, listening to his/her views, agreeing communication methods with him/her, agreeing steps, etc.
  - Close contact with the HR/IR and CMOD managers to ensure a consistency of approach and buy in from managers leading change.
  - Close contact with staff on the ground – before starting, providing explanations, listening to fears and expectations, providing regular feedback and updates.
  - Close contact with the staff responsible on a day to day basis for the issue.
  - Have very clearly agreed and understood terms of reference these may take a substantial amount of time to finally agree upon.
  - If one of the steps in the process is referral of a design to the IR arena make sure that there is an agreed process in advance for doing this.
  - Build into the terms of reference steps that will be taken if the process runs into trouble.

- Have a clear distinction between the different stages involved e.g. Designing the system and consulting, engaging with staff; Agreeing that the design is appropriate; Piloting; Evaluating the Pilot; Moving to Implementation; Review. Not all of these stages are necessarily involved in each process but what is important is the clarity and agreement between all the stakeholders on what the stages are and when they start and finish.
- If at the end, agreement is not reached and the change is not achieved, there can be no recriminations by either party if all have stuck to terms of reference ground rules etc. Even a non-successful outcome can be successful from a process point of view in that it builds trust and can improve understanding of the issue.
- No 'punishment' of people should take place if there is failure to achieve the goals as, this will destroy trust and confirm any fears that might have been held at the beginning. A no blame culture and system of "positive learning from failure" should be encouraged.

#### 4.3 Projects

- When Projects are being undertaken in Partnership, ensure that all stakeholders are aware from the outset of how much control the Partnership Committee has over the outcome e.g. will they be delivering an outcome or simply a set of recommendations?
- Ensure that all members of a project team are provided with the skills to manage that project to conclusion.
- Ensure that sufficient time is provided to allow a project to be successfully concluded in a partnership manner within the agreed time frame and budget.
- All Partnership Committee need to recognise that Projects only change the attitudes and behaviour of those directly involved.

## 5. Learning Curves

- 5.1 Increased Knowledge** – One of the major benefits mentioned of belonging to a Partnership Committee is that it has led to increased knowledge of the business aspects of the hospital such as service planning, budgets, capital projects etc. It has also increased members patient focus. Many union reps have found that the first year or so involves a very steep learning curve.
- 5.2 What kinds of issues can we deal with** – Lack of clarity in the early days leads to much time arguing about this. One set of joint chairs described how they have two opposing positions on whether they should be discussing the introduction of term time. The union chair believes they should, but the management chair thinks it is an IR issue. This debate continues and they don't know how to resolve it. At the other end of the spectrum you have mature committees with agreed mission statements, joint objectives and strategic plans, clearly defined roles for the committee and which involve the CEO or General Manager and have clear links to the full time union official who have no difficulty taking an issue and developing within Partnership, then referring to the IR forum for some element of negotiation and then introducing or implementing the outcome through Partnership.
- 5.3 Trust** – *“This partnership process is a totally different way of doing business with management. It takes you a few meetings to discover that this is really true but then the trust starts to build and that is essential if you are to learn to handle these issues in a different manner”.*
- 5.4 Changing a culture is a long term activity** – There is a need to recognise that change takes a long time. “Change doesn't happen overnight. There will be failures on the way, you need to listen and learn from them. Take a step by step approach and give people the time and support they need to understand and grow into their role on the Partnership Committee”. Light at the end of the tunnel.
- 5.5** *“We need to grasp that real Partnership means that you can have a row over one issue and still be working successfully on another. Threatening to pull out when that happens implies it is not yet a real partnership”.*

**5.6 What is Consultation?** – Many lessons were learnt by Committees around this issue and needs to be disseminated more widely as some of these errors continue to occur in other areas.

**5.6.1** *“Hard to influence big change projects like crèche and parking in new hospital if you haven’t been consulted at earliest stages”.*

**5.6.2** *“Sometimes we had good ideas but didn’t consult enough or encroached onto other groups – this meant that output was resented by those who were affected by it. Never underestimate the importance of early consultation and involvement. Think broadly about who stakeholders are”.*

**5.6.3** *“The timetable for the Sustaining Progress was short and aggressive and by the time we got the PVG report together there was less than a week to get it to Partnership and no time to show it to staff. We needed more direction and support to really do it in a consultative manner”.*

## Recommendations

### 5. Learning Curves

- 5.1 Ensure that time and effort is put into sharing knowledge of the business aspects of the Organisation such as service planning, budgets, capital projects etc. and ensure that time and support are provided to union/staff reps to understand this information.
- 5.2 Use the Partnership Vision, Agreed Role of the Partnership Committee and agreed Joint Objectives to identify those issues which can best be dealt with through Partnership.
- 5.3 Where issues are being dealt with through Partnership, but some aspects need to be dealt with in the IR arena, ensure that there are early links to the Union Officials and IR/HR Manager to handle this.

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- 5.4 Recognise that building trust is important and put in sufficient time and effort to do this. Ensure that no breaches of trust occur.
  - 5.5 Recognise that changing a culture is a long term activity:
  - 5.6 Recognise that real Partnership means that you can have a row over one issue and still be working successfully on another. Threatening to pull out when a problem occurs is not conducive to developing real partnership.
  - 5.7 Consultation and involvement must take place in the earliest stages of large change projects to enable stakeholders to have any influence on the outcomes.

## 6. Unions and Partnership

- 6.1** Some Partnership Committees found that, in their early days, Partnership was seen by staff and union members as being a 'sell-out' by the unions. They believe that this would have continued if a clear explanation had not been provided by the unions and they point out the importance of Leadership at Local Union level.
- 6.2** Many Partnership Committees reported that the union reps on their committees had received no training/communication from their own unions in Partnership. In some cases the union rep was nominated by the union and that was it they had no further contact. The danger of this is two fold, on the one hand the rep to partnership may have no or minimal level of awareness of the unions views or stances on particular issues and so adopt a very traditional adversarial stance to "be on the safe side" and can end up blocking issues which may have been agreed at a national level. On the other hand it sometimes leads to an issue proceeding too far ahead without the IR implications being considered and then when the project gets to implementation stage the full time official has to become involved there may be delays as these issues are dealt with or sometimes even non-implementation which leads to bad feeling and also a 'bad name' for partnership.
- 6.3 Disconnect between unions at National Level and at local level –**  
The perception exists that there is a certain amount of 'disconnect' between Unions at National or Forum Level and at local level and is seen as been problematic when it comes to handling some issues of change within partnership. Things that have been agreed nationally are still seen as being difficult to address even at local level. The view was expressed that there needs to be more leadership from the Forum itself and the Unions on these types of issues. The question was raised; do unions have the resources available to be able to engage at a high or intense enough level at this local level to enable their members or reps to engage with real change issues?
- 6.3.1** Difficulties can arise where staff locally want to introduce a change but the union nationally wishes to renegotiate the agreement.

**6.3.2** Problems can arise within hospitals that are then shared with and discussed at Partnership level and the consensus may emerge to share the information with staff and full time union officials. If the union officials are not bought into this approach, or see it as a threat to themselves, they may not cooperate with the consensus agreed at partnership and bypass it which can be damaging

**6.4 Too much post hoc definition of issues** – Sometimes issues are being dealt with by Partnership Committees and, at an advanced stage, the full time official is informed and states that it is an IR issue. These discussions need to be had before the issue advances too far agreeing ground rules on how an issue can progress through partnership and then into the IR arena if necessary. This is working well where there is genuine commitment to the Partnership, a clear understanding of the Role of the Committee and good proactive communication with the Full time official. *"If an issue has some aspects of it which need to be dealt with in the IR arena then that process has to work in parallel to the Partnership Process and the issue moves between the two strands."*

## Recommendations

### 6. Unions and Partnership

- 6.1 Unions in the workplace must play a leadership role in Partnership and ensure that they bring their key people and key objectives to the process.
- 6.2 Unions must ensure that there are good communication links from National Level, to Local Level, to Partnership reps about key decisions which have been taken and trade union goals.
- 6.3 When unions nominate reps to Partnership, they must agree communication processes with them to ensure that two-way communications occurs.
- 6.4 Unions at Forum level need to communicate Forum decisions within their unions.



6.5 Partnership Committees should ensure that early discussion take place with Union Officials to agree ground rules on how an issue can progress through partnership and then into the IR arena if necessary.

6.6 A range of partnership skills and competences linked to the needs of the stakeholders in the Health Services, including facilitation and joint problem solving, should be included in trade union training programmes for full time officials and elected representatives.

## 7. Management and Partnership – The Role of The Corporate Body i.e. Health Board or Hospital Executive

**7.1 Real Commitment** – Some Partnership Committees believe that Corporate and Senior Management within their area could have made the job of introducing Partnership easier. *“When they made their commitment to Partnership they should really have read the documents and recognised the types of changes which would have to take place for Partnership to succeed”*. Sometimes it appears to those involved in Partnership that management decisions are carried out in a manner which is a contradiction to Partnership.

**7.2 Organisational Plans, Change etc** – Once a Partnership Committee is formed, the expectation can begin to develop that there will be more information sharing and more opportunity for staff to become involved and voice opinions. A problem arises when management does not inform the Partnership Committee when there are issues of Change or Development. *“Our biggest problem came in our early days when management tried to move a unit from one site to another and partnership was not used. Staff expected to be consulted, their resistance increased and no move has happened to date”*. The participants in partnership believe that there should be a role for Partnership in all change, even if it is simply to inform. The issue of accreditation was highlighted by many as one which they felt could have been handled in a Partnership manner. A continuum of Partnership involvement was described. At one end of the continuum you find organisations that ensured that all groups in the accreditation process included Partnership reps and staff members and union reps, at the other end of the spectrum some Partnership Committees found themselves outside the information loop as to what was even happening.

**7.3 Skills and Competencies** – The issue of the personal commitment of CEOs and General Managers has been linked to their style of management and their own personal competencies; with those who engage in proactive, constructive and supportive manners being described as *“natural partnership oriented, it’s the way they are”*. On the other hand many have described difficulties on committees, at the staff /management interface and in the communication chain, which indicate that these competencies are not always widespread through the system. Recruitment, training, mentoring and leading are all required if the organisation is to get over this barrier.

**7.4 Leadership** – Senior Managers have to be seen to lead and challenge non-partnership behaviours within their organisations. Middle Managers in particular are often seen as been outside the loop when it comes to being aware of the need to, or the methods of, managing in a partnership manner.

## Recommendations

### 7. Management and Partnership

7.1 Management should ensure that, at a minimum, Organisational Plans, Change etc are shared with the Partnership Committee and where possible are carried out in a partnership manner reflective of the Vision of Partnership agreed within that organisation.

7.2 The IHSAB Accreditation Process should be handled in a Partnership manner.

7.3 **Skills and Competencies** – Organisational recruitment, training and mentoring processes need to be reviewed/developed to ensure that there are sufficient managers with competencies to work in a partnership manner within the organisation. Facilitation and joint problem solving skills should be developed as a standard part of management training.

7.4 **Leadership** – Senior Managers must lead and challenge non-partnership behaviours within their organisations. They need to ensure that middle managers are aware of the need to and the methods of, managing in a partnership manner.

## 8. Role of HSNPF

There is a lack of clarity amongst those in Partnership as to the role of the Forum. Not everyone can distinguish between the Health Services National Partnership Forum itself and the Staff of that office. The view was strongly expressed that the role of the committee needed to be more clearly expressed and communicated and that they needed to play a stronger leadership role, yet not dictate!

*“The Forum needs to throw its combined weight behind helping solve problems, especially in relation to what is agreed at National Level”.*

### 8.1 Problems highlighted

- 8.1.1 Response rates from the Forum can be slow, which can lead to difficulties at Committee level.
- 8.1.2 **Some committees have felt under pressure** to spend money, even when they believed that they needed a longer period of time for their project groups to develop into a cohesive entity before they can conclude their work and spend the money. They feel that sometimes they need more support from HSNPF to do this.
- 8.1.3 **Protocols and reporting mechanisms** – There is a recognition that these are needed but the view is that protocols should be in place before a project starts and should not be changed once the project has started, as it can cause difficulties with buy-in on the ground. Some of the forms are viewed as being cumbersome and adding to the workload of the Joint Chairs. Questions were asked as to the feasibility of more streamlined and easier ways to complete forms, perhaps in a database style.

### 8.2 Role

- 8.2.1 **There is a strong belief that the role** of the Forum is very important and needs to be re-emphasised and developed. The role is seen as being two-fold; to act as Leaders of the process and provide support and in some cases direction and secondly to provide resources. Currently there is a view that whilst there is a very visible

presence of Senior Union Officials and Management committed to Partnership, this does not necessarily transmit itself to the local areas. The question has been asked; are Managers and Union Officials on the Forum clearly communicating to their constituent groups; are they engaging them in dialogue; have they the resources and time to fulfil this need?

**8.2.2 Providing Resources** – The role of the Forum in providing financial support and sponsorship to Local Partnerships is still seen as important. Although doubts have been expressed such that it leads to a “*chasing the funding*” mentality rather than “*how can we improve how we do things*”, the provision of funding is still seen as important in certain conditions – when a group is starting, when without the funding the participants could not be enticed to engage together over an issue as there would be no funding available to implement outcomes; or when local management does not appear to be enthusiastic about Partnership and the committee can not access local funding to do anything differently. As one manager admitted “*Things are always more likely to happen with external funding*”. The system of 50:50 funding is viewed as a useful model. Not all partnership Committees are dependent on funding from HSNPF and are themselves providing a high level of resource, even in the early days e.g. funding off-site meetings, providing travel and subsistence for groups and sub-groups, funding external consultants, 25% of secretarial time at Grade 4 level, replacement of staff costs.

**8.2.2.1 Database** – The need to have easy access to the learning of other Partnership Committees has been highlighted over and over again. Currently this happens through the facilitator or through Joint Chairs attending meetings but it tends to be selective and time consuming and the view is that the Forum could develop some sort of easy access database system.

**8.2.2.2 Organising Networks** – “Not another Committee please” is a common refrain to be heard around the system however that said there is an appetite to know what others are doing and for many it is seen as one of the gaps in the partnership system. Many participants pointed to the networks already

in existence such as professional bodies and natural linkages between hospitals in certain Health Board areas around common issues and suggested that both the use of these networks to spread partnership information and equally the generation of new networks based on commonalities might be a useful way to bridge the gap.

**8.2.3 Admin support** – Appropriate levels of admin support has been pointed to as an essential asset and some committees feel they are not able to access sufficient support and believe that more needs to be done to assist them in this area.

## Recommendations

### 8. Role of HSNPF

- 8.1 The Forum needs to provide leadership and commitment, support and resources, and training. It needs to promote communications; develop links and networks and systems of measurement and evaluation.
- 8.2 Union and Management Members of the Forum need to act as Leaders within their own constituent group, with particular emphasis on communicating the Forum's decisions.
- 8.3 The Forum should develop Protocols for
  - Implementation of Change
  - Integration of OD/HR/IR/Partnership Interface
  - Conflict resolution in IR
  - IR/Partnership interface
- 8.4 The HSNPF team need to develop protocols and reporting mechanisms that are consistent and user friendly.
- 8.5 Databases should be developed which enable information sharing amongst partnership committees around issues, problems etc.

## 9. Role of the Facilitator

All participants in this review stressed the importance of the Facilitator and see their role as one of the aspects of Partnership which is working well. Some descriptions of that role include, *“Being part of the group but not controlling it. Making sure that it is the group making decisions. Clarifying, informing and acting in an open and honest manner and so being seen as very approachable to all people who know they can talk to him/her confidentially both from within the group and outside it. Trusted by all. A link with the joint chairs and a help to them in their preparation for the meetings and follow through on meeting outcomes also working with the subgroups.”* In some areas the stakeholders believe that the role of facilitator should be broad and include such diverse activities as mediation or even arbitration in certain circumstances, if there is a joint agreement on this.

### Recommendations – Role of the Facilitator

- 9. The role of the facilitator should be broadened if there is agreement of all stakeholders.**

## 10. The Continuing Challenges of Communication

These challenges exist at a variety of levels: the willingness to communicate; the infrastructure of communication; communication skills and the issue of two way communications. There are also two strands to the discussion of communication. One is Organisational Communication and the second is Communication from the Partnership Committee. In some organisations the Partnership Committee has been instrumental in changing the culture and methods of communication within the organisation, for instance by funding and carrying out reviews and audits whose recommendations are then implemented by the Organisation.

### 10.1 Communication from the Partnership Committee to staff –

Communication with staff is a big challenge. Even where Partnership has been in existence for a long time members of the Committee will say that they are not sure what staffs perceptions of partnership are and they believe that some people still don't understand partnership. Communication briefings have been arranged to bring people up to date but often interest levels and attendance is low and *"Can't force people to attend meetings."* Often these meetings are seen as extra to the job and if staff feel the information doesn't relate directly to them, they won't attend. Where staff meetings already happen it is easier to communicate with those employees but some organisations don't have staff meetings and in others where meetings do happen certain grades don't have the opportunity e.g. clerical/admin, maintenance staff etc.

#### 10.1.1 Different communication systems after meetings have emerged.

One method seen as successful is described as. *"All staff get the minutes of the meeting; managers must also inform all staff through their staff/team meetings. Partnership is included in induction and has a space on the intranet. Correspondence from staff is through the secretariat and as we are very conscious of feeding back to people who submit ideas as we are trying to sell this approach."* A slightly different but equally successful and inclusive communication system was described by a Partnership Local Working Group whose remit was to "Write a plan for this

Organisation up until 2006". *"We met monthly and all minutes went onto the notice board after each meeting. About every 2-3 months we had a meeting with all staff explained where the process was at, listened to their concerns and gave feedback on previous points they had raised".*

**10.2 Communication from the Partnership Committee to the Unions and Managements** – Whilst some Committees still haven't really tackled this one, others have agreed systems whereby the minutes of the meeting go to the management team and to the unions, where partnership is an ongoing item on the agendas of management and union meetings. However, for some unions this continues to be a major problem as they have irregular poorly attended meetings so to whom is the communication being addressed and how can they hear their member's views?

## Recommendations

### 10. The Continuing Challenges of Communication

- 10.1 Partnership Committees must develop two way communication systems between the committee and all stakeholders in the organisation including full time union officials and middle and senior managers.
- 10.2 The Partnership Committee should aim to develop efficient, effective and comprehensive communication systems within their organisation.

## 11. Training

Initial joint training is seen as being essential not only to ensure a common understanding of Partnership but also to start the group getting to know each other in a different way. Most participants praised the initial training they received and felt that new members joining must also get that level of training.

- 11.1** The importance and benefit of joint training was stressed.
- 11.2** The need to provide joint training to management and staff outside the partnership committees was stressed and is seen as a gap in the current system.
- 11.3** Joint training in project management key skills for all those working on projects was stressed.
- 11.4** The Tools for Change Training Suite is viewed as a good suite of training which should be made widely available.
- 11.5** Joint training on Health Services Partnership Principles and methods – to be given to Full Time union officials and Managers not currently involved in Partnership – was suggested as being part of the HSNPF’s role to change the overall culture of the Health Services.
- 11.6** Advanced training for mature committees was suggested, which might be based on the dissemination of emerging best practices around common themes such as communication, involving greater numbers of staff, organisational change through partnership and developing strategies and action plans.

### Recommendations

#### 11. Training

- 11.1 Joint Training, including training in project management skills, should be provided for all Partnership Committees and new members of Committees.



11.2 Joint training on Health Services Partnership Principles and methods should be given to staff and managers not currently involved in Partnership and Full Time union officials.

11.3 Advanced training should be provided for mature committees based on the dissemination of emerging best practices around common themes such as communication, involving greater numbers of staff, organisational change through partnership, accreditation through partnership and developing strategies and action plans.

# Appendix One

## Research Questions:

1. Describe the Partnership Process in this Organisation/Area. Particular emphasis was placed on Structure, Membership, Workings of the Partnership Committee, Training, Budgetary Issues, Issues Dealt with through Partnership, Vision of the Future and Lessons Learnt.
2. What has worked well or been successful? And Why?
3. What has been a challenge or difficulty or has failed? And Why?
4. What gaps exist? Why are these seen as gaps? How could they be overcome?

## Appendix 2

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